



# MODULE 5



## The 2016 United Nations General Assembly Special Session (UNGASS) on Drugs



### Aim of Module 5

To guide participants through the processes around the 2016 Drugs UNGASS; to place the UNGASS in the broader context of global drug policy; and to explore various ways civil society can maximise their impact on the UNGASS and its preparatory process.



### Learning objectives

Participants will gain an understanding of:

- the background, relevance, processes and key issues around the UNGASS
- strategic ways to maximise the impact of their own organisations' goals with respect to the UNGASS and its preparatory process.

### SESSION 5.1:

**Interactive Presentation:** What is an UNGASS?

### SESSION 5.2:

**Activity:** Timeline for the 2016 UNGASS on drugs

### SESSION 5.3:

**Activity:** Setting the Scene – Key policy issues around the UNGASS

### SESSION 5.4:

**Presentation:** IDPC's policy asks for the UNGASS

### SESSION 5.5:

**Interactive Presentation:** Options for reform at the international level

### SESSION 5.6:

**Activity:** UN processes and players around the UNGASS: Member states, UN agencies and civil society

### SESSION 5.7:

**Activity:** How relevant is the UNGASS to drug policy reform?

### SESSION 5.8:

**Activity:** Identifying ways for civil society to engage in the system in preparation for the UNGASS

## MODULE 5

### Session 5.1

# Interactive Presentation: What is an UNGASS?



10 min

#### Facilitators' note

If this module is presented in isolation from the rest of the training toolkit, we strongly advise the facilitator to briefly present the international drug control architecture included in [Session 1.4](#) before presenting this session.



**Aim** – To define what is an UNGASS in terms of its structure, process and objectives

1. Introduce the aim of the session.
2. Ask the participants to brainstorm and contribute ideas about what they think “UNGASS” means and briefly discuss resulting ideas.
3. Present the information below, and the corresponding slides.



#### Information to present in this presentation:

The United Nations General Assembly is the highest policy making body of the UN, and it is also the most representative UN entity – it encompasses all 193 UN member states – and the most democratic, with each country having equal voting power.

Although the UN General Assembly does not have a defined role in international drug control, as has been seen in [Session 1.4](#), it can engage in debates around drug control through the organisation of Special Sessions.

A United Nations General Assembly Special Session, or UNGASS, can be called upon by a majority of UN member states or by the UN Security Council on issues regarded as urgent and prominent on the political agenda. Since the creation of the UN, a number of UNGASSes have been held on a variety of issues, such as Palestine, health, HIV, children, etc. So far, two UNGASSes have focused on drugs, one in 1990, and the other in 1998. A third UNGASS on “the world drug problem” is now planned for 2016.<sup>1</sup>

1. For more information about the 2016 UNGASS and the importance of previous Special Sessions, please read: Jelsma, M. (2015), UNGASS 2016: Prospects for treaty reform and UN system-wide coherence on drug policy (Brookings & Transnational Institute), <http://idpc.net/publications/2015/04/ungass-2016-prospects-for-treaty-reform-and-un-system-wide-coherence-on-drug-policy>

## Session 5.2

### Activity: Timeline for the 2016 UNGASS on drugs

 45 min

 **Aim** - To gain a deeper understanding of the background and purpose of the 2016 UNGASS on drugs, and to place the UNGASS in the context of the bigger picture of global drug policy

1. Introduce the aim of the session.
2. Explain to the participants that they will now need to construct a timeline of watershed moments leading up to the 2016 UNGASS.
3. Divide the participants into four groups and give each group a stack of cards included in the Handout “The UNGASS timeline”, which include **quotes, events** and **slogans**. Ask each group to discuss the significance of each quote, event or slogan amongst themselves and decide where they belong on the timeline.
4. In plenary, take the dates in chronological order (earliest date first) and ask the participants for each date to allocate the appropriate quote, event or slogan. For each of those, ask them why they think that this is of significance for the UNGASS. Make sure that you provide the information included in the table included in the handout ([facilitator’s copy](#)) to add to the participants’ reflexions.
5. Present the information below and corresponding slides. Ask the participants if they have any questions.

#### Facilitators’ note

The list of evens/quotes/slogans presented in the table below is very long. The facilitator has the choice to use all of these (but it can make it difficult for the participants to sort them all out), or to pick and choose the key dates they consider most relevant to the participants. The facilitator can also add their own dates and quotes/events to make the exercise as relevant as possible for the participants based on their local context.

#### Information to cover in this presentation:

This exercise shows us how timely the 2016 UNGASS is. The last UNGASS organised in 1998 was held under the unhelpful and unrealistic slogan “A drug-free world, we can do it”. The objective of achieving a drug-free world was reaffirmed in 2009, when government officials gathered in Vienna during a high-level debate on drug control – and adopted a Political Declaration and Plan of Action on the world drug problem.<sup>1</sup> The objective was then to eradicate or significantly reduce the global drug market by 2019. This objective was reaffirmed in 2014<sup>2</sup> at the 5-year review of the implementation of this Political Declaration and the level of achievement of its objectives.

The next key moment was therefore supposed to be in 2019, where the objectives set out in the 2009 Political Declaration would once again be assessed. However, because of the devastating effects of the repressive law enforcement-led approach to drug control, three Latin American leaders – the Presidents of Mexico, Guatemala and Colombia – called on the UN Secretary General to organise, as a matter of urgency, a meeting to discuss global drug control and options for alternative strategies. This call was eventually supported by 95 UN member states.

This led the UN Secretary General to organise an UNGASS, to be held on 19th to 21st April 2016 in New York. And this UNGASS could not take place at a more interesting moment. In

addition to the calls from the three Latin American leaders, much has happened globally around drug policy reform:

- An increasing number of governments adopting and scaling up harm reduction services, and decriminalising drug use
- The Bolivian government's attempt to review the UN drug conventions and allow for coca leaf chewing – although this attempt failed, it is the first time that a signatory country called for a reform of the treaties
- The cannabis reform movements in the USA and Uruguay
- The regional calls for a new approach to drug control – in particular in Latin America and West Africa
- Calls from prominent former heads of states to move away from the war on drugs – such as the Latin American Commission on Drugs and Democracy, the Global Commission on Drug Policy, and more recently the West African Commission on Drugs.

Considering the increasing calls for a shift in the drug control rhetoric, this UNGASS is an opportunity for real, open debate, and a move away from the so-called “Vienna consensus” (see [Module 1](#) for more information).

In the next sessions, we will discuss what are the key issues for discussion, and how these debates can be influenced, particularly through to advocacy work by civil society organisations.

1. See: <http://www.unodc.org/documents/ungass2016/V0984963-English.pdf>
2. See: <http://www.unodc.org/documents/ungass2016/V1403583-1-2.pdf>

## Session 5.3

# Activity: Setting the scene – Key policy issues around the UNGASS



60 min



**Aim** - To identify the various policy issues that are important for the UNGASS, and to consider how these might be dealt with in 2016

1. Introduce the aim of the session.
2. Ask participants to brainstorm around the key policy issues that they think are relevant to the UNGASS, and note their ideas on a flipchart.
3. For each of the issues mentioned, ask the participants which country they believe is for, or against the issue – and therefore which member states will be a key ally to support, or on the contrary a significant obstacle against, each of these issues.
4. Reflecting on what the participants have already discussed, present the information below.



### Facilitators' note

If you are not planning on presenting information from [Module 2](#) of the Toolkit, we recommend that you refer back to Session 2.5, which offer information around the flexibilities within the UN drug conventions for the implementation of alternative drug policies. This can help both the facilitator and the participants to understand which of the topics mentioned here can safely be promoted as operating within the current regime, and which ones would necessitate a review of the drug control conventions.

