New York NGO Committee on Drugs

Collection of member organization submissions to UNGASS

Executive Committee:

Dear Honorable Delegates,

The New York NGO Committee on Drugs (NYNGOC) is a global civil society committee established in 1984 under the Conference of NGOs in Consultative Relationship with the United Nations (CoNGO). The NYNGOC **aims to support civil society organizations (CSOs) in engaging with the United Nations system** on international drug policy and practice, and facilitates the exchange of information between civil society organizations and UN agencies, member states, and other relevant UN bodies. **The NYNGOC represents more than 100 civil society organizations from across the globe,** providing a platform for discussion of drugs and drug-related subjects and interfacing with the UN to collaborate on solutions to global drug issues.

The 31 contributions contained in this submission reflect the NYNGOC's broad and diverse membership. Despite this diversity, several common themes reoccur throughout this submission:

- the response to problematic drug use should grounded in scientific evidence and be treated as a public health issue
- the implementation of drug and drug-related policies needs to be in full compliance with international human rights law and standards
- an urgent scaling up and funding of harm reduction is required to reduce HIV, HCV, fatal overdose and other drug-related harms
- new metrics and indicators based on community health and well-being to evaluate the efficacy of drug and drug-related policies are urgently needed
- ensuring access to controlled medicines is vital to ensure the right to the *highest attainable standard of health* and should be a cornerstone of international drug policy

We echo the words of UN Secretary General Ban Ki-Moon that the UNGASS be used as an opportunity *"to conduct a wide-ranging and open debate that considers all options."* In this spirit, it is our sincere hope that Member States, UN agencies and other relevant UN bodies will review and consider the information contained in this submission as we enter these final months of preparation for UNGASS 2016.

Sincerely,

Heather Haase
Chairperson, NYNGOC

Table of Contents

American Society of Addiction Medicine/International Society of Addiction Medicine

SUBMISSION TO UNGASS 2016

I. Title: Improving Access to Addiction Treatment through Integration of Addiction Medicine and Traditional Medical Care

II. Reporting Organization(s)

Coalition Submission by:

American Society of Addiction Medicine

International Society of Addiction Medicine

Advocates: Jeff Wilkins, M.D., Yngvild Olsen, M.D., M.P.H., Gavin Bart, M.D., Ph.D., Norman Wetterau, M.D., Greg Bunt, M.D., Jeffrey Goldsmith, M.D.

Geographic Scope of the Proposal: Mexico and Central America, South America, the Caribbean, East Asia, North Africa

III. Subject area and keywords

Identify which of the five identified UNGASS subject areas your submission addresses (for more information on these, see https://www.unodc.org/ungass2016/en/background.html):

☒ Drugs and Health

☐ Drugs and Crime

☐ Human Rights, Women, Children

☐ New Challenges, Threats and Realities in addressing the World Drug Problem

☐ Drugs and Alternative Development

KEYWORDS: TREATMENT, WORKFORCE, TRAINING, HARM REDUCTION

IV. Issue Summary

Worldwide, approximately 250 million people, or 1 out of 20 persons between 15 and 64 years of age, used an illicit drug within the past year. Of these, 27 million individuals, or 11%, meet criteria for a drug use disorder (drug dependence), while millions more are at risk for negative health, safety and social consequences from harmful use. For example, whereas over 2% of the world's population over age 15 fits the definition for a severe alcohol use disorder (alcohol dependence), seven times this number meet criteria for "at risk" drinking.[1] In fact, globally, alcohol, tobacco and illicit drug use account for three of the ten greatest risk factors for early disability and death. Yet, addiction is both preventable and treatable.

The United Nations has declared that addiction is a disease and that individuals with substance use disorders deserve appropriate medical and psychosocial treatment (World Drug Report, 23 June 2011). Unfortunately, access to such treatment remains a global problem. In many areas, the supply of trained healthcare professionals is woefully inadequate. In countries that have a history of addressing addiction solely through criminalization, efforts to marry treatment and the judicial process are often plagued by lack of appropriate medical input. Even in areas with extensive treatment resources, only about 10% of those estimated to have a substance use disorder receive specialized care. The overwhelming majority of the 90% who do not receive treatment do not even recognize that they need it.

