

# Chapter 1:

# Policy principles

IDPC promotes five core policy principles for the design and implementation of national and international drug policy, which will be analysed in detail in this first chapter. All guidance and recommendations proposed in the IDPC Drug Policy Guide were developed on the basis of these principles:

- **Policy principle 1:** Drug policies should be developed through an objective assessment of priorities and evidence
- **Policy principle 2:** Drug policies should focus on reducing the harmful consequences of illicit drug use and markets, rather than on reducing their scale
- **Policy principle 3:** Drug policies should be undertaken in full compliance with international human rights law
- **Policy principle 4:** Drug policies should promote the social inclusion of marginalised groups, and not focus on punitive measures towards them
- **Policy principle 5:** Drug policies should be developed and implemented based on open and constructive relationships with civil society.

# Policy principle 1:

## Drug policies should be developed through an objective assessment of priorities and evidence

The complexity of factors that affect the levels and patterns of drug production, supply and use in any particular territory means that governments need to take a comprehensive approach to developing effective and balanced drug policy responses. The process for policy making at the national level should include the following components:

### Researching the problem

There is a severe lack of data around levels and patterns of drug production, trafficking and use across the world. In order to develop an informed drug policy, it is necessary to collect as much data as possible on the illicit drug market through wide consultation. This should include government officials, but also experts, academia, NGOs and those people most directly affected by drug policy (such as people who use drugs and subsistence farmers).

### Identification of high-level objectives

The pursuit of a drug-free world or nation is unrealistic and counter-productive: no country has even come close to achieving this objective. However, a policy focus on eradication and elimination of illicit drug markets leads to widespread negative consequences, collateral damage, human rights violations and public health harms. Given that drug markets are not inherently dangerous or harmful, the objectives of drug policies should flow from an assessment of which consequences of drug markets and use are most harmful to society in a specific context. An assessment of the main drug-related harms, and therefore the selection of priorities for action, should be done with the participation of civil society and affected communities, in particular representatives of people who use drugs and subsistence farmers.

### Selection of the activities that the government will pursue and support to meet these objectives

There is growing evidence to guide policy makers in developing policies and programmes that are most effective in achieving the outcome objectives described above. For example, the availability of

a range of evidence-based drug treatment programmes can reduce dependence and property crime (see Chapter 2.5),<sup>1</sup> while needle and syringe programmes have reduced HIV and hepatitis C infections (see Chapter 2.4).<sup>2</sup> Although the range and extent of activities will inevitably be constrained by available resources, the provision of effective measures will lead to greater savings by reducing the financial costs associated with health and social problems and crime – and will achieve better health and social outcomes.<sup>3</sup>

### Clarification of the role of departments or agencies responsible for these activities, and coordination mechanisms between them

A society's drug problems cannot be solved by one government department or agency alone. A comprehensive and integrated strategy requires cooperation and coordination between many government bodies, including the departments of health, social affairs, justice, education and foreign affairs. Successful programme delivery should take place in partnership with local authorities, community and faith groups, civil society organisations, and affected communities such as people who use drugs and subsistence farmers.

### Allocation of resources to support these activities

National drug strategies differ significantly in terms of the resources allocated to drug control and its different components. Furthermore, expenditures on areas such as general healthcare, education, criminal justice and law enforcement may be hard to ascertain, and their impact on achieving drug strategy objectives may not be explicitly evaluated. Policy makers need to take account of the 'proactive' amount spent on funding drug policy measures (i.e. law enforcement activities, prevention programmes, harm reduction and drug dependence treatment services), and the consequent savings that could be made on 'reactive' expenditure (i.e. in responding to drug-related crime, loss of economic activity, treatment for HIV and other blood-borne diseases, etc.). In most settings, the largest share



Outreach testing during Hepatitis Testing Week 2015, IN-Mouraria Harm Reduction Centre, NGO GAT, Lisbon, Portugal

of available funds is provided to law enforcement agencies – with tens of billions of dollars estimated to be spent globally on enforcement-led policies each year.<sup>4</sup> Other sectors, such as public health, often receive far less attention – leading to a global funding crisis for evidence-based harm reduction services.<sup>5</sup> Yet shifting just a fraction of the drug law enforcement expenditure towards public health would have huge impact on drug-related harm.<sup>6</sup>

