

CIVIL SOCIETY STATEMENT

THE UNGASS OUTCOME DOCUMENT: DIPLOMACY OR DENIALISM?

March 14, 2016—We, the undersigned civil society organisations, representing drug policy expertise and affected communities worldwide, express our serious concerns about the preparations and draft Outcome Document for the UN General Assembly Special Session (UNGASS) on the “world drug problem” in April 2016.

UN Secretary General Ban Ki-moon called for the UNGASS to be a “*wide-ranging and open debate that considers all options*”¹, and an inclusive discussion was promised, taking into account the perspectives of all stakeholders, member states, UN agencies, academia and civil society. The UNGASS is a critical opportunity for an honest assessment of what is, and what is not, working in global drug control. It is an opportunity to find a new consensus that addresses the reality of the failure and negative consequences of existing policies.

The UNGASS process has failed to recognise the lack of progress achieved by international drug control over the past 50 years – substances under international control are more widely available and affordable than ever. It has failed to acknowledge the damage caused by current approaches: systemic human rights abuses, and continued use of the death penalty for drug offences; exacerbation of HIV and hepatitis C transmission; intolerably inadequate access to controlled drugs for medical purposes; 187,000 avoidable drug-related deaths each year; violence, corruption and killings perpetuated by criminal drug markets; systemic stigmatisation of people who use drugs; destruction of subsistence farmers’ livelihoods by forced crop eradication; and billions of dollars of public money wasted on drug policies that demonstrably do not work.

Given the highly problematic, non-inclusive and non-transparent nature of the preparatory process, the UNGASS is now perilously close to representing a serious systemic failure of the UN system. By failing to engage in meaningful critique, new ideas or language, the UNGASS Outcome Document is at risk of becoming an expensive restatement of previous agreements and conventions. This would represent a major failing for the General Assembly – and a betrayal for the member states, UN agencies, civil society, and public who have demanded so much more.

Problems with the UNGASS preparatory process

The process has been dominated by the status quo forces of the Vienna-based UN drug control apparatus. The Commission on Narcotic Drugs (CND) and its secretariat in the UN Office on Drugs and Crime (UNODC) in Vienna were tasked with leading the preparations, instead of the UN General Assembly itself in New York. These Vienna institutions have actively sought to exclude innovative and forward-looking proposals from member states, other UN agencies, and civil society – perpetuating the same power struggles and paralysis that have hindered the Vienna debate on drug control for decades.

Many member states from the global south, notably the Caribbean and Africa, do not have permanent representation in Vienna and have been largely unable to participate in the negotiations on the Outcome Document. The General Assembly encouraged the participation of all member states in the UNGASS preparations and requested the “provision of assistance to the least developed countries” for this purpose;² but no extra budgetary resources seem to have been made available. In order to ensure an “inclusive and effective preparatory process”,³ the CND secretariat set up a website that includes many useful contributions.⁴ However, the CND secretariat appears to use the website as a parking lot for dissenting ideas rather than promoting it as a resource for inputs in the negotiations. Finally, the negotiations have mostly taken place in closed informal meetings rather than official ‘intersessionals’ – excluding civil society participation and contributing to the lack of transparency.

These problems have been compounded by the self-imposed reliance on consensus-based decision-making in Vienna and a push from many member states to finalise the Outcome Document before it gets to the General Assembly. This means that a handful of vocal and regressive countries can block progressive language – whereas other parts of the UN system (including the General Assembly) take votes on key issues whenever needed. The notion of a global consensus on drugs is untenable: today, people face the death penalty in some countries for possessing drugs that are legally regulated in others. Consensus can be valuable, but where

¹ <http://www.un.org/sg/statements/index.asp?nid=6935>

² In resolution A/RES/69/200 specifying the modalities for the UNGASS

³ See: CND resolution E/CN.7/2016/15

⁴ See: www.ungass2016.org

polarisation exists, it can result in statements that fail to capture genuine policy tensions that merit honest discussion and debate.