However, people with problem substance use and addiction often access general, traditional medical care through existing healthcare systems. Encounters with healthcare professionals in these settings afford untapped opportunities for screening, intervention and treatment of substance use disorders. Integrating addiction medicine into routine health care delivery would therefore increase access to treatment and lower the global burden of disease attributable to substance use.

Both the American Society of Addiction Medicine (ASAM) and the International Society of Addiction Medicine (ISAM) represent addiction medicine specialist physicians who are committed to improving access to treatment for people with substance use disorders through the integration of addiction treatment and general medical care.

V. Recommendations or Conclusion

To better achieve the goals of the Joint Ministerial Statement, ASAM and ISAM recommend the following:

[1] Management of Substance Abuse, Department of Mental Health and Substance Abuse, World Health Organization. (2014). Global Status Report on Alcohol and Health. Geneva, Switzerland: World Health Organization. Available at http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf.

•Training curricula for all health professionals include segments on medical and psychosocial consequences of substance use; screening, assessment and brief intervention for identification, diagnosis and reducing use; and evidence-based approaches to treatment.

•Governmental and civil society institutions responsible for establishing medical education training standards are engaged and supported to include substance use curricula within these standards.

•UNODC extend Treatment to a phase 3 that focuses on medical professionals and the integration of substance use disorder screening and treatment into general medical settings.

•Drug court programs utilize independent medical professionals who are sufficiently trained in diagnosis, treatment planning and treatment of substance use disorders.

•Health professionals affiliated with drug courts are given the independence to make individualized treatment recommendations not influenced by judicial pressure. Treatment planning must be in coordination with, but independent from judicial authority.

•Justice agencies should be encouraged to develop policies and procedures that assure independence of collaborating health professionals.

To support these recommendations, ASAM and ISAM propose to serve as resources for addiction medicine training and education in select countries for whom addiction treatment is not represented in traditional medical care – most likely in Mexico, Central America or South America, the Caribbean, North Africa, and/or Southeast Asia. Available resources include training, via telehealth, to support the development of stable, ongoing relationships between addiction medicine physicians and nurses with select UN medical care providers. In addition, ASAM and ISAM can assist with quality outcome evaluations to measure the efficacy of training and education.

Amnesty International

SUBMISSION TO UNGASS 2016

I. Title

THE APPLICATION OF THE DEATH PENALTY FOR DRUG-RELATED OFFENCES AND ITS SERIOUS IMPACT ON THE ENJOYMENT OF HUMAN RIGHTS

II. Reporting Organization(s)

Amnesty International - Amnesty International is an independent, international non-governmental organisation made up of more than 7 million people in over 150 countries and territories who campaign to end abuses of human rights.

III. Subject area and keywords

Identify which of the five identified UNGASS subject areas your submission addresses (for more information on these, see https://www.unodc.org/ungass2016/en/background.html):

☒ Drugs and Health
☒ Drugs and Crime
☒ Human Rights, Women, Children
☐ New Challenges, Threats and Realities in addressing the World Drug Problem
☐ Drugs and Alternative Development

Keywords: DEATH PENALTY, HUMAN RIGHTS, WOMEN

IV. Issue Summary

The application of the death penalty for drug-related offences, and the impact of drug policies on human rights.

V. Recommendations or Conclusion

States must ensure that drug policies and related programmes at the national and international level are carried out in full compliance with international human rights law and standards. The UNGASS on drugs must assess the impact of drug policies on human rights and condemn the continued use of the death penalty for drug-related offences.

Articulación Regional Feminista

La situación de las mujeres recluidas por delitos de drogas

Corporación Humanas de Chile
Corporación Humanas de Colombia
Equis: Justicia para las Mujeres de México
Coordinadora de la Mujer – Bolivia
Corporación Humanas de Ecuador
DEMUS – Estudio para la Defensa de los Derechos de las Mujeres
ELA – Equipo Latinoamericano de Justicia y Género

Las organizaciones firmantes hacen parte de la **Articulación Regional Feminista por los Derechos Humanos y la Justicia de Género**, alianza de instituciones feministas latinoamericanas creada como una sociedad de trabajo entre organizaciones que promueven y defienden los derechos humanos y la justicia de género en la región.