#### **Articulation of the scope and timescale of the strategy**

Learning from drug policy successes and failures requires that strong mechanisms be established to assess the impact of drug strategies. This involves setting goals and timescales, and committing to carrying out objective and structured reviews on a regular basis (e.g. every five years). Although some countries have created comprehensive national drug strategies that include clear objectives, very few have reviewed their strategy in a systematic, objective and transparent manner. The absence of scientific evaluations can lead to the continuation of ineffective policy measures, and missed oppor-

tunities to introduce more effective approaches. Since no country has managed to fully resolve the problems associated with illicit drug markets and use, policy makers should continuously search for better policy responses, by referring to evidence and experience instead of being influenced by ideology, political interests or a reluctance to change.

#### **Identification of adequate indicators to evaluate progress**

The evaluation of drug policy achievements has tended to focus on indicators of process in implementing drug law enforcement strategies – that is, the number of arrests, seizures or punishments. These have not proven to be a good guide to the achievement of real reductions in drug-related health or social problems. Even the rise or fall in overall drug use does not in itself indicate whether health and social outcomes are being achieved. Depending on local contexts, these priority outcomes for a national drug strategy should be framed in terms of minimising health and social problems, and maximising social and economic development (see Policy principle 2 below for more details).

## Policy principle 2:

### Drug policies should focus on reducing the harmful consequences of illicit drug use and markets, rather than on reducing their scale

Governments have focused much of their drug control efforts on reducing the scale of drug markets through punitive means, believing that this would eventually reduce drug-related harms.<sup>7</sup> At the time of the drafting of the UN drug conventions, these health and social objectives were assumed to be best achieved through stopping the illicit supply of drugs, and incarcerating people who use, produce or supply drugs. These attempts have been unsuccessful: despite all the political and financial investment in repressive policies over the last 50 years, internationally controlled substances are more available and more widely used than ever before.<sup>8</sup> Theoretically, reductions in the scale of drug markets could lead to a reduction in harms, but in practice the opposite has generally occurred. For example, successful operations against a dealing network can increase violence as competing gangs fight over the vacant 'turf';<sup>9</sup> and an action against a particular substance can lead people to switch to substances that may be more harmful.<sup>10</sup>

Government data also show that there is very little correlation between the numbers of arrests, seizures or crops eradicated, and the price and purity of drugs on the street.<sup>11</sup> The correlation is even more absent for outcomes that matter to people and communities – such as better public health, increased security, and community well-being. Simply

pursuing the long-term objective of a 'drug-free society' is not a sustainable policy and has led to the misdirection of attention and resources towards ineffective programmes, while the health and social programmes that have been proven to reduce drug-related harms are starved of resources and political support.

In consumer markets, the mass arrest of people who use drugs does not decrease drug use, but does cause or exacerbate health and social problems. Criteria such as the number of arrests, or of clampdowns on particular drugs or dealing networks, are therefore of little relevance to the achievement of the desired outcomes. Policies should aim instead to reduce drug-related crime, improve community safety, and reduce drug-related health problems such as overdoses, HIV and hepatitis C infections.

Similarly, crop eradication campaigns in producing countries do not stop the flow of drugs into consumer markets, but do lead to significant social, economic, health and environmental problems in the communities where crops destined for the illicit drug market are cultivated. The process measures applied in the field of supply reduction – the size of areas of crops eradicated, and levels of drug production – are also poor indicators of achievement. As these eradication programmes have ebbed and flowed in their local



Credit: Adam Schaffer, WOLA

## Box 1 What success looks like: Outcome indicators for national drug strategies

When understanding the effectiveness of different drug strategies and programmes, it is important to be clear from the outset on the objectives that the policy is designed to achieve. Drug policy is best viewed as a contributor to wider social goals under the headings of health, development and security. Governments are encouraged to articulate a set of objectives and outcome indicators that are appropriate to their particular circumstances, but a general guide to possible domains would include:

- **Health** – A reduction in the number of deaths from overdose; a reduction in drug-related HIV or hepatitis infections; a reduction in the number of citizens experiencing drug dependence; and better management of pain relief and palliative care through improved access to essential medicines.
- **Human rights** – The elimination of the imposition of the death penalty for drug offences; the closure of compulsory centres for people who use drugs; improved access to justice for victims of human rights abuses linked to drug law enforcement operations; improved access to gender- and youth-sensitive health and social services.

