



**GLOBAL
COMMISSION ON
DRUG POLICY**

UNGASS: Human Rights, Dignity and Justice

Questions & Answers



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"We are driven by a sense of urgency. There is a widespread acknowledgment that the current system is not working, but also recognition that change is both necessary and achievable. We are convinced that the 2016 United Nations General Assembly Special Session (UNGASS) is an historic opportunity to discuss the shortcomings of the drug control regime, identify workable alternatives and align the debate with the objectives of the post-2015 development agenda and human rights."

*Fernando Henrique Cardoso
Former President of Brazil (1994-2002)
Chair of the Global Commission on Drug Policy*

What is the UNGASS 2016?

The United Nations General Assembly Special Session (UNGASS) on drugs is a meeting of all the United Nations Member States to evaluate and discuss the current state of international drug control. The last UNGASS on drugs was held in 1998, where the focus was elimination of the recreational use of narcotics and psychotropic substances. During the 1998 meeting, Member States agreed on a Political Declaration and Plan of Action and a review of that Political Declaration took place in 2008.

In 2012, the governments of Colombia, Guatemala and Mexico called for a special session on drugs, citing increasing levels of violence as requiring a global evaluation of the advances and challenges of the international drug control regime. A subsequent resolution was sponsored by Mexico and co-sponsored by 95 other countries who agreed to have the special session in 2016.

The world has substantially shifted over the past eighteen years, with countries moving forward with policy innovations such as decriminalization, harm reduction and regulation models. More countries than ever are expressing their concerns about the ways in which drug policies have negatively impacted development, human rights and public health. The so-called “Vienna consensus” has fractured sufficiently for the international community to recognize that new strategies must be implemented within the ever-changing global context.

Although changes can be slow on the international stage, there are heightened expectations for the UNGASS 2016 due to the increasing number of countries that have either already implemented reforms or are currently discussing possible drug policy reforms. For the past 60 years, the focus of the drug control system has been on supply reduction. Following the 1998 UNGASS, there was a shift to add the component of demand reduction. The result of including demand reduction has been that Member States recognize the interconnectedness of drug policy, drug control measures, human rights, social and political rights and sustainable development.

UNGASS 2016 provides the opportunity to highlight these intersections, the impacts of drug control, as well as, best practices in harm reduction and policy innovations from around the world.

What is the Global Commission on Drug Policy?

Founded in 2011, the Global Commission on Drug Policy builds on the successful experience of the Latin American Commission on Drugs and Democracy convened by former Presidents Cardoso of Brazil, Gaviria of Colombia and Zedillo of Mexico.

Convinced that the association between drug trade, violence and corruption was a threat to democracy in Latin America, the Commission reviewed the current 'war on drugs' policies and opened a public debate about an issue that tends to be surrounded by fear and misinformation. The Global Commission is composed of 25 political leaders and intellectuals from around the world and is coordinated by a Secretariat.

In 2011, the Global Commission made news-stories around the world when it diagnosed the current drug control system as having failed. The Commissioners came out in support of decriminalization, and it was the first time that such high-level political figures, intellectuals and business leaders had positioned themselves in favor of comprehensive drug policy reform. Hundreds of news stories were written about the founding of the Global Commission and its innovative policy recommendations. The Global Commission continued breaking the taboo when in 2014, it released a ground-breaking report that highlighted five pathways to drug policies that work, including: putting the health and community safety first, ensuring equitable access to controlled medicines, ending the criminalization of people who use or possess drugs, promoting alternatives to incarceration for low-level participants in illicit drug markets, including cultivators and encouraging diverse experiments in legally regulated markets, beginning with, but not limited to cannabis, coca leaf and certain other psychoactive substances.

Since its inception, the Global Commission has produced five major reports and three documentary films with visibility in thousands of news outlets around the world. The Global Commission has addressed issues ranging from the failure of the war on drugs, the effect of criminalization on public health and pathways to drug regulation.

The Global Commission also inspired the creation of regional groups, such as the West Africa Commission on Drugs (convened by Global Commission member and former UN Secretary General, Kofi Annan). Not Just in Transit, published by the West Africa Commission on Drugs in June 2014, highlighted the ways in which drug trafficking, consumption and production was undermining institutions, threatening public health and harming development efforts.

Over the past five years, the Global Commission has been a global reference regarding the impacts of the current drug control strategy, proposing innovative and effective policy recommendations that protect human rights, scale-up harm reduction and promote development.

What are the expectations from UNGASS 2016?

The Commission on Narcotic Drugs (CND) is one of the two governing bodies of the United Nations Office on Drugs and Crime (UNODC), which is based in Vienna, Austria. The CND is composed of 53 Member States and is where the majority of the drug

control and policy discussion take place. Close to 70 countries do not have physical representation at the CND (although they are accredited through their missions in Geneva or elsewhere), causing the debate to be limited to certain geographic areas and the drug control traditional players.

The UNGASS meeting will provide the opportunity for a broad and more open discussion by moving the debate to the UN New York headquarters, where all Member States are physically represented. Secretary General Ban Ki Moon has called for the meeting to be open, with “all options on the table”.