### Example of what participants may come up with

Issue	Examples of countries for...	Examples of countries against...
Harm reduction	EU countries	Russia, Egypt, Pakistan, Canada
Human rights-based drug policies	EU countries, Uruguay, Ecuador, Mexico, Argentina	Iran, Egypt
Death penalty for drug offences	EU countries, Latin American countries	Iran, Saudi Arabia, Russia, Pakistan, Indonesia, China
Access to essential medicines	India, Netherlands, Switzerland, Uruguay	China (e.g. ketamine), Russia, Afghanistan
Decriminalisation of drug use	Czech Republic, Portugal, Colombia, Ecuador, Switzerland, Jamaica	Pakistan, Egypt, France, Morocco, Russia
Cannabis regulation	Uruguay	Thailand, Morocco, Indonesia, China, Japan, Egypt, Russia, Cuba
The regulation of new psychoactive substances	New Zealand: regulatory system	USA, Poland, Romania
Treaty amendment	Ecuador	Most countries
Call for an open debate on what has – and has not worked	Mexico, Uruguay, Czech Republic, Colombia	Pakistan, Russia, Egypt

## Information to cover in this presentation:

Several key issues are particularly relevant for this UNGASS. Here is a selection below:

**Harm reduction** – Whether the term “harm reduction” is used in official UN documents has been a point of contention since 1998, when it was instead described in the Declaration on the Guiding Principles of Drug Demand Reduction as “reducing the negative public health and social consequences of drug use”<sup>1</sup> and in 2009 when the phrase “related support services”, was included in the Political Declaration and Plan of Action, supplemented by the Interpretive Statement signed by 26 member states that this phrase was understood to mean “harm reduction”.<sup>2</sup> The issue was revisited at the 2014 High Level Review, and again the term “harm reduction” was not included in the consensus-based Joint Ministerial Statement; instead the document refers to “measures aimed at minimizing the negative public health and social impacts of drug abuse that are outlined in the WHO, UNODC, UNAIDS Technical Guide”.<sup>3</sup> The term “harm reduction” was included for the first time in the official report of the Commission on Narcotic Drugs (CND) in 2015, as part of the interactive discussions that took place during the UNGASS Special Segment.<sup>4</sup> More progress was made during the UNGASSes focusing on HIV. In 2001, the Declaration of commitment on HIV/AIDS included a target to “reduce harm related to drug use”.<sup>5</sup> As for the 2011 Political declaration on HIV/AIDS, it specifically calls for the “consideration, as appropriate, to implementing and expanding risk- and harm-reduction programmes”, taking into account the UN comprehensive package for HIV prevention, care and treatment for people who inject drugs.<sup>6</sup>

**Human rights** – Human rights have gained much prominence in the past few years and especially at the 2014 High-Level Review, as a group of countries such as Norway, Greece (as the representative of the EU), Uruguay and Guatemala fought to include human rights language in the Joint Ministerial Statement, while China and Iran fought to keep it out. Efforts were ultimately successful as references to “human rights obligations” were made several times in the document. The Human Rights Council also recently adopted a resolution sponsored by 30 countries<sup>7</sup> on the impact of drug policy on human rights. This resolution calls on the Office of the High Commissioner for Human Rights to draft a report on the issue and plans for the establishment of a panel of experts to further study human rights as they relate to drug control strategies.<sup>8</sup> Despite these positive trends, the abolition of the death penalty for drug offences was not included in the statement because of resistance led by Iran.

**Death penalty** – The struggle to include language against imposing the death penalty for drug offences reached a head at the 2014 High-Level Review. After the Joint Ministerial Statement was adopted by consensus without any mention of the issue, a group of 58 countries led by the European Union made an interpretive statement condemning the imposition of capital punishment for drug offences. Their statement was met with an objection by Iran backed by 16 countries.<sup>9</sup> The death penalty was once again prominent at the 2015 CND, with Indonesia in particular being strong on its sovereign right to continue using capital punishment as a deterrent to drug traffickers, while an increasing number of countries made strong statements against executing people for drug offences.<sup>10</sup>

**Access to essential medicines** – A core obligation under the UN drug conventions is the need to ensure adequate access to controlled substances for medical and scientific purposes – this obligation has been largely deprioritised in favour of stringent and restrictive drug control measures. Indeed, 80% of the world’s population currently live in countries where there is little or no access to essential medicines to alleviate moderate or severe pain. Access to essential medicines is part of the right to the highest attainable standard of health, and member states have the responsibility under the treaties to ensure that this right is fulfilled.<sup>11</sup> An increasing number of member states at the CND have raised concerns about this issue, in particular in 2015. The decision taken at the 2015 CND was not to proceed with a vote on the international scheduling of ketamine – given the WHO’s recommendation that ketamine should not be scheduled because of its widespread use as anaesthesia in resource-poor settings. The fear is that scheduling would significantly reduce access to the substance for medical and veterinary purposes (as has been evidenced by the very limited access to important substances like morphine due to overly restrictive controls imposed by international scheduling).<sup>12</sup>

**Decriminalisation** – In recent years, the removal of criminal sanctions for drug use or possession of small amounts of drugs for personal use has become more accepted among some countries at the CND. In 2014, both UNAIDS and the WHO explicitly called for the decriminalisation of people who use drugs, in order to remove barriers to accessing life-saving harm reduction, treatment and healthcare services.<sup>13</sup> However, there continues to be dissent among CND member states about the adoption of decriminalisation measures. In addition, the question remains as to whether this would include small-scale subsistence farmers involved in the cultivation of drug-linked crops. Nevertheless, such a policy shift would have a positive impact on millions of lives around the world. UNODC and a number of governments already acknowledge that decriminalisation, at least in the case of people who use drugs, is permissible under the UN drug conventions.<sup>14</sup>

**Drug courts** – Many countries, especially the USA, see drug courts as a promising compromise between criminalising the use of drugs and providing drug dependence treatment, while others see the drug court system as medically unethical and inconsistent with a public health model.<sup>15</sup> Although models of drug courts vary greatly from one jurisdiction to another, their use has created a number of problems and concerns: for example, the absence of medical professionals to determine whether a person is dependent, the fact that many people who are not dependent would prefer treatment rather than punishment (therefore wasting valuable resources on people for whom treatment is not required), and the fact that a harsher sentence may ultimately be imposed on an individual who does not complete treatment than if they had gone through the normal criminal justice system process. More fundamentally, the decision as to whether the person is dependent on drugs or not is left to the criminal justice system, rather than health professionals. There are many evidence-based examples of referrals to treatment that are more adequate than drug courts and that respond to the concerns raised above. The Dissuasion Commissions in Portugal, for instance, are worth mentioning here.<sup>16</sup>

**Cannabis regulation** – Regulated markets for substances scheduled in the international drug control treaties remain prohibited (see [Session 2.5](#)). However, as more jurisdictions enact cannabis regulation laws, it becomes more and more apparent that the issue must be resolved at the international level. Although side events have been held in the margins of the CND and a limited number of countries have made statements on the issue, there has as of yet been no official debate or discussion of cannabis regulation among member states within the CND.

**New psychoactive substances** – New psychoactive substances or “NPS” are emerging every day and the issue has become prominent at the CND. This issue has been dealt with in various ways at national level, with countries like New Zealand establishing a regulatory system for NPS,<sup>17</sup> while other countries such as the USA and several Eastern European countries automatically banning substances that are “substantially similar” to drugs found in certain categories of scheduled substances.<sup>18</sup> This has resulted in more NPS emerging onto the market to meet demand, negative health consequences on users, and retail markets moving online, where any kind of control is almost impossible. Because many NPS technically do not fall under the scope of the Conventions, and because these substances emerge more quickly than can be dealt with at the international level, the CND’s role in scheduling them is currently limited.

**Treaty amendment** – While the drug conventions are flexible enough to allow many measures to be implemented in the spirit of broad interpretation (see [Session 2.5](#)), many argue that their focus on tough drug laws and their strict enforcement is outdated and inconsistent with current scientific evidence and health-based approaches. However, with the exception of Bolivia’s request for an amendment on coca leaf chewing (see [Session 2.5](#) and [5.1](#) for more information)<sup>19</sup> and Ecuador’s call for a reform of the drug conventions at the 2014 High-Level Review, no other member state has shown any willingness at this point to explicitly call for treaty amendment or modification. Even Uruguay, which has indeed breached its treaty obligations by creating legally regulated cannabis markets, has not called for treaty reform, instead arguing that they continue to operate within the spirit of the drug conventions and broader international human rights law. Likewise, the US claims that its states’ cannabis laws fall within the “flexibility” of the treaties, and hides behind its federal system to claim that the national government continues to abide by its international drug control obligations.