- **Development** – Strengthened governance and legitimate authorities; the development of licit economies; relief of poverty in areas of concentrated drug production, trafficking or retail sale – via rural and urban development strategies that encompass access to education, employment, land, social support, improved infrastructure and better access to licit markets, etc.
- **Security** – A reduction in drug market-related violence; a reduction in the power and reach of organised crime; a reduction in corruption and money laundering; a reduction in internal displacements related to supply reduction measures; a reduction in the numbers and proportion of people imprisoned for minor, non-violent drug offences; a reduction in property and violent crimes associated with drug dependence – with a focus of law enforcement efforts on the most harmful aspects of the illicit drug market, rather than on low-level and non-violent dealers, people who use drugs and vulnerable farming communities.

Any drug control strategy or programme should be explicitly evaluated on the extent to which they achieve (or contribute to) these outcomes.

impact, the overall market for the drugs produced remains largely unaffected, as the areas and methods of production improve and move around in response to law enforcement action.

People involved in the lowest levels of the trafficking chain have also borne the greatest costs of prohibitionist policies. These policies have led to mass incarceration and have exacerbated poverty and social exclusion – disproportionately affecting women involved in the illicit market as drug mules,<sup>12</sup> as well as for youth and ethnic minorities (see Chapter 3.4 for more details).<sup>13</sup>

In this context, policies should aim to reduce violence by targeting the most violent and damaging aspects of illicit drug markets instead of focusing on those at the lowest levels of the drug chain. Drug policies should also seek to improve the social and economic development of vulnerable and marginalised communities.

The concept of harm reduction – best 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<sup>14</sup> – has been shown to be effective in improving health and social outcomes for people who use drugs, and should be applied to all aspects of drug policy. Policy makers should be explicit in articulating the specific harms that they are aiming to reduce; should design and provide resources for policies and programmes that have a reasonable evidence base for reducing these harms; and should evaluate them to ensure that they deliver the desired outcomes.<sup>15</sup>

This requires moving away from law enforcement process measures (such as arrests and seizures) to indicators of actual harm – such as levels of violent crime and corruption associated with drug trafficking, social and economic development indicators for communities in drug cultivation areas, and improvements in health and social-economic welfare.

# Policy principle 3:

## Drug policies should be undertaken in full compliance with international human rights law

Drug control bodies and governments are bound by the overarching obligations created under articles 55 and 56 of the 1945 UN Charter, which promote universal respect for, and observance of, human rights and fundamental freedoms.<sup>16</sup> Human rights stem from the dignity and worth of the individual.<sup>17</sup> They are universal, interdependent, interrelated, indivisible and inalienable,<sup>18</sup> which means that they cannot be taken away from a person because they might be growing, transporting, dealing or using internationally controlled drugs, or living with HIV. As the UN High Commissioner for Human Rights, Navanethem Pillay proclaimed in 2009: 'individuals who use drugs do not forfeit their human rights.'<sup>19</sup>

Human rights are not only a statement of principle – states also have binding obligations under international law to respect, protect and fulfil them.<sup>20</sup> This means that governments should not violate the human rights of their citizens (including people who are using and/or growing drugs) nor allow others to do so. They should also adopt appropriate legislative, constitutional, budgetary and other measures to fully protect and realise the human rights of all their citizens.