In order to increase the inputs to the meeting, United Nations agencies, such as the United Nations Development Program, United Nations University, UNAIDS, the World Health Organization, the Office of the High Commissioner on Human Rights and others have produced reports that provide greater depth and expertise, as well as the impact of drug control on their mandates and work programs. Many of these reports have found that in many contexts, the policies are doing more harm to advancing development, human rights and health, than drug use itself.

We expect the debate to be centered on human rights, strong statements condemning the use of the death penalty for drug offenses and a renewed call for greater access to controlled medicines. The impacts of drug control measures on human rights will be a cornerstone of the debate, with many countries arguing that any drug control efforts must put human rights at the center. The interpretation of many is that the Universal Declaration on Human Rights can and should supersede any of the drug control treaties.

The discussion might expand on the need to decriminalize drug use, the legal regulation of certain drug markets and a review of the current drug control conventions, however issues around human rights will be at the center of the debate.

Why should drug policies be reformed?

The international drug control regime is framed by three conventions. The 1961 Single Convention on Narcotic Drugs limits the production of the plants with a focus on cannabis, coca leaf, opium and its derivatives. The Single Convention classifies these plants as being dangerous, addictive substances and declared its objective of eradicating their production.

A few years later, the 1971 Convention on Psychotropic Substances responded to the diversification and expansion of the drug market by including a larger spectrum of substances. During the debates on the 1971 Convention, the discussion was divided in two groups: producer countries and consuming countries. The Convention focused on

the importation, distribution and exportation of drugs, recognizing the globalization of the issue.

The 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances established international mechanisms such as the extradition of drug traffickers and included the possibility of criminalizing users. The international drug control conventions do allow for these substances to be used for medical or scientific purposes.

The three objectives of the UN drug control conventions are: 1. Advancing the health and welfare of mankind, 2. The elimination of the evil, and 3. Ensuring availability for medical and scientific purposes. The current strategy has not achieved those objectives and in fact, the United Nations themselves have identified some of the impacts of the current prohibitionist system, including:

- the creation of an illegal, criminal market worth more than \$320 billion USD per year;
- a punitive-based focus rather than a health approach;
- the displacement of substances such as when users no longer have access to their substance of choice and thus change to another (often) more dangerous substance;
- geographic displacement or the so-called “balloon effect” during which production or traffic is interrupted, only to be increased in a different territory or route, without having a significant impact on the quantity of drugs that exist in the world;
- the cultural and social discrimination of people who use drugs, increasing vulnerability and making them less likely to access services; and
- a lack of access to controlled medicines, which are included in the WHO Model List of Essential Medicines, for 75 percent of the world population.

The status quo is unacceptable and unsustainable. Global drug prohibition not only failed to achieve its original stated objectives of eradicating drug production and consumption, it also generated alarming social and health problems. The staggering human costs of repressive drug policies around the world can no longer be ignored nor tolerated.

Regions around the world are being devastated by increasing levels of violence, corruption and failed rule of law because of the power of organizing criminal groups that generate resources from drug production, trafficking and distribution. The current situation in countries such Mexico, Guinea Bissau and Central America has been called a “humanitarian crisis” due to the increasing loss of control over territories.

Meanwhile, some countries have taken matters into their own hands, implementing harm reduction programs to improve the quality of life of people who use drugs, as well as the community as whole to improve rule of law and experimenting with policy innovations such as legal, regulation as a means to reduce the resources of organized crime and increase resources for health and social services and prevention programs. The global community is currently confronting a growing tension between the escalating process of reform and the current international drug control system.

What are some of the best practices in the world?

Drug policies are changing on the ground. Governments and civil societies are already introducing innovative and effective ways of reducing the harms caused by drugs. In embracing reform, they are seeking a better balance in drug policy to prioritize human rights and public health approaches.

Several countries have implemented policy reforms, including Switzerland with its focus on harm reduction, maintenance and heroin assisted therapy. Portugal decriminalized the use of all drugs in 2001, with significant public health benefits, including decreasing rates of HIV. Cannabis clubs have sprung up around parts of Spain, demonstrating the efficacy of separating markets. Uruguay has regulated their cannabis market from production, to distribution to sale, with human rights at the center of the strategy.

A Minimum Agenda for UNGASS

Based on scientific evidence of what works, the Global Commission calls on political leaders across the globe to support the inclusion of eight priorities in the UNGASS debates. All of the recommendations are designed to put human rights, people's health, and community safety first:

- Invest in evidence-based prevention, harm reduction and treatment measures as cornerstones of drug policy;
- Ensure equitable access to essential medicines that relieve unnecessary pain and suffering;
- End the criminalization and incarceration for drug use and possession for personal use;
- Abolish capital punishment for drug-related offenses;
- Redirect law enforcement away from non-violent, participants in the drug trade towards fighting violence, corruption and organized crime;
- Rebalance repressive policies away from eradicating crops and arresting farmers to promoting community development;
- Empower the World Health Organization to review the scheduling system of drugs on the basis of scientific evidence.

These priorities constitute a minimum agenda for UNGASS.

The move toward regulating drug markets is inevitable. The only way to put governments in control, disempower organized crime, reduce violence and corruption is to regulate all drugs according to the harm they cause. Today the transformative potential of regulation remains inhibited by the UN drug conventions.

Beyond UNGASS, the conventions will need to be updated and revised.

The evidence is clear. It is time to act.

Contact information

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