**Acknowledgment of a “broader debate” about alternatives** – In 2013, at the occasion of the UN International Day Against Drug Abuse and Drug Trafficking, the UN Secretary General Ban Ki Moon urged member states to consider the UNGASS as an opportunity “to conduct a wide-

ranging and open debate that considers all options”<sup>20</sup> Traditionally however, the UN has taken little notice of the broader debate about alternatives going on across the world. Among member states, there is significant tension between those promoting a wide-ranging and open debate on successes, challenges and possible alternatives at the UNGASS, while others aim at limiting any debate to the objectives set out in the 2009 Political Declaration and Plan of Action (i.e. eradicating or significantly reducing the scale of the market and prevalence of use). At the 2014 High-Level Review, Mexico pushed for the inclusion of a reference to “taking note of the debate”. Following an extreme amount of contention on the issue, the compromise and diluted language “Taking note of the ongoing discussions in some regions on how to address the world drug problem, in light of current situations and policies” was finally included in the Joint Ministerial Statement.<sup>21</sup>

1. Declaration on the Guiding Principles of Drug Demand Reduction, found at <http://www.un.org/ga/20special/demand.htm>
2. Political Declaration and Plan of Action, par. 10, at [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_52/Political-Declaration2009\\_V0984963\\_E.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf)
3. Joint Ministerial Statement of the 2014 HLR, par 12, at [http://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_57/Draft\\_Resolutions/E-CN7-2014-L15/V1401384\\_E.pdf](http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_57/Draft_Resolutions/E-CN7-2014-L15/V1401384_E.pdf)
4. See item E/2015/28-E/CN.7/2015/15, [http://www.unodc.org/unodc/en/commissions/CND/session/58\\_Session\\_2015/CND-58-Session\\_Index.html](http://www.unodc.org/unodc/en/commissions/CND/session/58_Session_2015/CND-58-Session_Index.html)
5. [http://www.unaids.org/sites/default/files/sub\\_landing/files/jc668-keepingpromise\\_en.pdf](http://www.unaids.org/sites/default/files/sub_landing/files/jc668-keepingpromise_en.pdf)
6. See p. 9, [http://www.unaids.org/sites/default/files/sub\\_landing/files/20110610\\_UN\\_A-RES-65-277\\_en.pdf](http://www.unaids.org/sites/default/files/sub_landing/files/20110610_UN_A-RES-65-277_en.pdf)
7. Albania, Argentina, Australia, Botswana, Brazil, Bulgaria, Chile, Colombia, Cyprus, Georgia, Greece, Guatemala, Hungary, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Mexico, Netherlands, Norway, Panama, Paraguay, Portugal, Romania, Sweden, Switzerland, Timor-Leste, Turkey, Uruguay
8. [http://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/28/L.22](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/28/L.22)
9. <http://www.cndblog.org/search/label/highlevelsegment>
10. See: [www.cndblog.org](http://www.cndblog.org) for more information about countries' positions on the death penalty
11. For more information, see: <http://idpc.net/publications/2015/01/the-international-drug-control-regime-and-access-to-controlled-medicines>
12. International Drug Policy Consortium (2015), The 2015 Commission on Narcotic Drugs and its special segment on preparations for the United Nations General Assembly Special Session on the world drug problem, <http://idpc.net/publications/2015/06/the-2015-commission-on-narcotic-drugs-and-its-special-segment-on-preparations-for-the-ungass-on-the-world-drug-problem-report-of-proceedings>
13. See: UNAIDS (2014), The gap report, <http://idpc.net/publications/2014/07/the-gap-report>; World Health Organisation (2014), Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, <http://idpc.net/publications/2014/07/consolidated-guidelines-on-hiv-prevention-diagnosis-treatment-and-care-for-key-populations>
14. International Drug Policy Consortium (2014), IDPC Advocacy Note – UNODC’s shifting position on drug policy: Progress and challenges, <http://idpc.net/publications/2014/02/idpc-advocacy-note-unodc-s-shifting-position-on-drug-policy-progress-and-challenges>; Open Society Foundations (2015), Drug courts: Equivocal evidence on a popular intervention, <http://idpc.net/publications/2015/03/osf-drug-courts-report>
15. For more information, see: Open Society Foundations (2011), Drug policy in Portugal: The benefits of decriminalising drug use, <http://idpc.net/publications/2011/08/drug-policy-in-portugal-the-benefits-of-decriminalising-drug-use>
16. McCullough, C., Wood, J. & Zorn, R. (2013), IDPC/NZDF Briefing Paper – New Zealand’s psychoactive substances legislation (London: International Drug Policy Consortium & New Zealand Drugs Foundation), <http://idpc.net/publications/2013/09/idpc-briefing-paper-new-zealand-s-psychoactive-substances-legislation>
17. Federal Analog Act, 21 U.S.C. § 813, <http://www.deadiversion.usdoj.gov/21cfr/21usc/813.htm>
18. See <http://www.unodc.org/unodc/en/frontpage/2013/January/bolivia-to-re-accede-to-un-drug-convention-while-making-exception-on-coca-leaf-chewing.html>; See also Jelsma, M. (2011). Lifting the ban on coca chewing: Bolivia’s proposal to amend the 1961 Single Convention. Retrieved from: <http://www.tni.org/sites/www.tni.org/files/download/dlr11.pdf>.
19. Guzman, D. (2012), IDPC Briefing Paper – Drug courts: Scope and challenges of an alternative to incarceration (London: International Drug Policy Consortium & DeJusticia), <http://idpc.net/publications/2012/07/idpc-briefing-paper-drug-courts>
20. <http://www.un.org/sg/statements/index.asp?nid=6935>
21. Joint Ministerial Statement, OP 11.

## Session 5.4

# Activity: IDPC's policy asks for the UNGASS

 20 min


**Aim - To discuss the policy and process asks developed by IDPC for the 2016 UNGASS**

1. Introduce the aim of the session.
2. Present the information below.
3. Distribute printed copies of the IDPC asks (available in English, Spanish, French, Italian here: <http://idpc.net/publications/2014/10/the-road-to-ungass-2016-process-and-policy-asks-from-idpc>).
4. Ask the participants if they have any comments or questions.

## ✓ Information to cover in this presentation:

IDPC have developed a five principle "asks" from the International Drug Policy Consortium (IDPC) that the broad network will collectively call for between now and 2016. These "asks" will be used in communication with the media and general public, as well as policy makers and governments. These are set forth below:

### **ASK 1: Ensure an open and inclusive debate**

The UNGASS is an important opportunity to properly and honestly assess the successes and failures of global drug control policies that have been implemented in the past 50 years. This should include:

- The meaningful participation of civil society (including NGOs and most affected populations), scientists and academics. A Civil Society Task Force (CSTF) was convened as the official NGO engagement mechanism for engagement at the UNGASS. The CSTF is planning regional consultation with civil society on priority issues for the UNGASS, an interactive civil society hearing prior to the UNGASS, and offering speakers and documentations to inform the UNGASS debates.
- The meaningful participation of other UN agencies – UN bodies working on health, human rights, development, etc. should be given a prominent space in the debates to ensure coherence within the UN system on drugs issues.
- A rich, open and broad debate, and that is not limited to the reaffirmation of previous documents, such as the 2009 Political Declaration and Plan of Action on drugs. The outcome should not be a watered-down consensus document but a detailed account of the debates to serve as a record of UNGASS discussions so as to provide member states with clear options for policy reform.

### **ASK 2: Re-set the objectives of drug policies**

Governments should use the opportunity of the UNGASS to question, evaluate and redefine the overall objectives of the global drug control system. Such objectives should shift away

from “process indicators” (such as crop eradication statistics, arrest rates, drug seizures and imprisonment rates), towards indicators focusing on:

- Better access to public health and harm reduction, resulting in improved well-being
- Increased availability of controlled medicines for medical and scientific purposes
- Improved citizen security and reduced violence, corruption and crime
- Improved social and economic development in production areas
- Improved protection of human rights, end of abuses against vulnerable groups caught in the drug trade.