And yet, governments and law enforcement authorities have paid insufficient attention to fundamental rights and freedoms in the design and implementation of national drug policies (see Table 1 below). UN human rights agencies have continuously raised concerns on the human rights abuses that continue to proliferate under the auspices of drug policy.<sup>21</sup> In 2015, the Office of the High Commissioner for Human Rights published a report which offers a solid analysis of the negative effects of drug control on the fulfilment of human rights.<sup>22</sup> Moreover, the Human Rights Council hosted a panel discussion on the human rights impact of the world drug problem at its 30<sup>th</sup> Regular Session, to highlight key areas of concern and opportunities for reform.<sup>23</sup> Both are significant steps towards addressing the human rights violations that are taking place in the name of drug policy.

There is little doubt that human rights are now recognised as an issue that can no longer be ignored in any consideration of drug control policies. A paradigm shift is needed, whereby human rights law is recognised as a core element of the legal framework for drug policy.<sup>24</sup>



Credit: Sven Torfinn/Panos, Open Society Foundations

A palliative care nurse and paralegal from Nyeri Hospice provide legal services and pain medicines to a cancer patient in Nyeri, Kenya

**Table 1. Violations of human rights in the name of drug control**

Human right	International human rights convention	Violations in the name of drug control
<b>Right to life</b>	<ul style="list-style-type: none"> <li>• Article 4 of the Universal Declaration of Human Rights, 1948</li> <li>• Article 6 of the International Covenant on Civil and Political Rights, 1966</li> </ul>	<ul style="list-style-type: none"> <li>• Use of the death penalty for drug offences<sup>25</sup></li> <li>• Extra-judicial killings by law enforcement agencies<sup>26</sup></li> </ul>
<b>Right to the highest attainable standard of physical and mental health</b>	<ul style="list-style-type: none"> <li>• Constitution of the World Health Organisation, 1946</li> <li>• Article 25 of the Universal Declaration of Human Rights, 1948</li> <li>• Article 12 of the International Covenant on Economic, Social and Cultural Rights, 1966</li> </ul>	<ul style="list-style-type: none"> <li>• Restricted access to essential medicines, including those for pain relief<sup>27</sup></li> <li>• Restricted access to humane and evidence-based drug dependence treatment, including opioid substitution therapy<sup>28</sup></li> <li>• Restricted access to harm reduction services that would prevent overdoses and the transmission of blood-borne infections such as HIV and hepatitis C<sup>29</sup></li> </ul>
<b>Right not to be subjected to arbitrary arrest and detention</b>	<ul style="list-style-type: none"> <li>• Article 9 of the Universal Declaration of Human Rights, 1948</li> <li>• Article 9 of the International Covenant on Civil and Political Rights, 1966</li> </ul>	<ul style="list-style-type: none"> <li>• Targeting of people who use drugs by law enforcement officers to meet arrest quotas<sup>30</sup></li> <li>• Arbitrary detention of people who use drugs<sup>31</sup></li> <li>• Police harassment and sexual abuse of people who use drugs<sup>32</sup></li> </ul>
<b>Right to a fair trial</b>	<ul style="list-style-type: none"> <li>• Article 10 of the Universal Declaration of Human Rights, 1948</li> <li>• Article 6 of the European Convention of Human Rights, 1950</li> </ul>	<ul style="list-style-type: none"> <li>• Denial of parole, pardon, amnesty or alternatives to incarceration for people convicted of a drug crime<sup>33</sup></li> <li>• Use of pre-trial detention, mandatory sentencing and disproportionate penalties against people involved in minor drug offences<sup>34</sup></li> <li>• Referral to compulsory centres for drug users without due process or trial<sup>35</sup></li> </ul>
<b>Right not to be subjected to torture or to cruel, inhuman or degrading treatment or punishment</b>	<ul style="list-style-type: none"> <li>• Article 5 of the Universal Declaration of Human Rights, 1948</li> <li>• Article 7 of the International Covenant on Civil and Political Rights, 1966</li> <li>• Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1975</li> <li>• Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984</li> </ul>	<ul style="list-style-type: none"> <li>• Abuses in compulsory centres for drug users<sup>36</sup></li> <li>• Use of corporal punishment for drug offenders, including caning, flogging, lashing and whipping<sup>37</sup></li> </ul>

