Briefing paper

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# How to capitalise on progress made in the UNGASS Outcome Document

Juan Fernandez Ochoa[1] & Marie Nougier[2]

## Introduction

As the first forum of its kind since 1998, the United Nations General Assembly Special Session (UNGASS) on drugs[3] was highly anticipated and there was a clear sense of urgency from reform-minded stakeholders. However, hopes for a major breakthrough seemed all but lost as the UNGASS Outcome Document[4] was approved, by consensus, at the opening session of the Special Session.

The negotiation of the Outcome Document has been criticised for its opaque preparatory process and diluted outcomes. The 26-page-long Outcome Document falls short of the 'short, substantive, concise and action-oriented document'[5] it had promised to be, and inadequately reflects the wide-ranging debate that took place in Vienna, Geneva and New York since the UNGASS was first called for in 2012.[6] It has also been strongly criticised for its failure to explicitly acknowledge the devastating consequences of an overly punitive approach to drug control, its continued promotion of a world 'free of drug abuse', and the fact that most progressive paragraphs are heavily caveated with wording such as 'as appropriate' and 'in accordance with national legislation', among many other issues.

Nevertheless, the UNGASS and its Outcome Document represent a key milestone in the international debate on drug control. Firstly, the debates exposed the fault lines in the fractured global drug control 'consensus',[7] with countries diverging on key issues such as the death penalty, harm reduction, decriminalisation, the legal regulation of drug markets and the negative impacts of the current regime.[8] And secondly, although the Outcome Document fell short of expectations, it does signal an unprecedented shift towards ensuring public health, development and human rights concerns are not peripheral, but central to drug policy. The new seven-themed structure[9] of the Outcome Document has largely contributed to this shift, departing from the traditional three-pillar structure which narrowly focused on demand reduction, supply reduction and international cooperation.

As the implications of the UNGASS continue to be fleshed out,[10] this guide highlights some of the key paragraphs within the Outcome Document, and explores how these could help civil society, governments, UN agencies and other relevant stakeholders in their ongoing efforts to promote drug policy reform. As such, the guide does not seek to provide a thorough analysis of the Outcome Document, but rather draws out some of the most progressive language included in the text, and explains how to use it for advocacy purposes.

We have split this guide into four key thematic areas to enable advocates to focus on those that are most relevant to their work:

- **Public Health**, including harm reduction, treatment, and access to controlled medicines
- **Development**, including promoting a development-centred approach to drug control and promoting the Sustainable Development Goals (SDGs)
- **Human rights**, including gender, youth,

proportionality of sentencing, alternatives to incarceration and access to justice

- **Civil society engagement.**

## A public health approach

The preamble of the Outcome Document reaffirms one of the stated principles underpinning all three international drug control conventions – namely the 'concern with the health and welfare of humankind'. While it misguidedly continues to place the elimination of 'drug abuse' as a precondition to the pursuit of 'health, dignity and peace', the Outcome Document does strengthen the role of public health responses within a 'comprehensive, integrated and balanced approach' to drug use. In this regard, the Outcome Document offers positive language on harm reduction, treatment and access to controlled substances for medical and scientific purposes.

### Harm reduction

**1.k** Promote and strengthen regional and international cooperation in developing and implementing treatment-related initiatives, enhance technical assistance and capacity-building and ensure non-discriminatory access to a broad range of interventions, including psychosocial, behavioural and medication-assisted treatment, as appropriate and in accordance with national legislation, as well as to A/S-30/L.1 16-06128 7/24 rehabilitation, social reintegration and recovery-support programmes, including access to such services in prisons and after imprisonment, giving special attention to the specific needs of women, children and youth in this regard;

**1.m** Promote the inclusion in national drug policies, in accordance with national legislation and as appropriate, of elements for the prevention and treatment of drug overdose, in particular opioid overdose, including the use of opioid receptor antagonists such as naloxone to reduce drug-related mortality;

**1.o** Invite relevant national authorities to consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, as well as consider ensuring access to such interventions including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users;

**A recognition of critical HIV prevention interventions** – The criminalisation and stigmatisation of people who use drugs contributes to their marginalisation and increased vulnerability to health problems. As a key population, people who inject drugs bear the brunt of punitive policies and adverse health effects –while at the same time having the least access to HIV prevention, treatment and care services. Globally, of an estimated 12 million people who inject drugs, around 14% are living with HIV, and 50% with hepatitis C – far exceeding the prevalence in the general population.[11] Since the 1980s, the concept of harm reduction[12] has developed as a pragmatic and highly effective response to these challenges, and has since been endorsed by all relevant UN agencies.[13] However, the reliance on consensus-based decision making at the Commission on Narcotic Drugs (CND) means that UN member states have so far been unable to embrace the term itself in high-level drug policy documents. The UNGASS was no different

– despite wide-ranging support,[14] the inclusion of the term 'harm reduction' could not be agreed during negotiations on the Outcome Document as several countries objected.[15] Instead, paragraph 1.o uses a diplomatic compromise – with a long-hand, oblique reference to 'effective measures aimed at minimising the adverse public health and social consequences of drug abuse'.

Nonetheless, the Outcome Document does provide the most extensive language on harm reduction services ever to be tabled by the Vienna-based drug control bureaucracies. The explicit mention of 'injecting equipment and medication-assisted therapy programmes' (paragraph 1.o) represents a welcome recognition of the effectiveness and cost-effectiveness of needle and syringe programmes (NSPs) and opioid substitution therapy (OST), particularly in reducing mortality and the transmission of blood-borne viruses among people who inject drugs. Although many countries have put in place OST and NSPs,[16] the quality and coverage of these services globally remains woefully insufficient. Addressing these pressing challenges will require increased political leadership and financial investment by international agencies and national governments – an international commitment implicitly enshrined in the Outcome Document. In addition, the Outcome Document calls for 'promoting' the use of the *WHO, UNODC and UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*,[17] which is a stronger reference to this important tool than has been previously agreed.

**Promoting naloxone provision** – Paragraph 1.m of the Outcome Document also encourages authorities to 'promote the inclusion in national drug policies (…) of elements for the prevention and treatment of drug overdose, in particular opioid overdose', a key concern given the global burden of drug-related deaths.[18] The explicit reference for the first time to 'the use of opioid receptor antagonists, such as naloxone', offers vital leverage for those advocating for the expansion of naloxone programmes to reverse opioid overdoses.[19,20]

**Promoting harm reduction in prisons** – Paragraph 1.o includes an important acknowledgement of the need to ensure access to these programmes in 'prisons and other custodial settings'. This is especially worth highlighting, given that the reach of these services is acutely deficient.[21] The lack of availability of sterile equipment and other harm reduction services, compounded by the context of misery, brutality, lack of privacy, anxiety and chronic insecurity that frequently characterises life in prisons, provides fertile ground for risky drug use behaviour and the spread of diseases. Indeed, while the rate of infections in prisons within and across countries varies considerably, the prevalence of HIV, sexually transmitted infections, hepatitis B and C as well as tuberculosis is much higher in prison populations as compared to the general population.[22]

**An opportunity to raise the profile of a broader range of harm reduction interventions** – The wide ranging aims of the Outcome Document should encourage an integrated reading of the text. In this light, the various objectives of 'minimising the adverse public health and social consequences of drug abuse' (paragraph 1.o), data collection and utilisation (paragraphs 3.c and 5), and prevention and treatment (paragraphs 1.a to k) can be used together to promote innovative harm reduction approaches, such as drug checking.[23] Implemented in a number of countries, including Colombia, the Netherlands and Spain, drug checking programmes can provide a useful and reliable tool to reduce drug-related harm (in particular those related to NPS) and 'identify and monitor trends in the composition, production, prevalence and distribution of new psychoactive substances' (paragraph 5.d), providing 'relevant, reliable and objective data' (paragraph 5.u), that 'enhance[s]… early warning networks' (paragraph 5.g) and supports evidence-based decision-making.