Problems with the draft UNGASS Outcome Document

Member states agreed to produce “a short, substantive, concise and action-oriented document” that proposes “ways to address long-standing and emerging challenges in countering the world drug problem”.⁵ Yet the draft Outcome Document is now a long way from this aspiration:

- The current draft has sprawled to over ten pages and more than 100 paragraphs, yet includes almost no operational outcomes or actions to address the countless challenges, tensions and contradictions that exist in international drug control. Proposals that the UNGASS at least establish an expert advisory group to undertake a critical review and elaborate recommendations for modernising the system towards 2019⁶ have so far been rejected.
- Rather than considering “all options”, the draft simply reaffirms the current approach and is devastating in its failure to acknowledge the damage of punitive policies noted above. These costs have been highlighted repeatedly in submissions to the UNGASS from civil society, UN agencies and member states, yet the draft document claims “tangible and measurable progress”, providing no justification or explanation of what progress this refers to.
- The current draft is not a balanced reflection of the formal UNGASS submissions and recommendations made by UN agencies. Many of these submissions explicitly call for ending the criminalisation of people who use drugs, but this point has been excluded from successive drafts of the Outcome Document negotiated in Vienna demonstrating a lack of coherence across the UN family. Furthermore many inputs from the Civil Society Task Force, NGOs, member states and regional groups have also been neglected, most notably calls for the abolition of the death penalty for drug offences.
- Despite explicit acknowledgement of the term “harm reduction” by the General Assembly as long ago as 2001,⁷ there is no acknowledgement of the need for a harm reduction response to drug use in the draft Outcome Document. In addition, specific references to effective and life-saving measures such as needle and syringe programmes, overdose prevention, and opioid substitution treatment are still under dispute. This is despite the fact that the European Union and multiple countries of Latin America and Africa have called for explicit recognition of harm reduction.
- The draft Outcome Document reaffirms the call for “a society free of drug abuse” by 2019, a goal set by the 2009 Political Declaration. Since the 1998 UNGASS, convened under the slogan “A drug-free world, we can do it!” drug use has in fact risen. This goal is not aspirational, it is delusional and dangerous, framing and distorting the entire policy response, prioritising the elimination of drugs above health, well-being, human rights, and the reduction of drug-related harm. In addition, the draft Outcome Document is entirely inconsistent with the priorities identified in the globally agreed Sustainable Development Goals, such as tackling poverty, improving gender equality, or reducing violence and environmental degradation.
- The draft is entirely out of sync with the realities on the ground in many countries – including the successful implementation of harm reduction programmes, a growing trend towards ending the criminalisation of drug use, the exploration of regulated-market models for cannabis, the recognition of indigenous rights, as well as the social, spiritual and therapeutic uses of psychoactive plants. The reality is that globally, the outdated punitive enforcement paradigm in drug control is being challenged, reviewed, and reformed.

We call upon member states – especially those who have been shut out of the Vienna-based negotiations – to challenge the current draft of the UNGASS Outcome Document, to ensure the debate on its contents is not closed in Vienna, and to prepare statements expressing their disappointment and dissent at the UNGASS in April. We call on UN agencies, senior UN officials, academics, civil society, and networks of impacted communities to do the same. The UNGASS is a unique opportunity to take a stand and demonstrate leadership for drug policy reform, as we simply cannot continue with the same failed approach.

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 See: <https://www.tni.org/en/publication/ungass-2016-background-memo-on-the-proposal-to-establish-an-expert-advisory-group>

⁷ See: <http://www.un.org/ga/aids/docs/aress262.pdf>

This statement has been made on behalf of:

1. 12D Network
2. A New PATH (Parents for Addiction Treatment & Healing)
3. Acción Semilla Bolivia
4. Acción Técnica Social - ATS
5. Addiction Research Center - Alternative Georgia
6. African Law Foundation (AFRILAW)
7. AIDS Alabama
8. Aids Fonds
9. AIDS-Fondet/The Danish AIDS Foundation
10. Akei Drug Policy Program
11. Alliance of Women to Advocate for Change (AWAC)
12. Andean Information Network
13. Asociación Costarricense para el Estudio e Intervención en Drogas (ACEID)
14. Asociación de Estudios del Cannabis del Uruguay (AECU)
15. Asociación Mexicana de Estudios sobre Cannabis (AMECA)
16. Associazione Antigone Onlus
17. Associazione Insieme Onlus
18. Associazione Luca Coscioni
19. ATL Sida Hepatitis (ATLSH - Tunisia)
20. Australian Drug Foundation (ADF)
21. Australian Drug Law Reform Foundation
22. AutoSupport des Usagers de Drogues (ASUD)
23. BrugerForeningen / The Danish Drug Users Union
24. Brugerne Akademi
25. Bulgarian Libertarian Society Foundation
26. California Cannabis Ministry
27. California NORML's
28. Canadian AIDS Society
29. Canadian Drug Policy Coalition
30. Canadian Harm Reduction Network
31. Canadian HIV/AIDS Legal Network
32. Canadian Positive People Network (CPPN)
33. Canadian Students for Sensible Drug Policy (CSSDP)
34. Cannabis Sans Frontières
35. Center for Supporting Community Development Initiatives (SCDI)
36. Centro Cáritas de formación para la atención de las farmacodependencias y situaciones críticas asociadas AC (CAFAC)
37. Centro de Estudios Legales y Sociales (CELS)
38. CERiA, University of Malaya
39. Česká psychedelická společnost - CZEPS
40. CGIL nazionale
41. Chanvre & Libertés - NORML France
42. Choices, New York
43. Citizens Opposing Prohibition
44. Coalition for Medical Marijuana - New Jersey, Inc.
45. Colectivo por una Política Integral hacia las Drogas (CUIPHD)
46. Colectivo por una Política Integral hacia las Drogas, AC. (CUIPHD; AC)
47. Comisión Mexicana de Defensa y Promoción de los Derechos Humanos
48. CommonUnity Foundation (Australia)
49. Community Intervention Network on Drugs
50. Concile mondial de congrès diplomatiques des aumôniers pour la paix universelle des droits humains et juridiques (CMOCDAPUNDHJ)
51. Conseil des Organisations de Lutte Contre la Drogue
52. Coordinamento Nazionale Comunità di Accoglienza (CNCA)
53. Corporación Humanas, Centro Regional de Derechos Humanos y Justicia de Género, Chile.
54. Correlation Network
55. Cultura Joven A.C.
56. Dejusticia
57. Diogenis Association
58. DITSHWANELO – The Botswana Centre for Human Rights
59. Doctors for Cannabis Regulation (DFCR)
60. Drug Policy Advocacy Group (DPAG)
61. Drug Policy Alliance
62. Drug Policy Forum of Texas
63. društvo AREAL (Slovenia)
64. Empire State NORML (New York)
65. ERIE (Entheogenic Research, Integration, and Education)
66. Espolea
67. Estudiantes por una Política Sensata de Drogas (EPSD)
68. Eurasian Harm Reduction Network (EHRN)
69. European Coalition for Just and Effective Drug Policies (ENCOD)
70. Families for Justice as Healing (US)
71. Families for Sensible Drug Policy (FSDP)
72. Family Law & Cannabis Alliance (FLCA)
73. Fedito Bxl (Brussels Addiction Federation)
74. Fields of Green for ALL NPC
75. Fondation antonin Artaud pour une approche Alternative de l'Addiction et des Toxicomanies (FAAAT)
76. Forum Droghe
77. Gadejuristen / The Danish Street Lawyers
78. Ganja Growers and Producers Association (GGPA) Jamaica
79. Ganja Growers and Producers Association (GGPA) Jamaica
80. GAT - Grupo Ativistas em Tratamentos
81. Hands Off Cain
82. Harm Reduction Australia
83. Harm Reduction Coalition (HRC)
84. Harm Reduction International
85. Harm Reduction International Network (WHRIN)
86. Health Officers Council of BC (HOC)
87. Health Poverty Action
88. Hepatitis Education Project
89. HIV and AIDS Support House (HASH)
90. Housing Works
91. Igarapé Institute
92. India HIV/AIDS Alliance
93. Iniciativa Negra por uma Nova Política sobre Drogas (INNPD)
94. INPUD
95. Institute for Policy Studies, Drug Policy Project
96. Interagency Coalition on AIDS and Development (ICAD)
97. Intercambios Asociación Civil
98. Intercambios Puerto Rico