La Articulación Feminista fue creada en 2004 en un esfuerzo por promover formas concertadas de trabajo a nivel regional, en el contexto de organizaciones de mujeres que, desde finales de la década de 1990, reorientaron sus trabajos en la búsqueda de una mayor incidencia política como una forma de sostener los cambios y logros del pasado, y de fiscalizar el cumplimiento del Estado.

El año 2015, Equis Justicia para las Mujeres de México, la Corporación Humanas de Chile y la Corporación Humanas de Colombia, desarrollamos una investigación en el marco de la Articulación Regional Feminista en la que realizamos entrevistas en profundidad con mujeres privadas de libertad en cárceles de estos tres países por delitos relacionados con drogas. El objetivo central de la investigación apuntaba a contribuir en la elaboración de argumentos políticos y jurídicos que incentiven la aplicación de medidas alternativas a la privación de la libertad en el caso de mujeres imputadas y condenadas por infracción a la ley penal relacionada con delitos de drogas, en el contexto de la discusión sobre flexibilización de las políticas de drogas que adelantan los Estados de la región desde 2010.

Palabras clave:

WOMEN; MUJERES PRIVADAS DE LIBERTAD POR DELITOS DE DROGAS, MEDIDAS ALTERNATIVAS A LA PRIVACIÓN DE LIBERTAD, VIOLENCIA Y DISCRIMINACIÓN CONTRA LAS MUJERES.

Las ultimas décadas de la llamada Guerra contra las Drogas ha generado crisis en la salud pública, encarcelamientos masivos que han contribuido significativamente a los altos índices de hacinamiento, corrupción y un mercado negro que se regula a través de carteles y organizaciones criminales cuya herramienta principal es la violencia. En este contexto, la situación estructural de discriminación y violencia contra las mujeres se agudiza: los carteles utilizan a las mujeres como el último eslabón en las líneas de distribución y venta de drogas, como mulas y como vendedoras al menudeo, muchas veces en sus mismos hogares dadas las condiciones de mujeres cuidadoras que además deben cumplir con el rol de proveedoras económicas de sus familias. En el marco de la guerra contra las drogas, como en cualquier guerra o conflicto armado, las mujeres sufrimos de manera desproporcionada el impacto de la violencia.

Uno de los peores impactos de las políticas represoras ha sido el aumento de mujeres privadas de libertad por delitos de drogas, la mayoría por delitos no violentos y que involucran pequeñas cantidades. Este incremento es generalizado en el mundo y diversos estudios recientes apuntan a que el aumento se relaciona con la persecución penal del consumo y tráfico de drogas (CELS, 2011, p-23). En Latinoamérica, la mayor proporción de mujeres que pierden la libertad están acusadas o condenadas por delitos de drogas. En Chile, a abril de 2015, fue el 58,9%; en México, en 2013 el 53% de las mujeres acusadas de delitos del fuero federal se encuentran en prisión por delitos relacionados con drogas, y en Colombia en diciembre de 2014, el 35% de las imputaciones a mujeres fueron por drogas.

La crisis carcelaria en términos de hacinamiento y satisfacción de derechos de la población carcelaria se encuentra estrechamente relacionada con la política de drogas que privilegia las penas privativas de la libertad por encima de medidas alternativas que pueden resultar más efectivas en términos de la función de la pena.

La política de drogas fundada en la utilización del derecho penal, con penas excesivas y restricción de medidas alternativas a la privación de la libertad no es eficaz, por el contrario, ha sido funcional a las grandes redes de narcotráfico que sacrifican a los eslabones más débiles del negocio, entre ellas las mujeres, para su efectivo funcionamiento.

La estructura del narcotráfico antes que verse afectada por la política de persecución de las drogas se ha adecuado a ella. La red acecha, detecta o seduce mujeres pobres que deben cumplir el doble papel de cuidadoras y proveedoras hasta que las vincula. Los Estados tienen la obligación de prevenir, sancionar y erradicar todas las formas de discriminación y violencia

hacia las mujeres, la política represora no puede convertirse en un instrumento que profundice y perpetúe el lugar de subordinación de las mujeres, especialmente de las más pobres.