## Drug dependence treatment

**1.i** Recognize drug dependence as a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated through, inter alia, effective scientific evidence-based drug treatment, care and rehabilitation programmes, including community-based programmes, and strengthen capacity for aftercare for and the rehabilitation, recovery and social reintegration of individuals with substance use disorders, including, as appropriate, through assistance for effective reintegration into the labour market and other support services;

**1.j** Encourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and develop and implement outreach programmes and campaigns, involving drug users in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as to encourage drug users to seek treatment and care, and take measures to facilitate access to treatment and expand capacity;

**1.k** Promote and strengthen regional and international cooperation in developing and implementing treatment-related initiatives, enhance technical assistance and capacity-building and ensure non-discriminatory access to a broad range of interventions, including psychosocial, behavioural and medication-assisted treatment, as appropriate and in accordance with national legislation, as well as to rehabilitation, social reintegration and recovery-support programmes, including access to such services in prisons and after imprisonment, giving special attention to the specific needs of women, children and youth in this regard;

**4.c** Promote effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities to ensure adequate quality of drug treatment and rehabilitation services and to prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with domestic legislation and applicable international law;

**4.m** Enhance access to treatment of drug use disorders for those incarcerated and promote effective oversight and encourage, as appropriate, self-assessments of confinement facilities, taking into consideration the United Nations standards and norms on crime prevention and criminal justice, including the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules),[17] implement, where appropriate, measures aimed at addressing and eliminating prison overcrowding and violence, and provide capacity-building to relevant national authorities;

**Drug dependence as a health issue** – The Outcome Document recognises drug dependence as a 'chronic and relapsing' 'health disorder' which requires a health and social response. This acknowledgement strengthens the case for drug use and dependence no longer being considered as a criminal justice matter (see section on alternatives to incarceration). This point is particularly relevant in contexts where drug laws and policies continue to heavily criminalise and incarcerate people who use drugs and where treatment programmes remain scarce.

**Ensuring treatment quality and effectiveness** – Paragraphs 1.i, 1.k and 4.c of the Outcome Document go on to promote 'evidence-based' treatment. There are ongoing debates on what is an 'effective' or 'scientific' based treatment in many areas of the world. Paragraph 4.c of the Outcome Document is helpful in laying out some of the key aspects of what is *not* 'evidence based', when referring to any 'acts of cruel, inhuman or degrading treatment'. This is particularly useful to highlight in areas where 'treatment' methods consist of forced labour, humiliations, beatings,

and other inhumane forms of punishment.[24] The Outcome Document is also unequivocal in its call to encourage 'voluntary' treatment, and 'informed consent' as a key component of an effective treatment model in paragraph 1.j. This language can be used to reinforce the need to end the use of compulsory detention as 'treatment' for drug dependence. Paragraph 1.p is also interesting in this regard as it refers to the implementation of the UN minimum quality standards for treatment,[25] which can serve as guidance for policy makers as they design, implement and evaluate national treatment programmes.

**Promoting a wide range of treatment methods** – The Outcome Document refers to a wide array of services in paragraph 1.k. This is an implicit recognition that the range of drugs available is ever increasing, that a treatment method effective for one substance may not be effective for another, and that people may have different wishes and needs. The services listed in the Outcome Document include 'medically assisted treatment', which is widely accepted as including OST with, for example, methadone and buprenorphine – OST remains the most effective form of treatment available for opioid dependence.[26] Finally, paragraph 1.k recognises that treatment services should be adapted to respond to the specific needs of women and youth. The lack of access to treatment by women dependent on drugs can be explained by the existing critical barriers to women's access to treatment, and a serious lack of gender-sensitive services available worldwide (see section on gender). As for children and youth, legislative and practical barriers continue to prevent their access to treatment (see section on young people).

**Ensuring access to treatment in prison** – Although the prevalence of drug use in prison varies considerably from country to country, estimates show that approximately one in three people detained have used drugs at least once while incarcerated.[27] While prisons are not an ideal setting for drug treatment interventions, evidence shows that effective treatment in prisons substantially improves health outcomes.[28] Without treatment and a continuum of care, there are risks of high rates of overdoses, relapse into drug use and recidivism among people who use drugs after they are released from prison.[29] It is therefore welcome that paragraphs 1.k and 4.m both mention the need for treatment programmes to be more widely available in prison.

**Supporting social reintegration** – Finally, the Outcome Document highlights the need to offer social support for people undergoing treatment (paragraph 1.i), as well as to address the social stigma associated with drug use (paragraph 1.j). This is a critical element of treatment, especially in countries where drug use continues to be considered as a 'social evil' with consumers being pushed into the margins of society. Social support can include reintegration into employment – as mentioned in the Outcome Document – but also access to housing, skills training, healthcare, etc.

## Access to controlled substances for medical and scientific use

**2.** We reiterate our strong commitment to improving access to controlled substances for medical and scientific purposes by appropriately addressing existing barriers in this regard, including those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessment and reporting, benchmarks for consumption of substances under control, and international cooperation and coordination, while concurrently preventing their diversion, abuse and trafficking, and we recommend the following measures:

**2.a** Consider reviewing, within the framework of national legal systems, domestic legislation and regulatory and administrative mechanisms, as well as procedures including domestic distribution channels, with the aim of simplifying and streamlining those processes and removing unduly restrictive regulations and impediments, where they exist, to ensure access to controlled substances for medical and scientific purposes, including for the relief of pain and suffering, as required by the three international drug control conventions and defined by national legislation, while preventing their diversion, abuse and trafficking, and encourage the exchange of information, lessons learned and best practices in designing and implementing regulatory, financial, educational, administrative and other related measures;

**2.b** Strengthen, as appropriate, the proper functioning of national control systems and domestic assessment mechanisms and programmes, in cooperation with the International Narcotics Control Board, the United Nations Office on Drugs and Crime, the World Health Organization and other relevant United Nations system agencies, to identify, analyse and remove impediments to the availability and accessibility of controlled substances for medical and scientific purposes, within appropriate control mechanisms, as required by the three international drug control conventions and taking into account Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines[9] and, for that purpose, consider the provision of technical and financial assistance, upon request, to developing countries;

**2.c** Expedite, in accordance with national legislation, the process of issuing import and export authorizations for controlled substances for medical and scientific purposes by using the above-mentioned guidance and the International Import and Export Authorization System of the International Narcotics Control Board;

**2.f** Develop national supply management systems for controlled substances that comprise selection, quantification, procurement, storage, distribution and use, strengthen the capacity of competent national authorities to adequately estimate and assess the need for controlled substances and paying special attention to essential medicines, as defined by national legislation, taking due note of the Guide on Estimating Requirements for Substances under International Control,[10] and enhance domestic data-collection mechanisms in order to present the International Narcotics Control Board with estimates on the consumption of drugs used for medical and scientific purposes;

**2.g** Continue to regularly update the Model Lists of Essential Medicines of the World Health Organization, enhance collaboration among Member States and the treaty bodies with scheduling responsibilities, leading to informed and coordinated scheduling decisions by the Commission on Narcotic Drugs that take due account of all relevant aspects to ensure that the objectives of the conventions are met, and review national lists of controlled substances and national lists of essential medicines, as appropriate.