The active involvement of all relevant UN agencies in the UNGASS is crucial to fulfil this broader vision.

### **ASK 3: Support policy experimentation and innovation**

Although the UN drug conventions allow for considerable flexibility in their interpretation and implementation, the UNGASS must acknowledge that there are numerous inherent problems with the current global drug control system that need to be addressed. Some aspects of the conventions are clearly outdated and inconsistent with the need to prioritise health and human rights obligations. The UNGASS should support governments to question these shortcomings and to identify and implement innovative policies in line with human rights standards. When innovative policies present tensions in terms of treaty adherence (for example with regulated cannabis markets), these challenges should be discussed openly and honestly. An expert working group should be commissioned in advance of the UNGASS to further explore these issues. In parallel, governments should ensure adequate funding for the WHO Expert Committee on Drug Dependence (ECDD) for scientific reviews of controlled drugs (new and old) and ensure that any decision to schedule substances is based on evidence.

### **ASK 4: End the criminalisation of the most affected populations**

A health and human rights based drug policy necessitates that governments stop criminalising people who use drugs and small-scale subsistence farmers involved in the cultivation of drug-linked crops. The UNGASS must also call on governments to address disproportionate penalties for other drug offences, as well as promote the use of mitigating factors, in particular when involvement in the illicit drug market is driven by coercion, incapacity, vulnerability or basic subsistence needs. The death penalty should no longer be applied for any drug offences, in accordance with international human rights law.

### **ASK 5: Commit to the harm reduction approach**

Harm reduction is the most successful drug policy response of the last 40 years approaches – it is a practical, feasible, effective, safe, inexpensive and cost-effective approach. However, funding for harm reduction remains well below the estimated need. At the UNGASS, member states should officially endorse and promote a harm reduction approach to drugs, and ensure a major reallocation of funding away from drug law enforcement and into public health and harm reduction services – redirecting just 10% of the drug control spend by 2020. This is not a call for new money, but for better and more effective spending of existing public funds.

## Session 5.5

## Interactive Presentation: Options for reform at the international level

 60 min

**Aim - To explore options for reform both within and outside the UN drug conventions**

1. Introduce the aim of the session.
2. Remind participants of the flexibilities permitted in the UN drug conventions, explored in [Session 2.5](#).
3. Present the information below with the corresponding slides.
4. Ask the participants to reflect on the possibility or likelihood that any of the options below will be discussed at the 2016 UNGASS.


**Facilitators' note**

If the facilitator only focuses the training on this Module of the toolkit, they may want to refer back to [Module 2](#) and present Session 2.5 prior to conducting this session.


**Information to cover in this presentation:**

There is some latitude for drug policy reform at global level. Below are five possible options for reform, along with the benefits and consequences for each of them.<sup>1</sup>

**OPTION 1: Flexible interpretation of the conventions as written**

As explained earlier in this module, the UN drug conventions were written with intentionally ambiguous language to allow for some flexibility for countries to adopt alternative policies for offences related to cultivation, production, purchase, possession and importation for personal use, consumption and social supply or the sharing of internationally scheduled drugs. The flexibility within the treaties have allowed harm reduction interventions that were previously contested (e.g. needle and syringe programmes) and the decriminalisation of drug use. More recently, Uruguay and even the US government have even begun to apply this “flexibility” principle to justify regulated cannabis markets for non-medical purposes. On the one side, Uruguay has argued that their regulation policy was true to the spirit and the intention of the UN drug control treaties, in line with their human rights obligations. On the other, the USA has brought forward the “flexibilities” in the conventions by way of its “Four Pillars Approach”: 1) respect the integrity of the existing UN Drug Control Conventions; 2) accept flexible interpretation of those conventions, 3) tolerate different national drug policies – to accept the fact that some countries will have very strict drug approaches while other countries will legalize entire categories of drugs; and 4) agree to combat and resist the criminal organizations who market and traffic the product for economic gain.<sup>2</sup> However, in practice the US “flexibility” argument has only seemed to apply to their own cannabis regulatory policy, and not to policies adopted by others such as Bolivia when it relates to the coca leaf – hence significantly undermining this political position.

On the one hand, the concept of flexibility of the treaties can be used to the advantage of advocates, who can push for the broadest interpretation of the Conventions around certain measures. However, this approach has its limitations: it runs the risk of glossing over some of the clearly outdated and inconsistent provisions in the conventions, does not recognise

the need to prioritise human rights obligations, and may be used to keep the door closed to treaty reform. Eventually, it may even undermine respect for international law more broadly.

### **OPTION 2: Revising the UN drug conventions**

The UN Conventions could be revised legally, either through amendment or rescheduling of one or several substances.

**Amendment** would involve revising the wording of one or several articles of the conventions, and could be formally introduced by one country (e.g. Bolivia's initial proposal to review the article banning coca leaf chewing in the 1961 Convention). Upon the objection of any country, however, the amendment would be reviewed by ECOSOC which could either call a conference of member states to review it, or reject it outright.

**Rescheduling** would entail modifying the drug scheduling system (e.g., reclassifying cannabis), and would require a majority vote by the CND on the recommendation of the World Health Organisation (WHO) (see [Module 1](#) for more information about the role of WHO and the CND in scheduling a substance).

**Modification inter se** involves two or more like-minded countries that have signed up to a treaty and decide to amend one or several provisions of that treaty.<sup>3</sup> However, the amendment should not affect the good implementation of the treaty obligations by other signatory states, and should not be incompatible with the object and purpose of the treaty as a whole. This option would probably be subject to challenge by countries interested in protecting the status quo; however, in that case, their only recourse would be to take the dispute to the International Court of Justice.<sup>4</sup>

Neither **amendment** nor **rescheduling** of the treaties is likely at the present time because of the power structure of the CND; the “prohibition-ist block” can and has easily blocked both routes. In theory, Uruguay could attempt to amend the conventions to allow its regulated market for cannabis, but the amendment would likely be blocked as it was in the case of the Bolivian proposal on coca leaf chewing. It may be possible for two or more countries to employ modification inter se and amend the conventions as amongst themselves to export/import cannabis from each other for their own domestic markets. This could, of course, very well be challenged by other countries as being incompatible with the purpose of the drug control conventions.

### **OPTION 3: Withdrawing from all or part of the UN drug conventions**

Withdrawal from the treaties can be done by denouncing or disregarding all or portions of the treaties, or through a combination of the two.

**Denunciation** of (i.e. official withdrawal from) the treaties is a legal avenue written into all three UN drug conventions, allowing individual or groups of countries to withdraw support for the treaties. If a sufficient number of member countries withdrew from one of the UN drug conventions (the number of signatory countries should be reduced to below 40), the treaty would become void and no longer applicable. This is very unlikely as 184 countries have signed on to the 1961 Single Convention, 183 to the 1971 Convention, and 189 to the 1988 Convention.

**Disregarding** the treaties would simply involve ignoring all or parts of the conventions, leading them to eventually falling into disuse. There is a growing acceptance of this option, and it could be argued that countries such as the USA and Uruguay are employing this approach to allow regulated markets for cannabis.

**Denunciation and re-accession with a reservation** to a portion of the treaties is a viable path for member countries that have objections to specific obligations in the treaties (e.g. Bolivia and the coca leaf, as seen in [Session 2.5](#)). This involves a country officially withdrawing from a treaty, and then re-accessing the treaty (asking to become a signatory state again) under specific circumstances, such as no longer being bound by a specific article or obligation included in the convention. Upon re-accession, a reservation can be blocked by objection from one-third of all signatory states.

#### **OPTION 4: Adopting a new international treaty on drug control**

Two or more like-minded countries could theoretically adopt a new international treaty about a specific aspect (or range of topics) of drug control. However there are rules in international law that would apply in that case. If this new drug control treaty were to be adopted, these countries would not be able to adopt any obligations that are incompatible with the object and purpose of the current UN drug control conventions of which they are also signatory states (unless they withdraw from the current drug control treaties). In addition, the new treaty would only apply between these like-minded countries, whereas the previous 3 UN drug conventions would prevail between those who signed the new treaty and those who did not. This option would therefore have a limited impact.