No existe en las políticas públicas un reconocimiento institucional de los impactos diferenciados que las políticas punitivas tienen en las mujeres ni de los distintos factores criminógenos que las llevan a delinquir en este tipo de delitos. El involucramiento de las mujeres en los delitos de drogas se encuentra vinculado a la precariedad económica y la posibilidad de obtener el dinero suficiente para proveer económicamente a sus familias – especialmente sus hijos e hijas - sin dejar de ejercer paralelamente las labores de cuidado que la estructura social e institucional atribuye exclusivamente a las mujeres. Los Estados deben avanzar en el establecimiento de políticas integrales que aborden las razones profundas del delito, que en este caso están íntima e indiscutiblemente unidas a la precariedad económica. Esta, además, se agudiza aún más con la privación de libertad debido a la estigmatización, el registro permanente en la hoja de vida de su paso por la cárcel, el fracaso de la función resocializadora de la pena y la inexistencia de políticas estatales para integrar socialmente a quienes salen de prisión. Es imprescindible que los Estados se comprometan a generar oportunidades al salir del establecimiento carcelario que impidan la reincidencia, entre ellas: oportunidades de trabajo, reducción de la estigmatización social, educación de los hijos e hijas, y que permitan la reconstrucción de su proyecto de vida.

La mantención del status quo es inaceptable, los cambios son posibles y éste es el momento de realizarlos. La reflexión que se realice en el marco de la UNGASS 2016 debe incorporar una perspectiva de derechos humanos y contemplar una mirada transversal de género, que hasta ahora se encuentra totalmente ausente en la determinación de las políticas de persecución criminal de los delitos relacionados con el tráfico de estupefacientes.

V. Recomendaciones o conclusiones

- ✓ Garantizar un debate abierto e inclusivo con participación de la sociedad civil.
- ✓ Redefinir los objetivos y los indicadores de las políticas de drogas más allá de la persecución penal.
- ✓ Incluir en el diálogo la situación de los niños y niñas con referente adulto encarcelado y el impacto del encarcelamiento sobre su desarrollo y exclusión social.
- ✓ Promover las reformas legales necesarias para asegurar que el derecho penal sea un instrumento de *última ratio* y asegurar la proporcionalidad de las penas de estos delitos basada en el rol desempeñado dentro de la estructura criminal.
- ✓ Fortalecer el uso de medidas alternativas a la prisión en delitos no violentos de pequeñas cantidades.
- ✓ Comprometerse con un enfoque de derechos y reducción de daños.
- ✓ Comprometerse con una mirada de género transversal.

Broken No More

NYNGOC MEMBER SUBMISSIONS TO UNGASS 2016

I. Title

Broken No More Submission to UNGASS 2016

II. Reporting Organization(s)

This is an individual Organization submission.

Broken No More is a Non-Profit organization that advocates for changes in existing drug policy, for science-based treatments for drug use disorders, Harm Reduction principles in education and for those who use drugs.

Advocates authoring this submission:
Denise Angela Cullen, LCSW, Executive Director
Samuel H. Snodgrass, PhD, Advisory Board member

Supporting Advocates:
The Board Members of Broken No More

Geographic scope: International

Location: 8502 E. Chapman Avenue #156, Orange, CA 92869

Mission: The mission of Broken No More is to replace failed drug policies with those that recognize the inherent worth of all people, to protect families, to reduce the stigma associated with drug use and to help stem the tide of addiction and overdose deaths. We provide support for those who have lost a loved one to drug related causes and we facilitate their transition from grief

to advocacy, which enables them to produce positive change within this movement.

III. Subject area and keywords

☒ Drugs and Health
☒ Drugs and Crime
☒ Human Rights, Women, Children
☒ New Challenges, Threats and Realities in addressing the World Drug Problem
☒ Drugs and Alternative Development

DRUG POLICY, HARM REDUCTION PRINCIPLES AND EDUCATION, OVERDOSE PREVENTION, SCIENCE-BASED DRUG TREATMENT, ERADICATION OF STIGMA

IV. Issue Summary

Broken No More advocates for the elimination of current drug policies in favor of those that respect the rights and dignity of all individuals and that promote the eradication of the stigma surrounding drug users. We advocate for polices that promote science-based treatments over incarceration and for those that will lead to the eventual decriminalization of drug use. Broken No More supports Harm Reduction principles as a means to protect the individual and society from the hams of drug use and the use of Harm Reduction education, instead of the current failed drug-education methods currently in use, in our schools.