*Continued overleaf*

<b>Right not to be held in slavery</b>	<ul style="list-style-type: none"> <li>• Article 4 of the Universal Declaration of Human Rights, 1948</li> <li>• Article 8 of the International Covenant on Civil and Political Rights, 1966</li> </ul>	<ul style="list-style-type: none"> <li>• Use of forced labour in the name of drug treatment<sup>38</sup></li> </ul>
<b>Social and economic rights</b>	<ul style="list-style-type: none"> <li>• Article 22 (and next) of the Universal Declaration of Human Rights, 1948</li> <li>• Articles 6 and 7 (and next) of the International Covenant on Economic, Social and Cultural Rights, 1966</li> <li>• Convention concerning Indigenous and Tribal Peoples in Independent Countries, 1989</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of forced crop eradication campaigns, leaving many farmers with no means of subsistence<sup>39</sup></li> <li>• Destruction of land, food crops and water supplies due to aerial spraying<sup>40</sup></li> <li>• Denial of the right of indigenous groups to use controlled substances for traditional and religious purposes<sup>41</sup></li> </ul>
<b>Right to be free from discrimination</b>	<ul style="list-style-type: none"> <li>• Article 7 of the Universal Declaration of Human Rights, 1948</li> <li>• Article 26 of the International Covenant on Civil and Political Rights, 1966</li> <li>• International Convention on the Elimination of All Forms of Racial Discrimination, 1965</li> <li>• Convention on the Elimination of All Forms of Discrimination Against Women, 1979</li> </ul>	<ul style="list-style-type: none"> <li>• Discriminatory application of drug control laws, notably towards minority ethnic groups,<sup>42</sup> indigenous people, young people and women<sup>43</sup></li> </ul>
<b>Right to privacy<sup>44</sup></b>	<ul style="list-style-type: none"> <li>• Article 12 of the Universal Declaration on Human Rights, 1948</li> </ul>	<ul style="list-style-type: none"> <li>• Practice of stopping and inspecting people, including school children, suspected of carrying drugs<sup>45</sup></li> <li>• Forced urine testing<sup>46</sup></li> <li>• Practice of including people who use drugs in official government registries<sup>47</sup></li> <li>• Sharing of confidential medical information of a person caught for drug use or undergoing drug dependence treatment with the police<sup>48</sup></li> </ul>
<b>Right to be protected from illicit drug use</b>	<ul style="list-style-type: none"> <li>• Article 33 of the UN Convention on the Rights of the Child, 1989</li> </ul>	<ul style="list-style-type: none"> <li>• Denial of harm reduction services targeted at young people<sup>49</sup></li> <li>• Use of ineffective and stigmatising drug prevention measures<sup>50</sup></li> </ul>

# Policy principle 4:

## Drug policies should promote the social inclusion of marginalised groups, and not focus on punitive measures towards them

The prevalence of drug use among different social groups varies from country to country. Nonetheless, a trend seems to persist in all societies – drug-related harms remain strongly concentrated among the most marginalised groups. This is unsurprising, as evidence shows that harsh living conditions and the associated trauma are major factors contributing to drug dependence.<sup>51</sup> Similarly, the cultivation of crops destined for the illicit drug market is concentrated in the poorest areas of the world,<sup>52</sup> while people engaging in micro-trafficking are also generally from poor and socially marginalised backgrounds.<sup>53</sup> Large-scale drug trafficking operations are also more likely to target underdeveloped nations and regions with weaker governance and capacity.<sup>54</sup>

While governments and the international community may be focused on improving the living conditions of marginalised groups and integrating them more strongly into the social and economic mainstream, many aspects of national drug control policies have the opposite effect:

- The widespread stigmatisation of drug use (and, by extension, people who use drugs) marginalises individuals and entire communities
- The widespread criminalisation of drug use means that people (especially young people) caught using, or in possession of, drugs are often left with criminal records which can lead to their exclusion from education or employment – increasing their vulnerability to health, social and economic problems
- Programmes that focus on arrests and harsh criminal sanctions for people who use drugs and subsistence farmers have little deterrent effect, and only serve to increase exposure to health risks, criminality and violence
- Drug law enforcement activities and abuses can deter people who use drugs from accessing the health and social programmes that have been designed to help them
- Forced crop eradication programmes undermine

the basic livelihoods of subsistence farmers who grow crops destined for the illicit market, and drives them deeper into poverty

- Harsh criminal sanctions imposed on drug mules and micro-traffickers – in particular women – have exacerbated their poverty and vulnerability, hindering their access to licit employment and social services.