#### **Option 5: Call for a review/reconsideration of the UN drug conventions**

According to UN protocol, it is also possible for reform-minded states to call for a plenipotentiary conference to reconsider the conventions. However, both the ability for countries preferring the status quo to block the procedure and the financial cost of such a process make this a problematic route. Yet another possibility might be to call for the formation of a smaller independent UN policy group to review these issues. This would be particularly helpful to discuss the current tensions between the current drug control conventions and what is happening on the ground, specifically with regards to cannabis regulation.

#### **Conclusion**

All of the above are options for reform under the international drug control system, although some are more likely to be successful than others. A single nation failing to comply with international law would face serious economic and diplomatic consequences. However, nations working together (particularly developed nations less in need of international aid) are in a position to better withstand pressure from the international community, and could eventually successfully effect significant change to the international drug treaty system. Realistically, however, it is unlikely that any of these procedures will be opened at the 2016 UNGASS, but these should at least be discussed during the Special Session.

1. The information in this section was adapted from Clear, A. & Haase, H. (2011), Fact Sheets: International Law Overview: Options for Reform, <http://harmreduction.org/drugs-and-drug-users/drug-policy-advocacy/international-law-overview/> citing Bewley-Taylor, D. (2003), Challenging the UN drug control conventions: problems and possibilities, International Journal of Drug Policy 14, 171-179; Bewley-Taylor, D., Jelsma, M. (2011), TNI Series on Legislative Reform of Drug Policies Nr. 12 - Fifty Years of the 1961 Single Convention on Narcotic Drugs: A Reinterpretation, <http://reformdrugpolicy.com/wp-content/uploads/2011/09/dlr12.pdf>; Fazey, C. (2003), The commission of narcotic drugs and the United Nations International Drug Control Programme: politics, policies and the prospect of change, International Journal of Drug Policy 14, 155-169; Jelsma, M. (2010), TNI Series on Legislative Reform of Drug Policies Nr. 1 - The Development of International Drug Control: Lessons learned and strategic challenges for the future, [http://www.globalcommissionondrugs.org/wp-content/themes/gcdp\\_v1/pdf/Global\\_Com\\_Martin\\_Jelsma.pdf](http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Com_Martin_Jelsma.pdf); The Beckley Foundation. Cannabis Policy: Moving Beyond Stalemate, Oxford University Press and Beckley Foundation Press (2010); Transform Drug Policy Foundation, After the War on Drugs: Blueprint for Regulation, 2009 <http://fpc.state.gov/232813.htm>
2. <http://fpc.state.gov/232813.htm>
3. This option is permitted under the 1969 Vienna Law on Treaties: <https://treaties.un.org/doc/Publication/UNTS/Volume%201155/volume-1155-I-18232-English.pdf>
4. Bewley-Taylor, D., Blickman, T., Jelsma, M. (2014), The Rise and Decline of Cannabis Prohibition: The History of Cannabis in the UN Drug Control System and Options for Reform, p. 65, [http://www.tni.org/sites/www.tni.org/files/download/rise\\_and\\_decline\\_web.pdf](http://www.tni.org/sites/www.tni.org/files/download/rise_and_decline_web.pdf)

## MODULE 5

### Session 5.6

# Activity: UN processes and players around the UNGASS: Member states, UN agencies and civil society

 40 min

#### Facilitators' note

For this exercise, the facilitator should ask the participants working on the group "civil society" that they should particularly consider how key populations (such as people who use drugs, people living with HIV, subsistence farmers engaged in the cultivation of drug-linked crops, etc.) can engage in the UNGASS debates, and how they can influence discussions.

 **Aim** – To understand some of the different players in the lead-up to the UNGASS and how they will interact both in the UNGASS and the process leading up to it

1. Introduce the aim of the session.
2. Divide the participants into three groups. Group 1 will focus on "member states", group 2 on "UN agencies" and group 3 on "civil society". Ask each group to brainstorm about their group's respective role and potential activities they could lead on before and at the UNGASS.
3. Back in plenary, draw three columns on a flipchart entitled "member states", "UN agencies" and "civil society" and ask each group to give examples of activities for each group that was assigned to them. Make sure that all the ideas listed in the table below are included in the flipchart (although please note that this list is not all-inclusive).

Member states	UN agencies	Civil society
Meet with civil society for input on various issues	Under the UN Task Force on Transnational Crime and Drug Trafficking, advise the Deputy Secretary-General on UNGASS preparations	Develop recommendations on how civil society can work within the UN in the lead-up to UNGASS
Hold or co-sponsored side events on drugs at UN Headquarters and/or in the margins of CND sessions	Research and publish papers on the connection between drugs and their own mandates	Bring the voice, experience and stories of key populations at the UNGASS debate
Meet with each other behind the scenes to discuss positions	Bring attention to the drugs issue through speeches and/or events	Take part in regional consultations, informal hearings and other opportunities for CS engagement
Meet with UN officials (President of the General Assembly, Secretary-General, Deputy Secretary-General) to discuss positions	Provide resources/expertise to member states as needed in the lead-up to UNGASS	Meet with UN agencies to advocate for involvement in UNGASS
Negotiate resolutions for modalities of UNGASS		Develop and promote a set of substantive "asks" for output of UNGASS

Negotiate language for output document for UNGASS		Meet with member states in the lead-up to UNGASS to advocate positions on process and to promote the role of CS and the importance of meeting with them for input on key issues
Influence the debate at regional forums (e.g. ECOWAS, African Union, ASEAN, EU, OAS)		Become a member of VNGOC and/or NYNGOC to provide input into UNGASS documents and proceedings
		Take part in public protests/ gathering such as the <a href="#">Support. Don't Punish</a> Global Day of Action
		Act as watchdog – monitoring country statements and positions, and holding them accountable back home
		Learn from other advocacy movements (HIV, human rights, etc.) and adapt successful advocacy actions to impact on the UNGASS
		Use social media to create a public debate and engage public opinion on specific drug policy issues that will be prominent at the UNGASS
		Reach out to prominent political figures within the Parliament, or the First Ladies to influence the government's position
		Propose recommendations for civil society organisation around UNGASS to President of the General Assembly, Deputy Secretary-General, UNODC

## MODULE 5

### Session 5.7

# Activity: How relevant is the UNGASS to drug policy reform?

 60 min

#### Facilitators' note

In order to prepare for this exercise, the facilitator may need to read through the arguments brought forward by IDPC for why the UNGASS is important in a previous advocacy note on a debate around the UNGASS which took place on 7th May 2015. Most of these arguments can easily be adapted to the UNGASS itself: <http://idpc.net/publications/2015/04/why-the-high-level-general-assembly-thematic-debate-towards-the-2016-ungass-on-drugs-is-important>



**Aim** – To explore how relevant the UNGASS is to drug policy reform on all levels (international, regional, national and local), and to consider what effect, if any, the 2016 UNGASS will have on the daily lives of people across the world

1. Introduce the aim of the session.
2. Divide the participants into groups of 6-7 people, and ask each group to appoint two spokespeople and a TV presenter. Allocate a “profession” that the two spokespeople will represent from each group during this exercise (e.g., a journalist, a harm reduction advocate, a human rights activist, an academic, a practitioner, etc.).
3. Explain that this exercise will involve a role play – with the two spokespeople sitting on a televised panel discussion moderated by their TV presenter to discuss the following question: “Why is/isn’t the UNGASS important for the country/region?” While one spokesperson will need to explain why the UNGASS is relevant, the other spokesperson will argue for the opposite point of view. Below are some questions that the TV presenter could ask the spokespeople:

#### Examples of questions the facilitator could ask the spokespeople:

- What do you think will happen at the 2016 UNGASS? What would you like to see happen?
- Given what has happened in some US states and Uruguay around marijuana, do you think that international drug laws have any bearing on domestic law?
- How will the UNGASS affect the daily lives of regular citizens?
- Is the UNGASS relevant to the world outside the UN? Why or why not?
- Why is (or isn’t) international system of drug control system necessary?
- What is the resistance to the phrase “harm reduction” and will it ever be recognised in official CND documents?
- Are the UN delegates who work on drug issues the experts? Who should make decisions on drug policy for the rest of the world?