V. Recommendations or Conclusion

Broken No More Recommends:

Changes in drug policy in line with the scientific consensus that addiction to drugs is a medical condition and, as such, should be a province of Public Health instead of the criminal justice system. We recommend changes in drug policy that lead to an end to the criminalization and incarceration of those who use drugs and the eventual decriminalization of drug use.

The support of science-based treatments for those suffering with the disorder of drug addiction. For those that are afflicted with the disorder of opioid

addiction, we recommend the expansion of access to medically-assisted treatment (MAT) and its promotion as the first-line treatment for this illness.

The eradication of stigma. To accomplish this goal, we must promote the reality that that those who use drugs are worthy of respect and compassion; that they are someone's son, that they are someone's daughter, and that their lives have meaning too. We recommend the dissemination of science-based information concerning the etiology of this disorder as one of brain structure and function and the elimination of the criminalization of those that use drugs.

The use of Harm Reduction principles be adopted in lieu of the punitive and destructive drug policies currently in use. These principles recognize the reality that drug use will occur and recognizes that much of the harm associated with this use is a result of the stigmatization and criminalization of the user. Harm Reduction principles are a means to reduce the harms associated with drug use to the individual and to society.

The institution of Reality/Evidence based drug education for parents and their children. The current methods of drug use education are ineffective, as evidenced by the continual increase in addiction and overdose deaths of our youth. In a perfect world, children would not use drugs. But we have to deal with the world we have. And in this world, the majority of teenagers will experiment with drugs. It has been shown that polemics against the use of drugs and presentation of information biased towards the harms of drug use are ineffective and may actually increase the propensity of drug use in those exposed to this type of argument. The emphasis on abstinence from drug use as being the only acceptable goal produces an atmosphere of judgment and stigmatization of those, the majority of teenagers, who do experiment with these drugs. In Reality/Evidence based drug education the goal is to discourage drug experimentation but to also accept the reality that teenagers will experiment with drugs. The goals are to provide the teenagers with information that will reduce the negative consequences that may occur with this experimentation. Further, it is to provide an atmosphere free of judgment and stigma so that the person will continue to remain engaged with their parents and teachers and they are, thus, able to assist the teenager in reducing any possible harms caused by this drug experimentation. To accomplish this, the teenagers must trust that the information they are receiving is unbiased and presents a realistic view of the possible effects of drug experimentation and use. And as parents and society our first priority is to keep our kids safe.

The Center for Optimal Living, New York City

Submission Statement to

The UN General Assembly Special Session on Drugs,

January 31, 2016

We see drug use per se as a health issue that should not be treated as a moral or criminal justice issue. We, therefore, call for an end to prohibition through the decriminalization or legalization and regulation of currently illicit drugs, a global commitment to making comprehensive, evidence-based drug treatment available to all who want it regardless of their ability to pay and a commitment to reform the drug treatment system by infusing an integrative harm reduction psychotherapy model throughout and making funds available to improve the quality of staff, training and staff salaries. We strongly believe that these changes will improve the overall health of drug users, their families and communities and society at large. The costs in the near term will be greatly out weighed by long term savings from reduced criminal justice involvement, reduced crime, reductions in health problems associated with years of chronic problematic drug use and poor treatment, improved family stability and vocational functioning.

Who We Are

The Center for Optimal Living is a drug treatment, professional training and advocacy center based on an integrative harm reduction psychotherapy approach. Our primary goal is to improve the psychological health of drug using individuals, their families and the community. We want to help ensure that everyone has access to the most suitable mental health and substance use treatment and that people achieve the safest and healthiest possible relationship with drugs. Our goals include reducing the physical, psychological and social impact of drug-related harms, while optimizing each person's state of being.