**Recognising access to controlled medicines as a key component of international drug control** – Ensuring the adequate availability of controlled substances for medical and scientific purposes is one of the fundamental aims of the UN drug conventions; but the UN system and member states have so far failed to fulfil this objective.[30] The World Health Organisation (WHO) estimates that 5.5 billion people live in countries with low or non-existent access to controlled medicines, and that tens of millions of people in these countries experience moderate to severe pain without access to treatment every year, including 5.5 million people with terminal cancer and a million people with late-stage AIDS.[31] Furthermore, drug control policies can be a hindrance to scientific research on controlled substances, many of which have been found to have promising therapeutic potential. It is therefore welcome that the UNGASS Outcome Document makes a 'strong commitment to improving access to controlled substances' in paragraph 2, dedicating an entire section of its seven-theme structure to 'Operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion'.

**Removing barriers hindering access** – The text goes beyond a statement of principle, not only encouraging member states to address a broad range of 'existing barriers' (see paragraph 2) but also concretely urging national authorities to engage in a thorough process of revision of their drug control architecture (see paragraphs 2.a, b, c and f). In this regard, member states are asked to simplify and streamline processes and remove 'unduly restrictive regulations and impediments'. Paragraph 2.a concretely focuses on 'domestic legislation and regulatory and administrative mechanisms, national control systems and domestic assessment mechanisms and programmes, and import and export' procedures. Civil society has an important role to play in stimulating and monitoring this process. Advocacy and oversight efforts could be focused, for instance, on ensuring that national annual estimates are calculated in accordance with the International Narcotics Control Board (INCB) and WHO's *Guide on estimating requirements for substances under international control* (see paragraph 2.f), encouraging the adequate training of healthcare workers, and evaluating healthcare strategies to ensure they adequately address the need for palliative care. The Outcome Document's provision in paragraph 2.b to take 'into account the World Health Organisation's Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines'[32] should contribute to these efforts as the Guidance includes practical recommendations on the matter.

**Ensuring access to substances included in the WHO Model List of Essential Medicines** – The recommendation to 'regularly update the Model Lists of Essential Medicines of the World Health Organization' and further exhortation to 'review national lists of controlled substances and national lists of essential medicines' in paragraph 5.g should be considered as fundamental to strengthening a comprehensive public health approach. The Model Lists include methadone and buprenorphine (widely used in OST), naloxone (used to reverse opiate overdoses) and morphine (critical for pain control). Despite the Lists representing the 'minimum medicine needs for a basic healthcare system' and 'the most efficacious, safe and cost-effective medicines',[33] the availability of these substances remains inadequate, a situation that contravenes both international human rights and drug control legislation.

## A development-oriented approach to drug control

The Outcome Document represents the very first time that a high-level UN document on global drug control strikes a strong connection between drug policy and development, going beyond the narrow focus of alternative development. The adoption of the Sustainable Development Goals (SDGs) six months prior to the UNGASS certainly influenced the negotiations in this regard. The adoption of an entire section dedicated to drugs and development is one of the successes of the Outcome Document.Outcome Document.

## Broadening the concept of 'alternative development'

**5.v** Intensify efforts in the context of long-term and sustainable development programmes to address the most pressing drug-related socioeconomic factors, including unemployment and social marginalization, conducive to their subsequent exploitation by criminal organizations involved in drug-related crime;

**7.** We reiterate our commitment to addressing drug-related socioeconomic issues related to the illicit cultivation of narcotic plants and the illicit manufacture and production and trafficking of drugs through the implementation of long -term, comprehensive and sustainable development-oriented and balanced drug control policies and programmes, including alternative development and, as appropriate, preventive alternative development programmes, which are part of sustainable crop control strategies, and we recommend the following measures:

**7.b** Encourage the promotion of inclusive economic growth and support initiatives that contribute to poverty eradication and the sustainability of social and economic development, develop measures for rural development, improving infrastructure and social inclusion and protection, addressing the consequences of illicit crop cultivation and the manufacture and production of narcotic drugs and psychotropic substances on the environment, with the incorporation and participation of local communities, and consider taking voluntary measures to promote products stemming from alternative development, including preventive alternative development, as appropriate, to gain access to markets, consistent with applicable multilateral trade rules and with national and international law, within the framework of comprehensive and balanced drug control strategies;

**7.h** Consider strengthening a development perspective as part of comprehensive, integrated and balanced national drug policies and programmes so as to tackle the related causes and consequences of illicit cultivation, manufacture, production of and trafficking in drugs by, inter alia, addressing risk factors affecting individuals, communities and society, which may include a lack of services, infrastructure needs, drug-related violence, exclusion, marginalization and social disintegration, in order to contribute to the promotion of peaceful and inclusive societies;

**7.j** Encourage the development of viable economic alternatives, particularly for communities affected by or at risk of illicit cultivation of drug crops and other illicit drug-related activities in urban and rural areas, including through comprehensive alternative development programmes, and to this end consider development-oriented interventions, while ensuring that both men and women benefit equally from them, including through job opportunities, improved infrastructure and basic public services and, as appropriate, access and legal titles to land for farmers and local communities, which will also contribute to preventing, reducing or eliminating illicit cultivation and other drug-related activities;

**Moving away from a narrow 'alternative development' focus** – The concept of 'alternative development' in areas where crops are cultivated for the illicit drug market has been well accepted in UN debates on drug control for decades. What makes the Outcome Document unique is the fact that it goes well beyond alternative development, to encompass broader development concerns focusing both on rural and urban settings (see paragraphs 7.j and 7.k). Perhaps one of the most important aspects of the Outcome Document is the acknowledgement that drug policies should be fully integrated with development strategies to ensure that those most marginalised and vulnerable are not left behind, by taking 'into account the vulnerabilities and specific needs of communities' (see paragraph 7.d).

**Linking drug control objectives to development imperatives** – The great majority of illicit drug cultivation, trafficking, and the most problematic aspects of drug use take place in some of the

poorest and marginalised areas of the world – addressing the illicit drug trade will therefore require a long-term, sustainable development policy.[34] Paragraphs 5.v and 7.h lay out some of the key objectives of a 'development-oriented and balanced' drug policy, such as addressing the limited access to services and infrastructure, reducing drug-related violence, tackling social stigma and marginalisation or boosting job opportunities. Paragraphs 7.b and j provide examples of how some of the causes of involvement in the drug trade could be redressed, including via improved infrastructure and public services, access to land tenure and licit markets, access to employment in the licit economy, and trade rules. This shift is significant and heralds an effort to acknowledge the root causes of engagement in illicit activities.