4. After 10 minutes of preparation within each group, ask the two spokespeople to sit at a table in front of the other participants, on either side of their TV presenter, who will be in charge of moderating a “TV talk show”-style discussion about UNGASS and its relevance to domestic policy (if there is a video camera available, the “show” could be filmed).
5. Leave time for comments and discussions at the end of the exercise.

## Session 5.8

# Interactive Presentation: Identify ways for civil society organisations to engage the system in preparation for the UNGASS



60 min



**Aim** - To understand the timeline of key events in the lead up to UNGASS, and to build a practical set of methods for civil society to engage the system in the process leading up to UNGASS that are unique to each organisation

1. Introduce the aim of the session.
2. Present the timeline below of possibilities for key events for engagement in the lead up to UNGASS on a pre-prepared flipchart or on a PowerPoint slide. Ask the participants if they can think of any other significant milestones and add them to the list.

## Timeline: Key Events in Lead up to 2016 Drugs UNGASS

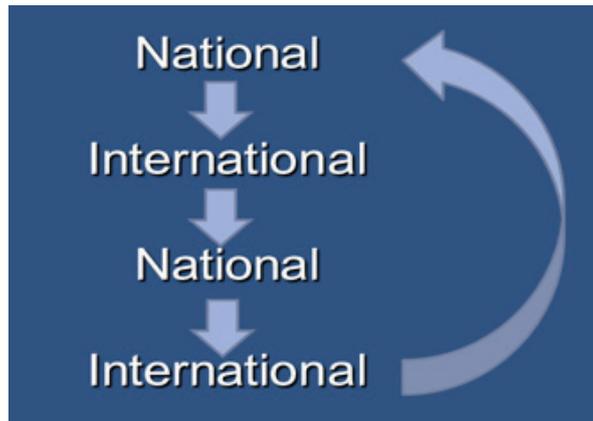
- **20-22 July 2015:** ECOSOC Coordination and Management Meeting where the UNGASS Modalities Resolution will be reviewed and adopted by ECOSOC (New York)
- **24 September 2015:** CND intersessional to discuss UNGASS Modalities (Vienna)
- **September 2015:** General Assembly 70th Session in New York, including the passing of the Omnibus Resolution on drugs and consideration of the proposals from the CND 58th Session (New York)
- **25-27 September 2015:** Millennium Development Goals (MDGs) and Post-2015 Agenda Summit (New York)
- **October/November 2015:** Third Committee negotiations and adoption of the annual Omnibus Resolution and the UNGASS Modalities Resolution (New York)
- **10-11 December 2015:** CND reconvened session and UNGASS Special Segment (Vienna)
- **January 2016** (to be held around 3 months before the UNGASS): Interactive Civil Society Hearing (New York)
- **March 2016:** CND 59th Session (Vienna)
- **19-21 April 2016:** The UNGASS on drugs (New York)
- **Summer 2016:** UN high level meeting on HIV/AIDS (exact format and timing to be confirmed)
- **26 June 2016:** International Day Against Drug Trafficking and Drug Abuse
- **26 June 2016:** Launch of the UNODC World Drug Report
- **26 June 2016:** Support. Don't Punish Global Day of Action (global)<sup>1</sup>



### Facilitators' note

This activity can work very well with [Module 4](#) focusing on how to create an advocacy action plan. If the facilitator is not using that Module, we recommend that they refer to the exercises included in it to facilitate the progression of this activity. If the facilitator plans to moderate sessions based on Module 4, we encourage them to refer back to this session and encourage participants to consider focusing on the UNGASS in their advocacy planning.

3. Present the flow chart below either on a pre-prepared flipchart or on a PowerPoint slide, explaining that national-level reforms feed into the international debates on drug control, which in turn push more governments to adopt drug policy or legislative reforms, and so on and so forth:



4. Briefly review the **Advocacy planning framework** from [Session 4.3](#) (presented either on a pre-prepared flipchart or on a PowerPoint slide), focusing on **Step 4: Identify your target**, **Step 5: Identify your allies**, and **Step 7: Create an action plan**.
5. Ask the group to brainstorm about options/methods for engagement in the process leading up to the UNGASS that are unique to their organisations. Explain that some of these will overlap with the ideas listed in Session 5.5, but that while that list was more about the “inside game” at the UN, this is more about building tools to engage in the system, whether or not you are working directly within the UN.
6. Note the results on a flipchart.
7. Discuss the ideas raised by the participants, and make sure that the ideas presented below are mentioned.

### ✓ Information to cover in this presentation:

There are various ways for NGOs to engage in the UN system to influence the UNGASS process and outcome. Here are some example below, although this is not an exhaustive list:

- Support and join international reform organisations to strengthen their influence in the international community and at the UN and to stay informed about the process (in particular, consider joining this movement: [www.UNdrugpolicyreform.org](http://www.UNdrugpolicyreform.org)).
- Educate the public in your country on the structure of international drug policy politics and decision-making, options for reform given the context of your country’s domestic legal structure, and the role of your country in international policy.
- Use social media and campaigns to move public opinion on the need for drug policies based on health, social inclusion and human rights.
- Call for a national dialogue between relevant government stakeholders and civil society partners to prepare for the CND and/or to feedback from the CND. This action has recently happened in Thailand and the UK and is a good way to engage policy makers in discussions, and hold them accountable for their positions at the UN.
- Coordinate a civil society letter/briefing paper/advocacy position paper outlining the key issues that you would like your government to focus on at the UNGASS.
- Keep informed about developments at the annual sessions of the Commission on Narcotic Drugs in Vienna and other events leading up to UNGASS

- Review the CND Blog ([www.cndblog.org](http://www.cndblog.org)) regularly to understand the previous positions taken by your government at international level.
- Join the Vienna NGO Committee on Drugs (VNGOC) and/or the New York NGO Committee on Drugs (NYNGOC) as these committees are the formal civil society mechanisms for engaging in the UNGASS.

1. <http://supportdontpunish.org/day-of-action-2015/>



## Handout: The UNGASS timeline

Cut each item and distribute a set of cards to each group:

**Event:** Shanghai Opium Commission convened by 13 nations to discuss growing concerns about opium use in China.

**Event:** The Hague International Opium Convention was held resulting in the International Opium Convention.

**Quote:** "There are 100,000 total marijuana smokers in the US, and most are Negroes, Hispanics, Filipinos and entertainers. Their Satanic music, jazz and swing, result from marijuana usage. This marijuana causes white women to seek sexual relations with Negroes, entertainers and any others"

**Event:** UN Economic and Social Council convened a conference of 73 nations, which resulted in the adoption of The Single Convention on Narcotic Drugs.

**Quote:** "Narcotics addiction is a problem which afflicts both the body and the soul of America... Every day we lose compounds the tragedy which drugs inflict on individual Americans. The final issue is not whether we will conquer drug abuse, but how soon"

**Event:** The UN Convention on Psychotropic Substances is adopted in response to an increase in psychedelic drug use.

**Event:** The UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances is adopted in response to a drastic increase in drug trafficking.

**Slogan:** "A Drug Free World – We can do it!"

**Event:** The Commission on Narcotic Drugs adopts the *Political Declaration and Plan of Action* during a High-Level Review in Vienna.

**Event:** Portugal decriminalises the possession of up to 10 doses of all drugs and sets up a comprehensive health strategy to promote harm reduction, treatment and healthcare

**Quote:** "Fifty years after the initiation of the UN Single Convention on Narcotic Drugs, and 40 years after President Nixon launched the US government's global war on drugs, fundamental reforms in national and global drug control policies are urgently needed"

**Quote:** "The Plurinational State of Bolivia reserves the right to allow in its territory: traditional coca leaf chewing; the consumption and use of the coca leaf in its natural state for cultural and medicinal purposes, such as its use in infusions; and also the cultivation, trade and possession of the coca leaf to the extent necessary for these licit purposes"

**Quote:** “The existing framework, born out of the international conventions of the past five decades and currently in force, has not achieved its desired results. The drug problem is ever greater and more complex. The time has come to accept this fact”

**Event:** The US states of Washington and Colorado vote by referendum in favour of legally regulated markets for cannabis.