Our perspective on drug policy stems from our many years of experience treating drug users and their families and our perception of the shortcomings of the drug treatment system in the United States and globally. The Center's founder and director, Dr. Andrew Tatarsky, has developed Integrative Harm Reduction Psychotherapy (IHRP), a treatment approach designed to appeal to, engage and effectively help the entire spectrum of drug users across all motivational stages of change and treatment goals. Goals such as safer use, reduced use and abstinence are embraced as the emphasis is on cultivating small, incremental positive changes rather than having a one-size-fits-all model focused solely on abstinence. Dr. Tatarsky has written extensively on this subject and has trained individuals and organizations in many places around the world including Lebanon, Poland, Ukraine, Russia, Ireland, France, Austria, Switzerland, Canada, the United States the Philippines, Indonesia and Chile. These experiences have informed our global perspective on the limitations of the drug treatment system and the need for drug policy reform.

The Problems with Prohibition and The Benefits of Decriminalization or Legalization

The drug policy and drug treatment systems are connected, and as such, must change and grow together. The lack of regulation of illicit drugs, with no legal standards to be met, makes them more dangerous. People who use illegal drugs are forced to buy unreliable products of unknown purity and dosage and use in less sanitary settings without clean equipment. Prohibition renders drugs easily accessible to people of all ages; drug dealers do not ask buyers their age and are motivated by financial gain.

Prohibition creates a situation that inhibits drug users with ailments to seek help from health professionals for fear of being judged as a criminal or being incarcerated. If possession and personal use of drugs were decriminalized or legal, it is possible there would eventually also be no shame in buying clean syringes at the pharmacy and inquiring about other forms of safer use. One would not feel pressure to hide his use because far less taboo and stigma would exist. Safe injection facilities save lives as health professionals are able to monitor drug users and offer help and medical support as needed to prevent overdose. An increasing number of countries are in support of safe injection facilities and our hope is that more countries will join them. Naloxone should be more widely available, and made affordable, to help reduce the number of opiate-related overdoses. If these treatment interventions were widely supported, rates of death, disease and overdose would all plummet.

Different levels of legalization or decriminalization would lead to safer access for medicinal and recreational use. Prohibition has prevented the research necessary to determine the extent to which particular drugs could benefit people with certain physical or mental illness. Marijuana has been proven useful in alleviating pain in some patients suffering from ailments ranging from Multiple Sclerosis to chronic back pain. Heroin has been effective in helping many terminally ill cancer patients deal with severe pain. LSD, Psilocybin and MDMA have helped reduce tension, depression, and pain.

Drug use is a health issue and should not be treated as a moral failing or criminal justice issue

Comprehensive, sophisticated, evidence-based drug treatment should be available to all drug users who need and want it. Treating drug use as a health issue will dramatically decease the large numbers of people involved with the criminal justice system and will help them access mental health and substance use services to address the underlying reasons to their use. Diverting drug users to voluntary treatment, as is done in Portugal, rather than courts, jails and prisons, will enable these institutions to focus on more serious crime and free up the funding needed to make a global commitment to making treatment available to all who want it.

These ideal reforms in drug policy would make way for progressive reforms in our drug treatment system. The current drug treatment system is generally under-funded, under-trained and dominated by old, ineffective treatment strategies that emphasize abstinence-only approaches that are not designed to engage people who are ambivalent or less motivated for change. Poor treatment is often worse than no treatment. Inadequate treatment can exacerbate the problems associated with substance use for individuals, families and society at large.

Limitations of Abstinence-Only and the Value of Harm Reduction Psychotherapy

We believe that the majority of problematic drug users are in pre-action stages of change, often, with non-abstinence goals. Treatment must exist in a form that can be relevant to, and used by, these people. Standard drug treatment that is available typically is informed by an “abstinence-only” policy that requires patients to commit to abstain to enter and stay in treatment. This model severely limits the appeal of treatment and to whom it is relevant; not the overwhelming majority of problem drug users. Harm reduction therapy/substance use treatment offers a framework that opens the door to this majority. The harm reduction model accepts all reductions of drug-related harm as positive steps, acceptable treatment goals and goals around which to begin the therapeutic process. By beginning treatment “where people are” in their motivations and personal goals, treatment outcomes are enhanced by a stronger therapeutic alliance and patients’ self-efficacy increases if they are able to focus on personalized change goals rather than having to adopt predetermined goals.

