

## IDPC ADVOCACY NOTE

### THE HIGH LEVEL SEGMENT OF THE 2009 COMMISSION ON NARCOTIC DRUGS

#### THE POLITICAL DECLARATION: A MISSED OPPORTUNITY

**The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organizations about particular drug-related matters, and offers expert consultancy services to policymakers and officials around the world.**

As all delegates to the 2009 Commission on Narcotic Drugs are aware, the high level segment on 11<sup>th</sup> and 12<sup>th</sup> March has been convened to review progress against the objectives set at the General Assembly Special Session on Drugs in 1998 – namely, to eradicate or significantly reduce the production of, and demand for, the non-medical use of controlled drugs. The conclusions of that review, and a framework and set of priorities for the next 10 years of the international system, are to be articulated in a political declaration that is due to be adopted at the end of this high level meeting.

IDPC members, and many other civil society organisations, have been watching the negotiations of this political declaration with great interest over the last 6 months. As the process draws to a close, we have to declare ourselves deeply disappointed with the process and the resulting declaration that has been placed before you for adoption.

A major United Nations review, in a policy area as complex and sensitive as this, is an opportunity to seriously reflect on the available evidence on the problem (and on the effectiveness of our attempts to respond), and to openly explore future policy and programme options. What we have witnessed is an almost total unwillingness to confront the real policy dilemmas, and a series of increasingly surreal political and diplomatic battles over wording that are entirely disconnected from the reality of drug use and problems as experienced in the outside world.

While accepting that the political declaration has some positive elements – there is a clear commitment to ensuring that all drug control activities do not undermine the fundamental human rights and freedoms enshrined in the UN Charter; there is a clear recognition that civil society has a valid role to play in the policy making process (although, as our other briefing note for this meeting makes clear, these fine words have not been matched in practice); and paragraph 36 contains a more balanced set of objectives for the system than has previously been the case – it has such glaring weaknesses that its adoption by the CND will, in our opinion, call into question its competence as the custodian of the international drug control system.

Aside from the general fact that the document has no unifying theme or structure – no clear assessment of progress, no clear articulation of challenges and priorities, no structured description of future responsibilities of the various actors – there are four specific aspects of this declaration that cannot go by unchallenged:

## ASSESSMENT OF PROGRESS

The 2007 CND commissioned an expert working group to review all available data sources to assess the extent to which illegal drug markets had changed since 1998 – its conclusions have not been mentioned once in the negotiation of the political declaration. The 2008 World Drug Report acknowledged that the scale of production and use had not decreased over this period, but claimed that it had been ‘contained’ at a level of less than 5% of the global population (the figures on which these claims have been based are widely derided, as they are based on reliable studies in only a few developed countries – all other national returns are little more than guesswork). The European Commission funded an independent academic study into global drug markets that concluded that there had been no reduction in the scale of the drug market in the last 10 years and, indeed, the problem had significantly worsened in many countries.

In full knowledge of these facts, the CND is about to agree a declaration that meekly claims that ‘some progress has been made’ against the objective of eradicating or significantly reducing the scale of drug markets by 2008, and commits member states to ‘actively promote a society free of drug abuse’. This is institutional self-deception on a grand scale – whatever our view of how to respond to the inconvenient reality that mankind’s use of psychoactive substances has not been (and probably never will be) eradicated, we must at least be brave enough to admit it.

## APPROPRIATE OBJECTIVES

The current global drug control system (the three conventions, and the mandates of the UNODC, INCB and CND) is predicated on the fundamental assumption that the best way to protect the health and welfare of humankind in relation to drugs is to minimise the scale of the illegal market. While there is a clear logic to this assumption – lower drug production and use should lead to lower health, social and crime consequences – our growing understanding of these issues over the last 10 years has shown that there are real problems with this assumption: We have found that it is massively difficult to achieve sustainable reductions in the scale of drug markets; we have found that we can implement activities (such as harm reduction) that are very effective in reducing the negative consequences of drug markets and use, but that do not necessarily reduce the scale of the market; and we have found that there are significant ‘unintended consequences’ of some of our policies and programmes that can actually increase the health and social problems that we are trying to resolve. In full knowledge of these very real policy dilemmas, the CND is about to agree a declaration that simply reaffirms the same set of agreements reached in 1998, and states that the ‘ultimate goal’ is to ‘minimize and eventually eliminate the availability and use of illicit drugs and psychotropic substances, in order to ensure the health and welfare of humankind’. This is back-to-front thinking, that can increasingly be shown to be misplaced, and is therefore hugely damaging – the ultimate goal should be the health and welfare of humankind, that we seek to achieve through whatever measures are effective. If activities to reduce the scale of the market are effective, so be it, but if other measures are more effective, they are equally valid.