**Quote:** “It’s crucial to create more flexibility for the countries to create their own solutions, based on their local context. Today the international community controls how drugs are criminalized. They should allow for countries to develop diverse strategies to protect their people. We need a broader menu of options that doesn’t depend on penal law”

**Quote:** “Next year, the Commission on Narcotic Drugs will conduct a high-level review. This will be followed, in 2016, by the UN General Assembly Special Session on the issue. I urge Member States to use these opportunities to conduct a wide-ranging and open debate that considers all options”

**Event:** Uruguayan Parliament votes in favour of a national legally regulated market for cannabis.

**Quote:** “We regret that no language is included on the death penalty as it undermines human dignity, and effects are irreversible”

**Quote:** “The death penalty serves as a deterrent in drug trafficking. We ensure that there is no miscarriage of justice”

**Quote:** “West African leaders and civil society must join forces to change policies that have not worked”

**Event:** Millennium Development Goals (MDGs) and Post-2015 Agenda Summit will take place at the General Assembly.

**Quote:** “We must consider alternatives to criminalization and incarceration of people who use drugs and focus criminal justice efforts on those involved in supply. We should increase the focus on public health, prevention, treatment and care, as well as on economic, social and cultural strategies”

**Event:** The UN Special Session on Drugs to review progresses made and “achievements and challenges” in countering the world drug problem.

**Event:** The target date set out in the 2009 Political Declaration and Action Plan by which to “eliminate or significantly and measurably reduce” the demand for and supply of drugs.

**Timeline to be given to the participants even on a prepared flipchart or on a PowerPoint slide:**

**Timeline: 1909 – 1912 – 1937 – 1961 – 1971 – 1988 – 1998 – 2001  
– 2009 – 2011 – 2012 – 2013 – 2014 – 2015 – 2016 – 2019**

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1909	<p><b>Event:</b> Shanghai Opium Commission convened by 13 nations to discuss growing concerns about opium use in China.</p>
	<p><b>Significance:</b> Instigated by the USA amid fears of an increasing global opium market, this was the first international conference convened on the drugs issue. Often held up as a totemic example of early multilateral cooperation, the Commission in fact represented the barest minimum of a multi-state agreement. Participants resolved, but did not commit, to suppress opium smoking, limit its use to medical purposes and control its harmful derivatives. No attempt was made to regulate criminal law.<sup>1</sup></p>
1912	<p><b>Event –</b> The 1912 Hague International Opium Convention was held resulting in the International Opium Convention.</p>
	<p><b>Significance:</b> The International Opium Convention was the first of a series of legally binding multilateral agreements on drug policy. The treaty “called upon signatories to licence manufacturers, regulate distribution and, in the case of opium, halt exports to those jurisdictions that prohibited its import”<sup>2</sup></p>
1937	<p><b>Quote:</b> “There are 100,000 total marijuana smokers in the US, and most are Negroes, Hispanics, Filipinos and entertainers. Their Satanic music, jazz and swing, result from marijuana usage. This marijuana causes white women to seek sexual relations with Negroes, entertainers and any others.”</p>
	<p><b>Significance:</b> Attributed to Harry J. Anslinger, the first Commissioner of the US Federal Bureau of Narcotics (widely considered the first United States “drug czar”). This type of anti-drug propaganda helped set the stage for worldwide prohibitionist policies not just on cannabis but on other, mostly plant-based, drugs.</p>
1961	<p><b>Event:</b> UN Economic and Social Council convened a conference of 73 nations, which resulted in the adoption of <i>The Single Convention on Narcotic Drugs</i>.<sup>3</sup></p>
	<p><b>Significance:</b> This convention replaced and unified all previous international agreements on drug control, and formally established the current international drug control system, focusing mainly on plant-based substances (i.e. cannabis, coca/cocaine, opium/heroin). The convention renders illegal all production, trade and use of controlled substances, except for medical and scientific purposes.</p>
1971	<p><b>Quote:</b> “Narcotics addiction is a problem which afflicts both the body and the soul of America... Every day we lose compounds the tragedy which drugs inflict on individual Americans. The final issue is not whether we will conquer drug abuse, but how soon.”<sup>4</sup></p>
	<p><b>Significance:</b> Richard Nixon’s speech to the US Congress on 17 June 1971, officially launching his war on drugs. He dramatically increased the size and presence of federal drug control agencies, and pushed through measures such as mandatory sentencing and no-knock warrants.<sup>5</sup></p>
1971	<p><b>Event:</b> <i>The UN Convention on Psychotropic Substances</i> is adopted in response to an increase in psychedelic drug use.</p>
	<p><b>Significance:</b> The convention extended international control to cover over a hundred synthetic psychotropic substances, including LSD. THC, the active ingredient in cannabis, is also scheduled under this convention.</p>

1988	<b>Event:</b> <i>The UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances</i> is adopted in response to a drastic increase in drug trafficking.
	<b>Significance:</b> This Convention was negotiated in response to massive increases in both demand and supply of cannabis, cocaine and heroin for non-medical use. The rapid growth of illicit trafficking fuelled a criminal black market worth billions; some attribute this growth to enforcement-based international drug policies under the Single Convention. The Convention significantly reinforced the obligation of countries to apply criminal sanctions domestically. However, there is some flexibility in this convention which enables governments to implement national policies that do not necessarily rely on criminal justice.
1998	<b>Slogan:</b> “A Drug Free World – We can do it!”
	<b>Significance:</b> In 1998, the UN hosted a General Assembly Special Session (UNGASS) under this official slogan, with the goal of “eliminating or significantly reducing” the illicit drug trade by 2008. <sup>6</sup>
2001	<b>Event:</b> Portugal decriminalises the possession of up to 10 doses of all drugs and sets up a comprehensive health strategy to promote harm reduction, treatment and healthcare
	<b>Significance:</b> Portugal is often mentioned as <i>the</i> example of best practice for decriminalisation. The law passed in 2001 had the support of all political parties, as well as public opinion. However, what made this decriminalisation model so successful was the range of evidence-based and well-funded social and health services made available to people who use drugs, and the role of the Dissuasion Commissions to refer people to the services they need. <sup>7</sup>
2009	<b>Event:</b> The Commission on Narcotic Drugs adopts the <i>Political Declaration and Plan of Action</i> during a High-Level Review in Vienna.
	<b>Significance:</b> The General Assembly was set to review progress made since the 1998 UNGASS. This meeting was instead held in Vienna where the Commission on Narcotic Drugs adopted a Political Declaration, and set 2019 as the new date by which to “eliminate or reduce significantly” the use, supply and demand of controlled drugs. Whether to use the term “harm reduction” was hotly debated at this meeting, and the concept was eventually included as “related support services”. <sup>8</sup> After its adoption, 26 countries added an Interpretive Statement on harm reduction to the Political Declaration, formally declaring that these nations wished to interpret the term “related support services” as “including measures which a number of states, international organizations and NGOs call harm reduction measures.” <sup>9</sup>
2011	<b>Quote:</b> “Fifty years after the initiation of the UN Single Convention on Narcotic Drugs, and 40 years after President Nixon launched the US government’s global war on drugs, fundamental reforms in national and global drug control policies are urgently needed”.
	<b>Significance:</b> This is a quote from former Brazilian president Fernando Henrique Cardoso at the occasion of the launch of the first report of the Global Commission on Drug Policy, composed of world leaders who came together to call for the end of the war on drugs. <sup>10</sup>
2012	<b>Quote:</b> “The existing framework, born out of the international conventions of the past five decades and currently in force, has not achieved its desired results. The drug problem is ever greater and more complex. The time has come to accept this fact.” <sup>11</sup>
	<b>Significance:</b> Statement by Guatemalan President Otto Pérez Molina in his address to the General Assembly, joining the presidents of Colombia and Mexico in calling on the UN to host an international conference on drug policy reform. This resulted in the UNGASS being brought forward to 2016, instead of 2019. It also led the Organization of American States (OAS) to conduct a review of drug policies in the Hemisphere and the publication of its 2013 analytical and scenarios reports, <sup>12</sup> as well as the holding of an OAS General Assembly on the drug problem in the Americas in June 2013. <sup>13</sup>