**Ensuring the participation of affected communities** – Finally, paragraph 5.b mentions (albeit only in passing) the need to incorporate local communities in development-oriented drug control efforts. This is a critical element of a successful policy, as it ensures that the programme responds to the needs of affected local communities, does not result in unintended negative consequences, and makes use of the extensive experience of people on the ground (see the section on civil society engagement).

## The Sustainable Development Goals

**Preamble** – We welcome the 2030 Agenda for Sustainable Development,[7] and we note that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing;

**Preamble –** We reiterate our commitment to end by 2030 the epidemics of AIDS and tuberculosis, as well as combat viral hepatitis, other communicable diseases, inter alia, among people who use drugs, including people who inject drugs.

**7.g** Promote research by States, including through cooperation with the United Nations Office on Drugs and Crime and other relevant United Nations entities and international and regional organizations, academic institutions and civil society, to better understand factors contributing to illicit crop cultivation, taking into account local and regional specificities, and to improve impact assessment of alternative development programmes, including preventive alternative development, as appropriate, with a view to increasing the effectiveness of these programmes, including through the use of relevant human development indicators, criteria related to environmental sustainability and other measurements in line with the Sustainable Development Goals;

**Linking drug control to the SDGs** – As the negotiation of the UNGASS Outcome Document was in full swing, governments met in New York in September 2015 to adopt the SDGs.[35] Made up of 17 Goals and 169 Targets, the SDGs will shape the global development agenda for the next 15 years. The Outcome Document logically mentions the SDGs in an attempt to better link global drug control efforts with development objectives. Even though the Outcome Document fails to acknowledge the negative impacts of repressive drug control approaches on development,[36] linking drug control and the SDGs provides an excellent opportunity for governments and civil society alike to pave the way towards a recalibration of drug policy and ensure that the objectives of drug policy support – rather than undermine – the targets set out in the SDGs. Here, it is worth mentioning that only one of the SDG targets specifically mentions drugs: Target 3.5 'Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol'. Interestingly, this target – which was met with much criticism by various civil society groups and member states for failing to mention harm reduction – was not highlighted in the Outcome Document.

**Achieving Target 3.3 on ending AIDS by 2030** – The preamble of the Outcome Document specifically mentions SDG Target 3.3 which aims to 'end the epidemics of AIDS, tuberculosis, malaria and

neglected tropical diseases and combat hepatitis' by 2030.[37] The Millennium Development Goals, which preceded the SDGs, had set out to 'Have halted by 2015 and begun to reverse the spread of HIV/AIDS'.[38] In 2011, this was followed by a commitment to 'reduce transmission of HIV among people who inject drugs by 50% by 2015'.[39] Five years later, it was clear that these objectives had been spectacularly missed, with UNAIDS estimating that new HIV infections among people who inject drugs globally had climbed from an estimated 114,000 in 2011 to 152,000 in 2015.[40]Repressive approaches towards drug use, the continued criminalisation of people who use drugs, and poor access to life-saving harm reduction programmes are critical drivers of this epidemic. It is therefore positive that the preamble of the Outcome Document gives prominence to SDG Target 3.3, and that the rest of the Outcome Document mentions some critical HIV prevention interventions among people who use drugs (see section on harm reduction).

**Reconsidering what success in drug control would look like** – Drug policies have traditionally been evaluated using process indicators focusing mainly on numbers of arrests and seizures and hectares of crops eradicated – the overall objective being to eradicate or substantially reduce the scale of the illicit drug trade. These indicators tell us little about the real impact of drug control in terms of improved quality of life, better access to employment and public services, reductions in violence or gender equality – some of the key objectives covered by the SDGs. It is therefore unfortunate that the Outcome Document does not explicitly include proposals to review the objectives of drug control, or indicators with which to evaluate the effectiveness of drug policy.[41] However, a strong mention of the SDGs in the preamble and of the need to 'promote research' to assess current programmes 'including through the use of relevant human development indicators, criteria related to environmental sustainability and other measurements in line with the Sustainable Development Goals' in paragraph 7.g is an opportunity to call on governments to adopt new objectives and indicators that can better assess progress made in drug control to achieve broader development objectives, making full use of the SDGs and the Human Development Index.[42]

## An improved articulation of drug control and human rights

Drug control bodies and governments are bound by the overarching obligations stemming from the 1945 UN Charter,[43] which promotes universal respect for, and observance of, human rights and fundamental freedoms.[44] Nevertheless, human rights abuses in the name of drug control are rife,[45] and a number member states continue to perpetuate a siloed understanding of relevant legal frameworks, insisting that human rights considerations have no place in UN drug control forums.

The preambular mention in the Outcome Document to the need for 'all aspects' of drug control to be in 'full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights' runs counter to that narrative. The Outcome Document is also the first high-level UN drug policy document to include a full section on human rights. The operative paragraphs under the section on 'human rights, youth, children, women and communities' therefore offer interesting avenues for narrowing the existing divergences between these two normative spheres, and to better integrate the rights to life, to health, to a fair trial, to be free from discriminations, torture and ill-treatment, etc. in drug policies and strategies going forward. Language in Outcome Document is particularly strong on rights related to gender, health (see above sections on harm reduction and treatment) and criminal justice reform.

These positive paragraphs are nonetheless limited by the inclusion of caveats like 'as appropriate' and 'in accordance with national legislation'. Additionally, although indigenous rights are briefly mentioned in paragraph 4.i, it was disappointing that some key cultural rights, such as the right to for indigenous groups to use controlled plants for traditional purposes, were not fully recognised in the Outcome Document. We will therefore not cover this issue here.

## Gender

**4.b** Ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, and ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy;

**4.d** Continue to identify and address protective and risk factors, as well as the conditions that continue to make women and girls vulnerable to exploitation and participation in drug trafficking, including as couriers, with a view to preventing their involvement in drug-related crime;

**4.g** Mainstream a gender perspective into and ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of drug policies and programmes, develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs and circumstances faced by women and girls with regard to the world drug problem and, as States parties, implement the Convention on the Elimination of All Forms of Discrimination against Women;[15]

**4.n** Encourage the taking into account of the specific needs and possible multiple vulnerabilities of women drug offenders when imprisoned, in line with the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules);[18]

Promoting gender-sensitive drug policies – It is the first time in the history of global drug control that the issue of women is given such prominence, with a recognition of both their vulnerabilities and their specific needs. Paragraph 4.g of the Outcome Document calls on governments to 'Mainstream a gender perspective into… drug policies and programmes'. The mention of the Convention on the Elimination of All Forms of Discrimination against Women is another attempt at ensuring that the international drug control regime takes on board the other priority areas of the UN family.[46] Paragraph 4.g also calls for better involvement of women in the design and implementation of drug policies – which is important since drug policies and programmes have traditionally been developed by men and for men, and therefore rarely include a gender component. The meaningful involvement of women at all stages of drug policy making and implementation ensures that a gender perspective is adequately reflected in drug policies and programmes.