The Psychobiosocial Model of Problematic Drug use and Integrative Treatment

Our approach is also integrative in that we see problematic drug use as reflecting a mix of biological, psychological and social forces that are unique to each person. Many people who use substances are impacted by a history of trauma and other co-occurring mental health issues so it is imperative that the treatment model address their multifaceted needs. In addition, offering strategies to help people develop self-regulatory capacities to replace their reliance on substances as a way to cope with distress is critical. Effective treatment will assess these complexities and integrate strategies that address each person's unique needs. We strongly believe that this treatment model will dramatically improve the appeal of drug treatment and its effectiveness. These practices need to be introduced to treatment centers around the world.

Not only is the harm reduction model a more humane and client-centered approach, it is also economically sound. This perspective, encompassing all the different harms of drug use, starts where people are, making introduction to treatment more comfortable to potential patients. It embraces the smallest, gradual progress towards positive change. This helps to keep people in treatment even if they may not yet be ready for abstinence and engages them in an exploration of ways to reduce risky behaviors and make small, incremental changes. While it should always remain an option, abstinence may not even be the healthiest, most realistic, long-term goal for some patients. However, beginning treatment wherever people are motivated to start and staying with them, without making abstinence a prerequisite for being in treatment, often creates quantum change and leads to abstinence for many. There is a growing literature on this that supports our claim.

We are writing about a model shift from unitary disease to a Psychobiosocial model in which individuals are understood to vary in their drug use on multiple dimensions and have unique relationships with drugs. Within this setting, the patients and treatment providers must together create treatment plans and goals that are individually relevant and tailored to each person's needs. Treatment plans would integrate the varying psychological, biological and social issues that exist for each person. The starting point of treatment for each person would be a comprehensive evaluation. This system would be comprised of many different treatment settings and modalities, which would then be offered to patients as deemed necessary through their initial evaluation. We envision the harm reduction framework as linking this broad continuum of care from syringe access and safer injection facilities to Medication Assisted Treatment (opiate substitution) to detox and residential treatment to intensive outpatient and individual therapy. And, with adequate training in this model of integrative harm reduction psychotherapy, many existing clinicians can employ this approach in their practices and work with people in their communities.

With the money saved by ending prohibition with its enormous costs related to policing and incarceration of people who use drugs, we could fund enough rehabilitation and treatment centers with properly trained professionals to make drug treatment available to all who want it. Again, shifting from a criminal justice to a public health perspective would be cost effective. The Center for Optimal Living will continue to work with other organizations towards a system based in compassion and science, in which all people are treated equally and provided the care to help improve their lives. We look forward to political action that will help drive positive change in our treatment system.

Sincerely,

Andrew Tatarsky, PhD, Founder and Director

Jenifer Talley, PhD, Assistant Director
Michael Benibgui, PhD
John Pasagiannis, PhD
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References

Reinarman, C. & Levine, H. G. (1997). Crack in America: Demon Drugs and Social Justice. University of California Press: London. (Contributing writers: Glasser, Nadelmann, et al.)
Kellogg, S. H., & Tatarsky, A. (2013). Re-envisioning Addiction Treatment: A Six-point Plan, *Alcoholism Treatment Quarterly*, 30:1, 109-128.

Tatarsky, A., & Kellogg, S. (2012). Harm Reduction Psychotherapy. In: Marlatt, G.A., Larimer, M.E., & Witkiewitz, K. (Editors). *Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors, Second Edition.* New York, NY, The Guilford Press.

Tatarsky, A. Harm Reduction Psychotherapy (A User's Guide to Developing Your Healthiest Relationship to Pot). (2010). In: Holland, J. (Editor). *The Pot Book: A Complete Guide to Cannabis*, Rochester, VT, Inner Traditions.
.
Kellogg, S.H. & Tatarsky, A. (2010). The Addiction Treatment Roundtable: A Clinical Wisdom Study. *Journal of Social Work Practice in the Addictions,* 10:3, 339-341.

Tatarsky, A. & Kellogg, S.H. (2010). Integrative Harm Reduction Psychotherapy: A Case of Substance Use, Multiple Trauma, and Suicidality. *Journal of Clinical Psychology: In Session*, Vol. 66 (10), pp.123-135.

Tatarsky, A. & Marlatt, G.A. (2010). State of the Art in Harm Reduction Psychotherapy: An Emerging Treatment for Substance Misuse. *Journal of Clinical Psychology: In Session*, Vol. 66 (10), pp.117-122.