## HARM REDUCTION – SYSTEM WIDE INCOHERENCE

Probably the most significant harmful consequence of the use of drugs is the widespread transmission of HIV through injecting drug use. UNAIDS estimates that there are more than 13 million drug injectors worldwide, 3 million of them are infected with HIV, and that a third of all new HIV infections outside sub-Saharan Africa occur through drug injection. The amount of human misery that is associated with this state of affairs is incalculable. And it is to a large degree preventable – the global public health profession has known beyond doubt since 1998 (and earlier) that the most effective strategy to prevent and restrain injection-related HIV epidemics involves a comprehensive prevention plan that includes widespread and easy access to harm reduction measures such as needle exchange and substitution therapy. This approach has been tested through repeated global evidence reviews, and accepted by all the responsible multilateral health bodies – UNAIDS, WHO, the Global Fund - and those concerned with development – UNDP, UNESCO and the World Bank. Harm Reduction terminology has been accepted at the General Assembly and

the full committee of ECOSOC. The heads of UNAIDS and the Global Fund, and the UN Special Rapporteurs on Torture and Health, have all written specifically to all the members of the Commission on Narcotic Drugs (CND) to urge them to use this declaration to bring Vienna into line with the rest of the system. They have been ignored. In a shockingly isolationist move, even the weakest references to harm reduction were removed from the CND political declaration through a vote of 13 to 12 member states, held in an informal meeting on Monday March 2<sup>nd</sup>. Leaving aside the fact that this important decision has been made in a procedurally incorrect way, the outcome is that delegates to the high level meeting are being asked to agree a declaration that, in this respect, denies the existence of strategies and activities that are actively supported by the rest of the UN system, and openly supported and implemented in over 80 countries. The absurdity of the situation is only magnified by the fact that this continued inability of the CND to treat this issue rationally will directly undermine the global fight against AIDS amongst drug users, which is the lead responsibility within the UNAIDS system of the UNODC - the very executive agency that the CND is meant to support.

#### ACCESS TO CONTROLLED MEDICINES

It is sometimes easy to forget that the drug control system has, since the inception of the single convention in 1961, actually had two parallel aims – to prevent the production and use of controlled drugs for non-medical purposes AND to facilitate the availability of these substances for approved medical and research uses. By far the most important aspect of medical use of controlled drugs is the use of opiate-based medicines for the relief of pain. The system created in 1961 involved the generation by the WHO of a list of approved ‘essential medicines’, the preparation of estimates by each member state of their national demand for these substances, and the matching of these estimates by the INCB to the amount of these substances produced and distributed legally by a small number of countries. The operation of this system has not led to the widespread availability of pain relief medications (that are cheap and simple to produce) to those patients around the world who need them – 80% of the world’s population has no or inadequate access to pain relief medication, with the result that, according to the WHO, tens of millions of people per year suffer untreated moderate to severe pain, that could easily be treated if the medicines were available. Once again, the human suffering associated with this situation is incalculable, and the situation has not improved in the 10 years since 1998. Despite repeated calls from the WHO and the INCB for member states to take action to address this health tragedy, the CND has produced a political declaration that does not make any mention at all of the issue. This cannot be put down to an oversight – several attempts have been made through the negotiations to introduce language that brings attention to this significant challenge. Indeed, our understanding is that the penultimate draft of the declaration had a specific, albeit weak, paragraph on this issue, but it has disappeared in the final declaration. Whether through procedural neglect, or a deliberate act, this shows the lack of importance that the CND has attributed to this area of its treaty obligations.

We hope to have explained clearly our reasons for being disappointed with the work of the CND on this review, and with the proposed political declaration. In all conscience, we have to say that delegates to the high level meeting should refuse to adopt such a weak and unbalanced declaration, but we know that the diplomatic and procedural realities mitigate against this. We are aware, however, that many country delegations are concerned at the way the negotiations have played out, and uncomfortable with much of the content of the declaration. We therefore call on all these delegations to register a statement of these concerns during the proceedings of the high level meeting, to state their opinion that the political declaration in front of them cannot be considered as an adequate framework for the next period of international drug control, and to call for a more meaningful and system-wide examination of the problems facing the international drug control system to be conducted in the coming years.