Improving access to health and social services for women – The stigma commonly associated with drug use is generally even higher for women who use drugs, who are often condemned by society as subverting traditional gender roles and neglecting their caregiving and domestic responsibilities. Women who use drugs therefore face a number of systemic, structural, sociocultural and personal barriers to accessing harm reduction, treatment and basic healthcare services.[47] Hence, the recognition in paragraph 4.b of the need for 'non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes' is very much welcome, especially in highly punitive environments where women may be at risk of losing custody of their child if they seek drug treatment,[48] or may be incarcerated for using drugs during pregnancy on the grounds that their consumption endangers the life of the foetus. The call, in paragraph 4.g, to develop 'measures that take into account the specific needs and circumstances faced by women and girls' is also a recognition that women may face greater risks than men when using drugs, that their needs differ significantly, and that services are rarely available to address the problems they are facing. This paragraph could therefore be useful to promote gender-sensitive services that provide, for example, childcare, sexual and

reproductive health advice, family counselling, female condoms, or support services that address gender violence. Finally, the reference to the 'Bangkok Rules'[49] in paragraph 4.n is an important acknowledgement of the difficulties faced by women in achieving harm reduction and treatment services in prison.[50]

Addressing the vulnerabilities of women engaged in drug trafficking – Paragraph 4.d of the Outcome Document includes interesting wording around the vulnerabilities faced by women involved in illicit drug trafficking.[51] Previous UN documents on drug policy traditionally promoted severe approaches towards all those involved in the illicit drug trade, especially for drug trafficking offences. However, recent data from NGOs,[52] several governments, UN agencies[53,54] and regional bodies[55] have shed light on the vulnerabilities faced by women engaged in the illicit drug trade. Today, female prisoners are the fastest growing prison population worldwide, an increase that is mainly driven by repressive drug policies targeting those at the lowest level of the drug trafficking chain. In several Latin American countries where data is more readily available, 60 to 75% of the female prison population are incarcerated for non-violent drug offences, generally for trafficking drugs as 'couriers'.[56] These women are generally from poor households, many are single mothers responsible for several children and dependents, have limited access to formal education and employment, and are first-time offenders. Many are coerced into the drug trade by male partners.[57] Their incarceration has little impact on the scale of the illicit drug market, but can have devastating consequences on their lives and that of their families, pushing them further into poverty. The recognition of the 'conditions that continue to make women and girls vulnerable to exploitation and participation in drug trafficking' in paragraph 4.d should be viewed as an opportunity to call on governments to develop social support networks that are better able to reach out to the most vulnerable women, and use alternatives to incarceration to avoid further marginalisation.[58] Similar arguments can be made with women's involvement in the production and cultivation of crops destined for the illicit drug market – an element that is briefly mentioned in paragraph 4.j.

## Youth

**4.f** Implement age-appropriate practical measures, tailored to the specific needs of children, youth and other vulnerable members of society, in the legislative, administrative, social, economic, cultural and educational sectors, including measures to provide them with opportunities for healthy and self-sustained lives, in order to prevent their abuse of narcotic drugs and psychotropic substances, and address their involvement, use and exploitation in the illicit cultivation of crops, production, manufacturing and trafficking of narcotic drugs, psychotropic substances and other forms of drug-related crime, including urban crime, youth and gang-related violence and crime, fulfilling the obligations as States parties to the Convention on the Rights of the Child and taking into account the United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines);[14]

**Recognising the specific needs of children and young people** – The 2016 UNGASS took place under the banner of 'A Better Tomorrow for the World's Youth'. This was a pertinent choice considering that children and young people are, in general terms, more vulnerable to drug-related harms.[59] While the Outcome Document fails to explicitly recognise that punitive policies exacerbate youth vulnerabilities, paragraph 4.f invites national authorities to 'implement age-appropriate practical measures, tailored to the specific needs of children, youth and other vulnerable members of society'. Doing so requires member states to develop targeted, evidence-based and rights-compliant responses,[60] in fulfilment with their 'obligations as States parties to the Convention on the Rights of the Child'.

**Interpreting the Convention on the Rights of the Child** – The Convention on the Rights of the Child, mentioned in paragraph 4.f of the Outcome Doc-

ument, is often the only human rights convention featured in global drug control debates and documents, as it is the only human rights instrument that explicitly refers to illicit drugs. Indeed, article 33 of the Convention urges States parties to take 'all appropriate measures (…) to protect children from the illicit use' of drugs. Traditionally, this article has been interpreted by some NGOs and governments as the obligation for signatory states to develop prevention interventions targeting young people – their stated objective being to stop all drug use. It is now widely recognised that levels of drug use continue to be high among young people[61] – and even though prevention continues to be a critical intervention, so is the provision of age-appropriate treatment and harm reduction services. Article 33 of the Convention should therefore be interpreted to include evidence-based prevention programmes that meaningfully engage with young people and their social environment to address risk factors and build resilience, but also to protect them from any health risks and harms they might face when using drugs.

**Preventing youth involvement in crime** – Finally, it is worth noting that paragraph 4.f urges members states to implement a wide range of tailored measures with a dual aim: to prevent 'drug abuse' and to address the involvement of children, youth and other vulnerable members of society in supply-related activities. While beyond the scope of the wording Outcome Document, advocacy efforts could utilise this paragraph to underscore how policies anchored in prohibition hinder the fulfilment of these goals. Prohibition creates strong incentives for the emergence, perpetuation and expansion of illicit markets, which hampers prevention efforts. And the high profits associated with clandestine markets strengthen criminal organisations that, through the promise of monetary compensation, grooming or coercion, benefit from the 'involvement, use and exploitation of young people in the illicit [drugs trade]'.

## Proportionality of sentencing

**4.l** Promote proportionate national sentencing policies, practices and guidelines for drug-related offences whereby the severity of penalties is proportionate to the gravity of offences and whereby both mitigating and aggravating factors are taken into account, including the circumstances enumerated in article 3 of the 1988 Convention and other relevant and applicable international law, and in accordance with national legislation;

**Reviewing national sentencing frameworks for drug offences** – The imposition of disproportionate sentences for drug offences is as commonplace as it is ineffective. Despite decades of harsh sentences, there is no evidence of their effectiveness as a deterrent for the illicit use, cultivation, manufacturing and trafficking of drugs.[62] The explicit reference to the principle of proportionality in paragraph 4.l represents a step forward towards the recognition that overly punitive approaches are damaging for public health, human security, and development – and it is the first time that this principle appears in a UN high-level document on drugs.[63] Implementing the Outcome Document should entail a review of national norms with regards to drug offences to ensure they are proportionate for all drug offences, and also in comparison with the sentences imposed for other offences in the criminal justice system. Systems in which penalties for violent offences (such as rape or murder) attract less severe penalties than non-violent drug offences, for instance, cannot be said to be proportionate and should be reevaluated.