99. International Center for Ethnobotanical Education, Research & Service (ICEERS)
100. International Centre for Science in Drug Policy (ICSDP)
101. International doctors for healthier drug policies (IDHDP)
102. International Drug Policy Consortium (IDPC)
103. International HIV/AIDS Alliance
104. Isana center for information and substance abuse treatment (ICISAT)
105. ITARDD, Rete italiana per la Riduzione del Danno
106. Japan Advocacy Network for Drug Policy
107. Juventas
108. Khana
109. Krytyka Polityczna
110. Latinoamérica Reforma
111. LBH Masyarakat (Indonesia)
112. LEAP - Law Enforcement Against Prohibition
113. Legacoopsociali
114. Lega Italiana Lotta Aids (LILA)
115. L' Isola di Arran
116. Maggie's - Toronto Sex Workers Action Project
117. Mainline
118. Maison des Associations de Lutte contre le SIDA
119. Malaysian WARDU
120. MANARA
121. MCUA of Australia Inc.
122. México Unido contra la Delincuencia
123. Michigan NORML
124. Milestones Rehabilitation Foundation
125. Moms United to End the War on Drugs
126. Multidisciplinary Association for Psychedelic Studies (MAPS)
127. National Alliance for Medication Assisted Recovery
128. National Council for Incarcerated and Formerly Incarcerated Women and Girls
129. National Users Network of Nepal (NUNN)
130. Netherlands Drug Policy Foundation
131. New Zealand Addiction Workforce Development | Matua Raki
132. New Zealand Drug Foundation
133. NoBox Transitions Foundation
134. Nonviolent Radical Party
135. November Coalition
136. Observatorio de Cultivos y Cultivadores Declarados Ilicitos
137. ONG Espace Confiance
138. ONG/REVST
139. PARCES ONG
140. Påførendenetværket Antistigma / Relative Network Antistigma
141. PILS - Prévention Information Lutte contre le Sida
142. Plataforma Brasileira de Política de Drogas (PBPD)
143. Polish Drug Policy Network
144. Presidenza onoraria del Gruppo Abele
145. Proderechos
146. Psychedelic Society of San Francisco
147. Puente, Investigación y Enlace (PIE) Bolivia
148. Queen West Central Toronto Community Health Centre
149. Radicali Italiani
150. Red Chilena de Reducción de Daños
151. REDUC - Brazilian Harm Reduction and Human Rights Network
152. Release
153. Réseau Afrique Jeunesse de Guinée (RAJGUI)
154. ReverdeSer Colectivo
155. Rights Reporter Foundation
156. Rumah Cemara
157. Scottish Drugs Forum
158. Show-Me Cannabis
159. Società della Ragione ONLUS
160. SSDP UK
161. St. Ann's Corner of Harm Reduction
162. St. Catherine Growers and Producers Association, Jamaica
163. Stop AIDS Now!
164. StoptheDrugWar.org
165. Students for Sensible Drug Policy
166. Students For Sensible Drug Policy - UWI, Mona
167. The Beckley Foundation
168. The Canadian Association of Nurses in HIV/AIDS Care (CANAC)
169. The John Mordaunt Trust (United Kingdom)
170. The Swan Project
171. Transform Drug Policy Foundation
172. Transnational Institute (TNI)
173. Treatment Action Group (TAG)
174. Uganda Harm Reduction Network (UHRN)
175. UK Harm Reduction Alliance
176. Unión de Asociaciones y Entidades de Atención al Drogodependiente (UNAD)
177. Veterans for Medical Cannabis Access
178. Vietnam Civil Society Partnership Platform on AIDS
179. Vietnam Network of People who Use Drugs
180. Virginians Against Drug Violence
181. West Africa Network for Peacebuilding in Guinea Bissau
182. Witness to Mass Incarceration
183. WOLA
184. World Hepatitis Alliance
185. Youth Organisations for Drug Action
186. Youth RISE
187. Zimbabwe Civil Liberties and Drug Network Network