Social marginalisation can be minimised by reducing the reliance on widespread arrest and harsh punishments for people involved in low-level drug offences, and adopting policies and programmes that challenge the marginalisation and stigmatisation of vulnerable groups. In order to address these issues, many countries are now leaning towards less punitive drug policies such as: **decriminalisation** (the offence is no longer punished by a criminal sanction); **depenalisation** (criminal penalties for drug offences are reduced); **alternatives to incarceration**; and reviews of laws and sentencing guidelines to ensure **more proportionate penalties**. Others are considering **regulated markets** for some substances. More information on these policy options can be found in Chapter 3. The objective is to reduce the securitisation of drug control to move towards policies based on health, human rights and development (see Chapters 2 and 4 for more details). For example:

- Drug laws and enforcement strategies should avoid measures that worsen the social marginalisation of people engaged at the lower levels of the drug trade – including people who use drugs, subsistence farmers involved in the production of crops destined for the illicit drug market, and micro-traffickers
- Drug dependence treatment programmes should be evidence-based and focused on facilitating an individual's self-determined goals for recovery, and on supporting their social inclusion within their communities
- Harm reduction programmes should be adopted, supported, adequately funded and scaled-up –

and should be enshrined in an enabling policy environment

- Law enforcement measures against low-level offenders should rely on alternatives to incarceration and the provision of services to address the root causes of involvement in the drug trade. This is particularly important for offenders with children and other dependents
- Drug strategies in drug cultivation areas should focus on properly sequenced rural development approaches

- Representatives of the groups most affected by drug policies have a right to be involved in the design and implementation of drug policies and programmes that concern them. This is to ensure that these policies are informed, effective and do not lead to unintended negative consequences (see Chapter 1.5).<sup>55</sup>

Credit: UNODC



Alternative livelihoods in Lao People's Democratic Republic

# Policy principle 5:

## Drug policies should be developed and implemented based on open and constructive relationships with civil society

For the purposes of this Guide, the term ‘civil society’ encompasses the people and communities most affected by drug policy (such as people who use drugs, people living with HIV, growers of crops destined for the illicit drug market, indigenous people, young people and women), harm reduction service providers, NGOs, faith-based organisations, academics working on drug policy, etc.

Across most areas of social policy, it is widely recognised that the participation of affected people and communities is critical for an effective and sustainable response. In the HIV sector, for example, the need to meaningfully engage people living with the virus was acknowledged at an early stage as a core component of any efforts to tackle the epidemic. In these arenas, affected populations – and civil society more broadly – perform essential functions in the conceptualisation, researching, design, implementation and evaluation of policies and programmes at all levels, as well as in ensuring the transparency, good governance and accountability of governmental and intergovernmental agencies.

In the field of drug policy, civil society organisations play an increasingly important role in analysing drug-related issues and in delivering and evaluating programmes and services. Because of their knowledge and understanding of drug markets and drug-using communities, as well as their ability to reach out to the most marginalised groups of society, civil society constitutes an invaluable source of information and expertise for policy makers. This is particularly true for organisations representing people who use drugs and subsistence farmers involved in illicit crop production. However, political sensitivities around drugs have often led policy makers to disregard or avoid the (sometimes very challenging) perspectives of civil society, or to view civil society participation as a problem itself.<sup>56</sup>