**Proportionality and international human rights guidance** – According to paragraph 4.l, the drug sentencing frameworks should be led by the principle that the 'severity of penalties is proportionate to the gravity of offences', a principle that is enshrined in existing international human rights guidance. For instance, in interpreting the application of the International Covenant on Civil and Political Rights, the Human Rights Committee found that where a state implements measures to restrict a right protected under the treaty, it 'must demonstrate their necessity and only take such measures as are proportionate to the

pursuance of legitimate aims in order to ensure continuous and effective protection of Covenant rights',[64] and the measure must be the least intrusive possible for achieving this legitimate aim. A proportionate sentencing framework should primarily target people playing a leading role in drug supply operations and causing the most harm to communities, using violence and exercising control over organised criminal activity – although even these behaviours should never lead to the imposition of the death penalty, which is considered by UN human rights bodies as a violation of international law.[65] Similarly, the criminalisation of drug use and related behaviours and the imprisonment of non-violent low-level drug offenders are not proportionate responses (see section on alternatives to incarceration).[66]

**Considering mitigating and aggravating factors** – Determining sentences solely on the basis of the quantity of drugs involved is insufficient to establish culpability and imposing proportionate punishment, and has led to low-level drug offenders being sentenced for years, and sometimes decades in prison. It is therefore important that paragraph 4.l of the Outcome Document refers to the need to consider 'mitigating and aggravating factors' when imposing a sentence. Proportionate sentencing should take into account aggravating factors when assessing the extent of the harm caused to society, the role of the individual in the drug trade, and possible connections with organised crime or violence, among others. In the same way, mitigating factors such as socio-economic vulnerability, caretaking responsibilities, being a first-time offender, and having no involvement in organised crime or violence must also been taken into account in determining sentences.

## Alternatives to criminalisation and incarceration

**4.j** Encourage the development, adoption and implementation, with due regard to national, constitutional, legal and administrative systems, of alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature, in accordance with the three international drug control conventions and taking into account, as appropriate, relevant United Nations standards and rules, such as the United Nations Standard Minimum Rules for Non-Custodial Measures (the Tokyo Rules);

**Ending the criminalisation of people who use drugs** – Paragraph 4.j of the Outcome Document paves the way for a departure from punitive approaches to drugs. Although the final text was diluted during the negotiations, it encourages countries to explore responses to drugs that do not exclusively rely on punishment or incarceration. According to UN data, 83% of drug offences recorded by law enforcement and criminal justice systems are possession offences only,[67] with a large number of people who use drugs ending up in prison. This is despite overwhelming evidence that harsh punishment has no deterrent effect on levels of drug use,[68] but does create important barriers to accessing life-saving healthcare services. Criminal records and custodial sentences also exacerbate vulnerabilities and hinder life outcomes for people who use drugs – especially young people – creating significant obstacles to accessing welfare, education and employment.[69]

A number of governments and UN agencies have therefore strongly pushed for the removal of criminal sanctions against people who use drugs.[70]This policy option has long been established as permissible under the UN drug control treaties.[71] The conventions differentiate between drug offences committed with intent to supply, which must be dealt with through the criminal justice system; and those for personal/non-commercial purposes (i.e. drug use, possession or cultivation for personal use), for which a criminal sanction is not required[72] – a matter that has often been reiterated by the UNODC and the INCB.[73] The Outcome Document itself recognises the need to promote alternative measures to 'conviction or punishment in cases of an appropriate nature, in accordance with the three international drug control conventions'. As such, the Outcome Document can be used as a critical tool to advocate for the decriminalisation of people who use drugs. Going forward, the removal

of criminal sanctions should also be considered for subsistence farmers involved in illicit crop production as their decriminalisation is a critical factor to promoting development in cultivation areas, as well as ensuring that subsistence farmers are included in the policies and programmes that affect them.

**Reducing incarceration rates for low-level drug offences** – Beyond drug use, the incarceration of low-level drug offenders has adverse effects on the life outcomes of individuals, their families and their communities, without measurably influencing the scale of the illicit drug market. This approach disproportionately affects youth, women and ethnic minorities, which perpetuates cycles of exclusion, poverty and crime. Against this backdrop, there is a strong case to be made for the development of 'alternative measures to conviction and punishment' for low-level drug offences. In that case, and in accordance with the drug control treaties, low-level, non-violent drug offences would retain a criminal nature but offenders would have the opportunity to benefit from alternatives to incarceration. This approach has been widely promoted by UNODC,[74] governments and regional bodies.[75] Where implemented, these alternative measures have been more effective and less costly to reduce drug-related crime, while creating opportunities for promoting the health and social inclusion of

## Access to justice and due process

**4.o** Promote and implement effective criminal justice responses to drug-related crimes to bring perpetrators to justice that ensure legal guarantees and due process safeguards pertaining to criminal justice proceedings, including practical measures to uphold the prohibition of arbitrary arrest and detention and of torture and other cruel, inhuman or degrading treatment or punishment and to eliminate impunity, in accordance with relevant and applicable international law and taking into account United Nations standards and norms on crime prevention and criminal justice, and ensure timely access to legal aid and the right to a fair trial.

The language in paragraph 4.o has been described as 'the strongest human rights provision ever adopted in a UN drug control resolution'.[77] The text provides a formidable basis for advocacy efforts aimed at ensuring that the administration of criminal justice is compliant with human rights obligations – especially as, unlike most paragraphs in the Outcome Document, it is not caveated with diplomatic phrases such as 'where appropriate' and 'in line with national legislation'. This is important, especially in contexts where governments have introduced severe and disproportionate criminal penalties for drug offences, ranging from incarceration to the death penalty.

In addition, a variety of NGO and UN reports concluded that human rights abuses by criminal justice authorities in the context of drug control are pervasive worldwide.[78] While the Outcome Document explicitly calls for the adoption of practical measures in five different areas of concern,[79] the commitment to 'Promote and implement effective criminal justice responses… that ensure legal guarantees and due process safeguards' has a much wider reach. It requires that member states engage in a revision of domestic policies and practices to ensure they are 'in accordance with relevant and applicable international law'. Extrajudicial killings, compulsory detention centres, withholding OST for coercive purposes, the arbitrary use of stop and search powers, among many other abusive practices, infringe human rights obligations and are among the many approaches that states must urgently stop employing. The paragraph's reference to 'United Nations standards and norms on crime prevention and criminal justice' further extends the scope of the wording, as it provides normative grounds to contest criminal justice responses such as the application of the death penalty for drug offences.[80]

## Civil society engagement

**Preamble** – We recognize that civil society, as well as the scientific community and academia, plays an important role in addressing and countering the world drug problem, and note that affected populations and representatives of civil society entities, where appropriate, should be enabled to play a participatory role in the formulation, implementation, and the providing of relevant scientific evidence in support of, as appropriate, the evaluation of drug control policies and programmes, and we recognize the importance of cooperation with the private sector in this regard;

**1.q** Intensify, as appropriate, the meaningful participation of and support and training for civil society organizations and entities involved in drug-related health and social treatment services, in accordance with national legislation and in the framework of integrated and coordinated national drug policies, and encourage efforts by civil society and the private sector to develop support networks for prevention and treatment, care, recovery, rehabilitation and social reintegration in a balanced and inclusive manner;

**7.l** Promote partnerships and innovative cooperation initiatives with the private sector, civil society and international financial institutions to create conditions more conducive to productive investments targeted at job creation in areas and among communities affected by or at risk of illicit drug cultivation, production, manufacturing, trafficking and other illicit drug-related activities in order to prevent, reduce or eliminate them, and share best practices, lessons learned, expertise and skills in this regard

