

Preamble – Issues recommended for consideration

FORUT urges the inclusion of a strong statement about the severity and social and economic costs of substance use in the Preamble to the UNGASS Outcome Document. In addition, FORUT recommends that the preamble of the document addresses the following issues, among others:

The third way in drug policies

Drug-policy development, including the UNGASS process, is currently hampered by focussing on the false dichotomy of drug legalization on the one hand and fighting an endless, unwinnable “war-on-drugs” on the other. That debate is counterproductive for the UNGASS process and for drug policy development in general, for three reasons: the stark contrast dramatically compresses the policy space between the portrayed extremes, limiting the discussion of useful alternative approaches; it constrains the many nuances normally present in policy discussions and promotes simplistic solutions; and it wrongly identifies many effective prevention interventions as part of the much-maligned “war-on-drugs” policy argument. In reality, plenty of middle ground exists. That “third way” is already in use by most governments and comes highly recommended by NGOs all over the world. Many effective policy options are available in the large space between the two extreme positions, and their support or implementation require no fundamental changes in UN drug conventions or in most national legislation.

UN drug conventions provide flexibility

The UN drug conventions are non-prescriptive and flexible in providing guidance to national and local governments on how to prevent drug problems and enforce the general global ban on the use of narcotic drugs. Governments have wide latitude to manoeuvre within the framework of the three UN drug conventions. Although, for the most part, countries meet their international responsibilities, many have failed to implement adequate national policies suggested by the wide-ranging conventions.

A broad, balanced and humane drug policy
 The UN drug conventions provide substantial guidance and latitude for countries seeking to design broad, balanced and humane drug policies that are consistent with the principles of human rights.

The drug conventions allow a broad range of different strategies and measures that can be adopted and/or adapted for a country’s particular circumstances. The best national drug strategies provide balance, using policy elements that both achieve their specific goals and also complement the facilitation of related policy interventions. Such a comprehensive policy would be humane, because it is an effective and sustainable way to reduce human suffering to a minimum. The most successful policy approaches to reducing drug-related harm involve the balanced integration of several key intervention strategies, including demand reduction, supply reduction, early intervention, treatment, rehabilitation, social re-integration and assistance with acute health problems.

Understanding and reducing the availability of drugs is a key factor in prevention

Recognizing how the availability of drugs affects the levels and forms of drug use in a society is a vital element of tackling drug issues – and designing effective prevention programmes to reduce drug-related harm. The complex concept of “availability” needs to be understood and addressed in a comprehensive manner, such as that described in the book, “Drug Policy and the Common Good.” That work points to four components of availability: a) the supply of drugs (physical availability); b) the real price of drugs (economic availability); c) the attractiveness of drugs (psychological availability); and d) the social acceptance of drugs within the user’s primary reference groups (social availability).

The vast majority of people globally do not use drugs

According to the World Drug Report 2015, an estimated 95 per cent of the world’s population, and almost all the children of the world, do not use illicit drugs. The prevailing norm of non-use keeps drug problems in check and represents a powerful force in the global struggle to stabilize and reduce drug-related harm. Maintaining and strengthening this key asset of social capital must be a central target for follow-up after UNGASS2016, by governments and civil society alike.

Non-users suffer substantially from others' drug use

A substantial part of the harm resulting from substance use is typically inflicted on persons other than the users themselves. Those "third-party" effects are now widely recognized as a critical issue in the field of alcohol prevention; unlike previously, when individualistic and medical paradigms attracted the most attention -- at the expense of more social and cultural approaches. The drug field would be well-advised to avoid many of the mistakes made in the alcohol field during past decades.

Legal drugs cause more harm than illicit substances

Despite the relatively low prevalence of drug use worldwide, drug taking ranks 19th among significant health risk factors reported in the Global Burden of Disease study. In comparison, the two legal and widely accepted substances, tobacco and alcohol, are ranked as health risks number two and five, respectively. In 2010, 32 per cent of the world's adults consumed alcohol, with staggering negative effects for public health and safety. Recent global estimates (Global Burden of Disease study) for 2012 attribute some 3.3 million deaths to alcohol consumption. In contrast, 183,000 persons died of drug-related causes.

Prevention is by far the most effective strategy for harm reduction

Broad, population-oriented interventions, for example, demand- and supply-reduction policies that aim to keep drug-use prevalence and the social acceptance of such use at the lowest possible levels, represent harm-reduction of the highest order, because they operate to prevent harm from

occurring in the first place. They also address incipient problems at the earliest possible stage of development. Early interventions prevent huge amounts of human suffering, both for drug users themselves and for the many people around them. From a policy perspective, prevention is cost-effective; it is sustainable and people-empowering; and it is the most humane policy option, particularly in the context of assuring the best interests of the world's children. Effective prevention methods exist and are widely implemented throughout the world.

Harm-reduction interventions, although important, should be but one element among many in a much broader anti-drug strategy

Harm reduction, understood as the provision of health and social services to active drug users, can never replace primary prevention and treatment/rehabilitation as the main strategy in global, national and local drug policies.

Harm reduction initiatives fail to address the bulk of drug-related harm, but are nonetheless essential to assist drug users with their acute problems. Users are as entitled to health and social services as other groups in society, and receiving aid with acute problems contributes directly to recovery from drug addiction among those who seek it. Harm reduction for problem users helps assure better outcomes for addiction treatment by establishing and maintaining a link between the users and the health care system and by helping to contain co-morbid conditions such as the spread of communicable diseases through contaminated needles and syringes.

Recommendations for action points in the UNGASS Outcome Document

A variety of other issues have been raised during the preparatory process for UNGASS 2016. Here FORUT provides a catalogue of some of those issues, and our thoughts about how they should best be addressed in the UNGASS Outcome Document based on our experience as an international development NGO.