Increasingly, the UN drug control system has started to recognise the added value that civil society organisations have brought to the drug policy debate. For example, in 2008, a structured mechanism was

created for civil society engagement in the review of drug policies 10 years after the UN General Assembly Special Session (UNGASS) on drugs in 1998 (which was held under the banner: ‘A drug-free world – we can do it!’). The ‘Beyond 2008’ initiative – an initiative of the Vienna NGO Committee on Drugs (VNGOC) in association with the New York NGO Committee on Drugs (NYNGOC) – saw civil society representatives from around the world come together to discuss the issues and agree on a declaration.<sup>57</sup>

A similar initiative was coordinated in the lead up to the 2016 UNGASS on drugs, with the creation of a Civil Society Task Force, which includes civil society representatives from every region of the world, as well as representatives of the key affected populations.<sup>58</sup> Meanwhile, civil society participation has significantly improved over time at the annual sessions of the UN Commission on Narcotic Drugs (CND) in Vienna – with NGOs being invited onto some government delegations, greater coor-

### Box 1 Extract from INPUD Consensus statement on drug use under prohibition<sup>59</sup>

#### Right 10: People who use drugs have the right to assemble, associate, and form organisations

- Demand 20: People who use drugs must be respected as experts on their own lives and lived experiences.
- Demand 21: Participation of people who use drugs in debate and policy formulation must be meaningful, not tokenistic.
- Demand 22: The wellbeing and health of people who use drugs and their communities must be considered first and foremost in the formulation of laws and policies related to drug use.

dination amongst civil society, and increasing opportunities to present in, and access, the debates that take place.

The involvement of the International Network of People who Use Drugs (INPUD) and other regional and national networks of people who use drugs has been instrumental in promoting humane and evidence-based drug policy in these international forums, as well as at the national level.<sup>60</sup> Networks of people who use drugs are essential for the elaboration of effective and humane harm reduction and treatment policies. Meaningful participation in harm reduction, treatment and wider healthcare services is a key quality assurance measure and safeguard. Peer outreach and support has been instrumental in reaching out to marginalised communities of people who use drugs with targeted and accurate harm reduction messages and life-saving services.

Associations of illicit crop growers have also emerged, and several declarations have been drafted to map out the concerns related to drug policies in cultivation areas and to offer recommendations on alternative policies.<sup>61</sup> Discussions between policy makers and subsistence farmers have taken place, for instance, in countries such as Bolivia and Colombia, ensuring that policies targeted at cultivation areas address the issues which local communities are facing, and do not cause additional harm (see Chapter 4.2 for more details).<sup>62</sup>

The positive involvement of civil society in drug policy debates is highly beneficial for policy makers to:

- set objectives and priorities, and formulate better-informed policies based on practical advice and experience
- facilitate communication between policy makers and key civil society stakeholders, ensuring that people and communities are involved in planning interventions that will affect them
- establish mutually beneficial partnerships with civil society organisations to undertake joint programming and/or act as programme implementers to reach out to the most vulnerable and marginalised groups
- create a vibrant network of civil society organisations that can continue to support effective

## Box 2 Extract from the Political declaration of the Global Forum of Producers of Crops Declared Illicit<sup>63</sup>

### Concerning social organization and relations with the state

- Producers' associations/organizations of plants declared to be illicit are, in some regions, strong but in others incipient, in-existent or prohibited by the State.
- In many countries, relationships with government authorities are conflictive because the authorities do not comply with signed agreements.
- Geo-political influence by world powers creates negative relationships between producers and their governments.
- Producers' organizations should be recognized, should take part in debates and decision making at all levels, with their own governments, donors and the UN.
- International organizations and governments should recognize and respect that each country has a different reality and that this should be taken into account when proposing policies.

policy and programme design, implementation, monitoring and evaluation.

Respectful, strategic, constructive, transparent and accountable lines of communication should therefore be created between governments and civil society representatives, in order to ensure meaningful exchanges of information and perspectives. However, conditions for a truly open, respectful and meaningful dialogue with those most directly affected by drug policy will only be created if governments remove criminal sanctions for people who use drugs and subsistence farmers engaged in illicit crop production.<sup>64</sup>

## Chapter 1 - endnotes

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