**Recognising the role of civil society in policy making** – The preamble of the Outcome Document highlights the 'important role' played by 'civil society' and 'affected populations' in 'the formulation, implementation' and 'evaluation' of drug policies – albeit with two caveats of 'as appropriate' and 'when appropriate' in one single paragraph. The participation of civil society is then mentioned at various points in the text, in particular in the areas of prevention and treatment (paragraph 1.q), cultivation and alternative development (paragraph 7.b), the implementation of development-oriented policies (paragraph 7.l) and the inclusion of women in the design and implementation of gender-sensitive policies (paragraph 4.g). This is an important recognition of the role of civil society, especially considering the numerous difficulties that have historically characterised civil society engagement in national and international drug control discussions. Civil society organisations are an invaluable source of information and expertise for policy makers, thanks to their knowledge and understanding of drug markets and affected communities, and their ability to reach out to some of the most marginalised groups of society.[81] These various paragraphs can therefore be used for civil society to call for respectful, strategic, constructive, transparent and accountable lines of communication with their governments, and achieve a meaningful exchange of information and perspectives. This should also ensure that people affected by drug policies – in particular people who use drugs and producers of crops for illicit use – are involved in the planning of interventions directed at them; that policies are better informed based on an open discussion of local needs and priorities; and that mutually beneficial partnerships between civil society and governments are established to undertake joint programming and implementation to reach out to the most vulnerable and marginalised groups.[82]

**Emphasising the participation of affected groups** – The recognition of the role played by 'affected population[s]' is also critical. The role of people who use drugs, subsistence farmers and incarcerated or formerly incarcerated people in the design and implementation of policies can help to ensure that drug policies are informed, effective and do not have unintended negative effects. Their participation, however, continues to be undermined by their ongoing criminalisation. It is therefore more important

than ever that governments provide alternatives to punishment and incarceration for drug use, subsistence cultivation and those most vulnerable engaged in the illicit drug market to ensure that 'partnerships and innovative cooperation initiatives' can adequately involve affected groups – a point that can be drawn from the preambular paragraph highlighted above, as well as from paragraph 4.j on alternatives to punishment.

## Conclusion

This short guide has aimed to demonstrate that while the UNGASS Outcome Document fell short of expectations, it does contain enough progressive and positive language to be an important advocacy tool for civil society, UN agencies and governments alike to promote drug policy reform nationally and globally.

At the national level, much of the progressive language highlighted above can be used for advocacy purposes to promote better access to harm reduction, evidence-based treatment and controlled medicines for medical purposes, the development of gender- and youth-sensitive policies, alternatives to incarceration and more humane and proportionate penalties to reduce the prison crisis characterising many countries of the world, and better access to justice. The Outcome Document's widely-welcomed seven-chapter structure puts a strong emphasis on health, development imperatives aligned with the SDGs, the protection of human rights and the need to develop a gender perspective in drug control. However, much remains to be done to translate the more positive aspects of the UNGASS Outcome Document from rhetoric into practice. Governments, NGOs, UN agencies and academics should work together to discuss the possible steps to be taken to implement and fulfil the commitments made in April 2016. This could be done through policy meetings and dialogues or through petitions and media outreach to highlight key issues at the national level. In Liberia, for example, the NGO FADCA and the West African Drug Policy Network wrote an open letter to the President to highlight the disparities between the UNGASS Outcome Document commitments and current practices in the country.[83] In Mexico, a series of roundtables gathering government representatives, UN officials, NGOs and other experts have been held on each of the seven themes of the outcome document to identify ways in which the outcome document could be translated into domestic policies and programmes. At the international level, member states have followed-up the UNGASS with a series of 'intersessional' meetings held in Vienna to discuss the implementation of the Outcome Document.[84] This has been a useful exercise for member states to share examples of best practice on drug control. In parallel, governments are now embarked in discussions around the next big moment in global drug control set to take place in 2019 – when the 2009 Political Declaration and Plan of Action on the world drug problem is due to expire. Throughout this process, efforts will need to be made to consolidate the gains made at the UNGASS, and continue to promote a truly human rights-based approach towards drugs.[85]

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# Footnotes:

1. Team Assistant, International Drug Policy Consortium
2. Senior Research and Communications Officer, International Drug Policy Consortium
3. For more detailed analysis see, for example: International Drug Policy Consortium (September 2016), *The United Nations General Assembly Special Session (UNGASS) on the world drug problem: Report of proceedings*, http://idpc.net/publications/2016/09/the-ungass-on-the-world-drug-problem-report-of-proceedingsaaaaaaaaaaaaaaw
4. Available here: http://www.un.org/Docs/journal/asp/ws.asp?m=A/S-30/L.1
5. CND Resolution 58/8, 'Special session of the General Assembly on the world drug problem to be held in 2016, http://www.unodc.org/documents/ungass2016//Background/CND_Resolution_58_8.pdf
6. http://mision.sre.gob.mx/onu/images/dec_con_drogas_esp.pdf
7. Support. Don't Punish (7 June 2016), Video: 'A broad consensus? It's time for change', https://youtu.be/o73if6K0THA
8. For more information on country positions on these key issues, see: CND Blog, *Maps*, http://cndblog.org/maps/
9. The seven themes are as follows: 1- demand reduction (including prevention, treatment and harm reduction); 2- availability of controlled substances for medical and scientific purposes; 3- supply reduction (encompassing law enforcement, drug-related crime, money laundering and access to justice); 4- human rights (with a focus on youth, children and women); 5- evolving realities, threats and challenges (including NPS); 6- international cooperation; and 7- alternative development and a development-oriented drug control policy
10. For more information about the post-UNGASS follow-up process in Vienna see, for example: http://www.unodc.org/postungass2016/en/follow-up-process.html
11. United Nations Office on Drugs and Crime (2016), *UNODC World Drug Report 2016*, https://www.unodc.org/wdr2016
12. The concept of harm reduction can be defined as a set of 'policies, programmes and practices that aim primarily to reduce the harms of drug use without necessarily reducing drug consumption itself'. See: Harm Reduction International (2010), *What is harm reduction? A position statement from the International Harm Reduction Association*, https://www.hri.global/what-is-harm-reduction
13. See, for example: World Health Organisation, United Nations Office on Drugs and Crime & Joint United Nations Programme on HIV/AIDS (2012), *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2012 revision,* http://www.who.int/hiv/pub/idu/targets_universal_access/en/
14. At least 46 countries and a number of UN agencies and civil society organisations supported harm reduction in their UNGASS statements: http://cndblog.org/maps/harm-reduction/
15. The term was, however, included in the *Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030*, approved at the UN High-Level Meeting on Ending AIDS 2016 (8 – 10 June 2016), http://www.hlm2016aids.unaids.org/wp-content/uploads/2016/06/2016-political-declaration-HIV-AIDS_en.pdf
16. In 2016, 90 countries were implementing NSP to some degree and 80 had at least one OST programme in place. See: Harm Reduction International (2016), *The Global State of Harm Reduction 2016*, https://www.hri.global/files/2016/11/14/GSHR2016_14nov.pdf
17. The Technical guide 'provides countries with (…) a comprehensive package of core interventions for IDUs', including NSPs and OST, and other evidence-based drug dependence treatment options. See: World Health Organisation, United Nations Office on Drugs and Crime & Joint United Nations Programme on HIV/AIDS (2012), *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2012 revision,* http://www.who.int/hiv/pub/idu/targets_universal_access/en/.
18. There are thought to be nearly 200,000 drug-related deaths each year – primarily by overdose. See: United Nations Office on Drugs and Crime (2016), *UNODC World Drug Report 2016*, https://www.unodc.org/wdr2016
19. As recommended by: World Health Organisation (*2014*), *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations,* http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf
20. For advocacy purposes, also see CND Resolution 55/7: Promoting measures to prevent drug overdose, in particular opioid overdose, https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2012/CND_Res-55-7.pdf
21. Harm Reduction International (2016), *The Global State of Harm Reduction 2016*, https://www.hri.global/files/2016/11/14/GSHR2016_14nov.pdf. See also: International Drug Policy Consortium (March 2016), 'Chapter 3.6: Health-based policies in prisons and closed settings', *IDPC Drug Policy Guide, 3rd edition*, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_Chapter-3.6.pdf
22. Ibid
23. 'Drug checking', 'pill testing' and 'substance analysis' are among the different terms used to define harm reduction services that analyse drug samples to identify their contents. In addition to providing information on the sample's composition these services usually offer people who use drugs health advice and referrals to further health interventions
24. See, for example: Werb, D. *et al* (2016), 'The effectiveness of compulsory drug treatment: A systematic review', *International Journal of Drug Policy*, **28**: 1-9, http://www.ijdp.org/article/S0955-3959(15)00358-8/pdf
25. See: United Nations Office on Drugs and Crime (2012), *TREATNET quality standards for drug dependence treatment and care services*, https://www.unodc.org/docs/treatment/treatnet_quality_standards.pdf
26. World Health Organization (2005), *Evidence for action technical papers – Effectiveness of drug dependence treatment in preventing HIV among injecting drug users*, http://www.who.int/hiv/pub/idu/drugdependence_final.pdf?ua=1
27. United Nations Office on Drugs and Crime (2015), *UNODC World Drug Report 2015*, Chapter 1, referencing several studies, http://www.unodc.org/wdr2015/
28. For more information, see: International Drug Policy Consortium (March 2016), 'Chapter 3.6: Health-based policies in prison and closed settings', *IDPC Drug Policy Guide, 3rd edition*, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_Chapter-3.6.pdf
29. International Drug Policy Consortium (March 2016), 'Chapter 2.4: Harm reduction', *IDPC Drug Policy Guide, 3rd edition*, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_Chapter-2.4.pdf
30. For more information, see: International Drug Policy Consortium (March 2016), 'Chapter 2.2: Ensuring access to controlled substances for medical and scientific purposes', *IDPC Drug Policy Guide, 3rd edition*, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_Chapter-2.2.pdf
31. World Health Organisation (April 2012), *Briefing note – Access to controlled medications programme: Improving access to medications controlled under international drug conventions*, http://www.who.int/medicines/areas/quality_safety/ACMP_BrNote_Genrl_EN_Apr2012.pdf?ua=1
32. World Health Organisation (2011), *Ensuring balance in national policies on controlled substances Guidance for availability and accessibility of controlled medicines*, http://apps.who.int/iris/bitstream/10665/44519/1/9789241564175_eng.pdf
33. World Health Organisation (April 2015), *WHO Model list of essential medicines, 19th list*, http://www.who.int/selection_medicines/committees/expert/20/EML_2015_FINAL_amended_AUG2015.pdf
34. International Drug Policy Consortium (March 2016), 'Chapter 4.1: A development-oriented approach to drug control', *IDPC Drug Policy Guide, 3rd edition*, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_FINAL-Chapter-4.1.pdf
35. https://sustainabledevelopment.un.org/?menu=1300
36. Drug control negatively impacts on development efforts in numerous ways. For example:
    - Ending poverty (SDG 1): destroying crops used for the illicit drug

market or incarcerating large segments of society for low-level drug offences has exacerbated poverty and social marginalisation

- Ensuring healthy lives (SDG 3): the criminalisation of people who use drugs has created mportant obstacles to their access to harm reduction and treatment programmes, while stringent controls on substances like morphine have hampered access to the substance for pain relief
- Achieving gender equality (SDG 5): the continued incarceration of women for non-violent drug offences such as micro-trafficking pushes them further into poverty and reinforces gender inequality
- Protecting the environment (SDG 15): the spraying of crops destined for the illicit market with harmful chemicals also destroys food crops, contaminates water supplies and endangers fragile ecosystems
- Promoting peaceful societies and access to justice (SDG 16): the militarisation of drug control has led to severe human rights violations including extra-judicial killings, disappearances and violence, within a context of impunity for the perpetrators.

For more information, see: Health Poverty Action & International Drug Policy Consortium (November 2015), *Drug policy and the Sustainable Development Goals*, http://idpc.net/publications/2015/11/drug-policy-and-the-sustainable-development-goals

37. https://sustainabledevelopment.un.org/sdg3
38. https://www.un.org/millenniumgoals/
39. See: 2011 UN Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS, http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids
40. http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf (page 52)
41. This proposal was originally in the draft Outcome Document but was stricken out during the negotiations process. See: https://dl.dropboxusercontent.com/u/64663568/misc/Draftoutcomedocument_14January2016.pdf
42. For more information, see: International Drug Policy Consortium (March 2016), 'Chapter 4.1: A development-oriented approach to drug control', *IDPC Drug Policy Guide, 3rd edition*, p. 125, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_FINAL-Chapter-4.1.pdf
43. http://www.un.org/en/charter-united-nations/index.html
44. For more information, see: International Drug Policy Consortium (March 2016), 'Policy principle 3: Drug policies should be undertaken in full compliance with international human rights law', *IDPC Drug Policy Guide, 3rd edition*, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_Principle-3.pdf
45. See, for instance: Office of the High Commissioner for Human Rights (2015), *Study on the impact of the world drug problem on the enjoyment of human rights* (A/HRC/30/65), http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Documents/A_HRC_30_65_E.docx; Count The Costs (2013), *Undermining human rights*, http://www.countthecosts.org/seven-costs/undermining-human-rights
46. Along with attempts to better link drug policy with health, development and human rights imperatives
47. Quoted from: United Nations Office on Drugs and Crime (2004), *Substance abuse treatment and care for women: Case studies and lessons learned*, http://www.unodc.org/pdf/report_2004-08-30_1.pdf
48. Malinowska-Sempruch, K. & Rychkovsa, O. (May 2015), *The impact of drug policy on women* (New York: Open Society Foundations), https://www.opensocietyfoundations.org/reports/impact-drug-policy-women
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## About this policy briefing

As the implications of the UNGASS continue to be fleshed out, this guide highlights some of the key paragraphs within the Outcome Document, and explores how these could help civil society, governments, UN agencies and other relevant stakeholders in their ongoing efforts to promote drug policy reform.

**International Drug Policy Consortium**
Fifth Floor, 124-128 City Road
London EC1V 2NJ, United Kingdom

**Tel:** +44 (0)20 7324 2975
**Email:** contact@idpc.net
**Website:** www.idpc.net

## 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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