2012	<p><b>Quote:</b> “The Plurinational State of Bolivia reserves the right to allow in its territory: traditional coca leaf chewing; the consumption and use of the coca leaf in its natural state for cultural and medicinal purposes, such as its use in infusions; and also the cultivation, trade and possession of the coca leaf to the extent necessary for these licit purposes.”</p>
	<p><b>Significance:</b> This is the official reservation of Bolivia to the 1961 Single Convention on Narcotic Drugs. The coca leaf has been used for centuries in Bolivia and other South American countries for medicine, religion and cooking purposes. The traditional chewing of the coca leaf is at odds with the 1961 Convention, which banned the practice but allowed 25 years for it to be phased out. When the phase-out period expired, Bolivia passed an amendment to its Constitution in 2009 allowing four years for the Bolivian government to “denounce and ... renegotiate the international treaties that may be contrary to the Constitution”. After its proposal to the UN to amend the treaties was rejected by 18 member countries (led by a group convened by the USA), the Bolivian government took the unprecedented step of formally withdrawing from the 1961 Convention on 1<sup>st</sup> January 2012, at which time Bolivia filed an application to re-accede to the Convention with a reservation on the coca leaf and its traditional uses. The reservation had to be permitted after one year unless it was blocked by one-third of the signatories to the Convention – 61 countries. As only 15 objected, the tactic was ultimately successful, and Bolivia re-acceded to the Convention on 10<sup>th</sup> February 2013. This bold move by Bolivia is extremely significant in that it is seen as the first “hard” challenge to the treaties in the history of UN drug control.<sup>14</sup></p>
2012	<p><b>Event:</b> The US states of Washington and Colorado vote by referendum in favour of legally regulated markets for cannabis.</p>
	<p><b>Significance:</b> Washington and Colorado are the first jurisdictions that established cannabis regulated markets. The fact that the decision was voted by referendum is noteworthy as it truly reflects the “will of the people” – and a significant shift from the US traditional leading role as a supporter of a war on drugs approach.</p>
2013	<p><b>Quote:</b> “It’s crucial to create more flexibility for the countries to create their own solutions, based on their local context. Today the international community controls how drugs are criminalized. They should allow for countries to develop diverse strategies to protect their people. We need a broader menu of options that doesn’t depend on penal law”.</p>
	<p><b>Significance:</b> This quote was taken from the Scenarios Report launched by the Organisation of American States in 2013. The report offers four possible scenarios for policy reform across the Western Hemisphere, one of which (“Pathways”) promotes decriminalisation, harm reduction, development-oriented approaches to drug production, and regulated markets. This is a significant shift in a region that, for decades, has been at the forefront of the war on drugs.<sup>15</sup></p>
2013	<p><b>Quote:</b> “Next year, the Commission on Narcotic Drugs will conduct a high-level review. This will be followed, in 2016, by the UN General Assembly Special Session on the issue. I urge Member States to use these opportunities to conduct a wide-ranging and open debate that considers all options”.</p>
	<p><b>Significance:</b> Speech by UN Secretary General Ban Ki Moon at the occasion of the International Day against Drug Abuse and illicit Trafficking on 26<sup>th</sup> June 2013 in New York, calling for an open and wide-ranging debate at the UNGASS that considers all options, including possibilities for reform.</p>
2013	<p><b>Event:</b> Uruguayan Parliament votes in favour of a national legally regulated market for cannabis.</p>
	<p><b>Significance:</b> With this vote, Uruguay became the first country in the world to create a regulated drug market for cannabis at national level.</p>

2014	<b>Quote:</b> “We regret that no language is included on the death penalty as it undermines human dignity, and effects are irreversible”.
	<b>Quote:</b> “The death penalty serves as a deterrent in drug trafficking. We ensure that there is no miscarriage of justice”.
	<b>Significance:</b> Quote #1 (“We regret that no language is included...”) was made by the Greek delegate on behalf of the European Union, and Quote #2 (“The death penalty serves as a deterrent...”) was made in response by the Iranian delegate, upon the adoption of the Joint Ministerial Statement <sup>16</sup> at the close of the High-Level Segment, which was held in March 2014 to review the progress made, and the challenges encountered, since the 2009 Political Declaration and Plan of Action on the World Drug Problem. The death penalty was discussed at length during the negotiation process around the Joint Ministerial Statement and was eventually not included in the final document. These statements show the fracturing of consensus within the Commission on Narcotic Drugs and the divisiveness around certain issues.
2014	<b>Quote:</b> “West African leaders and civil society must join forces to change policies that have not worked”.
	<b>Significance:</b> This is a quote from former Nigerian president Olusegun Obasanjo at the occasion of the launch of the West African Commission on Drugs and its report “Not just in transit”. <sup>17</sup> This is the first time that West African leaders came together to call for drug policy reform.
2015	<b>Event:</b> Millennium Development Goals (MDGs) and Post-2015 Agenda Summit will take place at the General Assembly.
	<b>Significance:</b> The UN will agree on and adopt the framework that will replace the MDGs, known as the “Sustainable Development Goals (SDGs)”. One proposed goal is “by 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases”. Another is “strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”. <sup>18</sup>
2015	<b>Quote:</b> “We must consider alternatives to criminalization and incarceration of people who use drugs and focus criminal justice efforts on those involved in supply. We should increase the focus on public health, prevention, treatment and care, as well as on economic, social and cultural strategies”. <sup>19</sup>
	<b>Significance:</b> Speech by Ban Ki Moon on 26 <sup>th</sup> June 2015, in which he explicitly calls for the decriminalisation of people who use drugs.
2016	<b>Event:</b> The UN Special Session on Drugs to review progresses made and “achievements and challenges” in countering the world drug problem.
	<b>Significance:</b> The 2016 Drugs UNGASS will be the first time the General Assembly will have reviewed the drugs issue since 1998. Questions for discussion: Why is an international system of drug control system necessary at all? Will the language of harm reduction finally be included?
2019	<b>Event:</b> The target date set out in the 2009 Political Declaration and Action Plan by which to “eliminate or significantly and measurably reduce” the demand for and supply of drugs. Also scheduled date for another high level meeting, to discuss and agree the next Action Plan.
	<b>Significance:</b> What will happen? Will the target be met? For discussion.

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2. Id.
3. [http://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin\\_1962-01-01\\_1\\_page007.html](http://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1962-01-01_1_page007.html)
4. <http://www.presidency.ucsb.edu/ws/?pid=3048>
5. For more information on the history of the war on drugs in the USA, see: <http://www.drugpolicy.org/new-solutions-drug-policy/brief-history-drug-war#sthash.aigR0Ggt.dpuf>
6. Political Declaration on Global Drug Control, <http://www.un.org/ga/20special/poldecla.htm>
7. For more information, please see: <http://idpc.net/publications/2011/08/drug-policy-in-portugal-the-benefits-of-decriminalising-drug-use>

8. Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem, [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_52/Political-Declaration2009\\_V0984963\\_E.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf)
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13. Declaration of Antigua Guatemala “For a Comprehensive Policy Against the World Drug Problem in the Americas” adopted by the OAS at its fourth plenary session, June 6, 2013 found at [http://www.oas.org/en/media\\_center/press\\_release.asp?sCodigo=S-010](http://www.oas.org/en/media_center/press_release.asp?sCodigo=S-010)
14. See <http://www.unodc.org/unodc/en/frontpage/2013/January/bolivia-to-re-accede-to-un-drug-convention-while-making-exception-on-coca-leaf-chewing.html>; See also Jelsma, M. (2011). Lifting the ban on coca chewing: Bolivia’s proposal to amend the 1961 Single Convention. Retrieved from: <http://www.tni.org/sites/www.tni.org/files/download/dlr11.pdf>.
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16. 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, found at <http://www.unodc.org/documents/ungass2016/V1403583-1-2.pdf>
17. <http://www.wacommissionondrugs.org/>
18. Open Working Group Proposal for Sustainable Development Goals, proposed Goals 3.3 and 3.5 found at <http://sustainabledevelopment.un.org/focussdgs.html>
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