Key indicator: Drug use prevalence

The outcome document from UNGASS should identify drug use prevalence (regular drug use as well as experimental use) as the key indicator for

monitoring progress in reducing drug-related harm. Using this indicator provides an important, population-level measurement of how many people are exposed to the risks of using narcotic drugs, both directly and indirectly. It also provides a good estimate of the social and psychological availability of drugs within a given population.

Keeping drug use prevalence at the lowest possible levels should be the primary goal of Member States' follow-up of UNGASS 2016, globally, nationally, and at the local community level.

Community mobilization with national coordination

UNGASS should encourage local communities all over the world to join in a global mobilization of concerned citizens and public authorities to confront illicit drug issues. UNGASS should call upon national governments to establish national systems for the support and coordination of local initiatives. UNODC should establish a “certificate of excellence” programme that can make annual awards to those local communities that have demonstrated outstanding or innovative, effective interventions to address drug problems.

Coordinated efforts by a broad coalition of community stakeholders have proven to be an effective prevention strategy, one that has been thoroughly tested in many countries. Schools, parents’ groups, sports clubs and faith-based organisations, youth and children’s organisations, law enforcement associations, medical professionals, and others can all contribute to prevention by promoting anti-drug messages within their constituencies, by offering drug-free environments, and by mobilizing concerned citizens. Health, social and welfare services in local government have other channels to reach the population. The coordination of these complementary activities – by local authorities and civil society – offers a potent mix for effective prevention.

Essential medicines

UNGASS2016 should commit the UN and its member states to developing a global plan of action to secure universal access to essential medicines for pain and palliative care by 2025. The plan should be ready for adoption by Member States in 2019.

In anticipation of the plan, the UN should establish an expert group to identify possible barriers to universal access, as well as to suggest mechanisms for preventing the diversion of medicines into the illegal market and for non-medical use. Recommendations from this group should form the basis for the new plan of action.

UNGASS should also stress the importance of strong protocols for national testing and approval of narcotic medicines. Those protocols should avoid excepting some drugs, as has been occurring in some countries with regard to so-called “medical marijuana.”

Illicit drugs as a development issue

The UNGASS outcome document should carefully address a number of development perspectives in international drug policies:

In many developing countries, where the health service systems are severely burdened by potentially deadly and costly diseases such as TB, malaria and hiv/aids, prevention and early intervention represent the only viable core strategies for combating illicit drug problems.

The international community should provide increased technical and financial support to countries that have become transit points for illicit drug smuggling.

UNGASS should urge government development agencies in donor countries to include drug prevention in their alternative development portfolios. Alternative development programmes have much to learn from mainstream development work in order to enhance results. Successful local development requires an integrated use of various strategies, including the promotion of good governance, anti-corruption measures, building and/or strengthening of civil society, mobilization of community-based organisations, provision of health and education services, etc. The correct sequencing of these changes is essential for a sustainable outcome. The heart of development depends on the strong involvement of the local population in identifying and defining problems and solutions at the start of any new programme.

Alternative sanctions

The UNGASS outcome document should recognize that many countries already have developed and are using alternative approaches to imprisonment and fines for minor, non-violent users. UNGASS should urge governments to start using or increase the use of alternative sanctions for minor drug offences. In general, the overall aim of all policies must be to keep young offenders out of prisons and instead offer them support, treatment and rehabilitation programmes designed to increase their chances for recovery from addiction or a criminal lifestyle. UNGASS should appeal to governments and NGOs to share their experiences with existing alternative sanction programmes at the international level. UNGASS should commission UNODC to establish mechanisms to facilitate the dissemination of those experiences.

Harm reduction can never replace prevention and treatment/rehabilitation as the main strategy in global, national and local drug policies.

It is essential that the UNGASS outcome document recognizes that a harm reduction approach must operate in a broader context. Harm reduction initiatives will never be able to address the bulk of drug-related harm. Therefore, harm reduction cannot replace primary prevention, early interventions, and treatment/rehabilitation as the core strategies underlying global, national, and local drug policies.

Capital punishment

UNGASS2016 should appeal to all Member States to abolish capital punishment, not only for drug offences but for all types of offences.

The child rights perspective

The outcome document from UNGASS should recall the Convention of the Rights of the Child's principle (Article 39) that children and young people shall be protected from the illicit use of narcotic drugs and thus aided in achieving their greatest potential.

The UNGASS Outcome Document should declare that a top priority in national drug policies should be to promote drug-free environments for children and adolescents.

New psychotropic substances

The UN should create an expert group to suggest how the international community can more effectively combat the development and distribution of new psychotropic substances.

Health Care Systems should offer a variety of treatment options

Health-related problems are a significant result of substance use, but not nearly the only potential negative consequence. Many people with drug problems suffer from a variety of other social and psychological conditions, some of which date back to experiences in early childhood and adolescence. The UNGASS outcome document should emphasize the need for treatment programmes to be designed to approach clients in a holistic manner, while offering assistance for the entire spectrum of problems drug addicts often have.

The treatment sector must offer a wide range of therapeutic options that take into account individual needs and reflect the diversity of people with drug-related problems.

Social re-integration - the key to successful treatment

Returning to a regular life and living drug-free after treatment for drug-related issues tends to be even more complicated than the de-addiction/recovery process. The real challenges begin when the specialized treatment programme ends and life begins anew: finding a job and generating income; seeking a home and starting a new household; establishing new social networks; choosing leisure time activities, etc. Treatment programmes must aim to assist former addicts during this difficult transition period. Universally, those needs are routinely ignored, resulting in a failed recovery and an enormous waste of human resources and money.

FORUT is a Norwegian development NGO, specialized in the field of Alcohol, Drugs and Development, that actively engages with civil society partners and governments in selected countries in Asia and Africa.

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