Tatarsky, A. Guest co-editor. (2010). *Harm Reduction in Psychotherapy, Journal of Clinical Psychology: In Session*, Vol. 66 (10).

Kellogg, S. H., & Tatarsky, A. (2009). Harm reduction psychotherapy. *Encyclopedia of substance abuse prevention, treatment, and recovery.* Thousand Oaks, CA: Sage Publications.

Tatarsky, A. Harm reduction psychotherapy: Extending the reach of traditional substance use treatment. (2003). *Journal of Substance Abuse Treatment*. Vol. 25, pp. 249-256.

Tatarsky, A. (2002). *Harm Reduction Psychotherapy: A New Treatment for Drug and Alcohol Users*. Northvale, N.J., Aronson.

Tatarsky, A. (1998). An integrative approach to harm reduction psychotherapy: A case of problem drinking secondary to depression. In *Session: Psychotherapy in Practice*. Vol. 4/ 2, pp. 16-29.

Tatarsky, A. (Winter-1998). Harm Reduction in Clinical Practice. *The Addiction Newsletter of Division 50, The American Psychological Association*, pp. 2-4.

Tatarsky, A. (Spring-1996). Harm Reduction and Clinical Psychology are a Good Fit. *The Harm Reduction Communication.*

Tatarsky, A. & Washton, A.M. (1992). Intensive outpatient treatment: a psychological perspective. In: Wallace, B. (Ed.) *The Chemically Dependent: Phases of Treatment and Recovery*. New York, Brunner/Mazel.

Washton, A.M. & Tatarsky, A. (1983). Adverse effects of cocaine abuse. In: Problems of Drug Dependence, NIDA Research Monograph #41, U.S. Printing Office, Washington, D.C.
Wodak, A. (2013). Harm Reduction and The Law. In *The History and Principles of Harm Reduction Between Public Health and Social Change.* Medicins Du Monde.

Center for Legal and Social Studies (CELS)

I. Title: Drug policies and its impacts on human rights- CELS´contribution to UNGASS

II. Reporting Organization(s)

Since 1979 the Center for Legal and Social Studies (CELS) has been working to promote and protect human rights in Argentina and around the globe by reporting human rights violations, advocating for public policies that respect and guarantee the rights of people from the most vulnerable sectors of society, and promoting legal and institutional reforms to improve the quality of democratic institutions. Through different strategies (independent monitoring of state actions, multidisciplinary research, strategic litigation, alliances, media outreach and dissemination), CELS exposes structural patterns of human rights violations in democracy, often challenging the content, orientation and implementation of unjust public policies. CELS is a pioneer in the domestic enforcement of international human rights law and has obtained vast experience in the litigation of complex cases perpetrated by state agents or people tied to the state in some way in both national and international courts.

III. Subject area and keywords

☐ Human Rights, Women, Latin America

☐ New Challenges, Threats and Realities in addressing the World Drug Problem

HUMAN RIGHTS- VIOLENCE – LATIN AMERICA -

IV. Issue Summary

The international drug control system undertaken in the past four decades has had a huge impact on the operation of security, judicial and prison systems in Latin America. The emphasis on drug control through criminal punishment and on police and military action to combat drug trafficking has had an impact on many communities, which are directly affected, among other reasons, because of their geographic location along trafficking routes or because of climatic conditions favorable to drug crops. These communities have experienced levels of violence that in some cases have been equivalent to civil war, and tens of thousands of lives have been lost in recent years. Practices such as systematic torture or forced disappearance, which have distressing precedents in the military regimes of the 1970s and 1980s, have also returned. Nevertheless, the steady rise in the use of security forces, armed forces, land and maritime patrols, helicopters, radar, and increasingly sophisticated weapons has not been effective in achieving the goal of these policies, which is to reduce the supply of prohibited substances. The criminal organizations that dominate these illegal markets continue to operate, and they replace members who are killed or imprisoned. Organized crime has shown a great ability to penetrate security forces, political institutions and judicial systems, particularly because of the huge profits these organizations reap from illegal markets.

As 2016 begins, we have verified a variety of very serious consequences and impacts related to human rights as a result of the current policies. Human rights organizations in Latin America have found that nearly one-third of the prison population is incarcerated for non-violent drug-related crimes, further overpopulating prisons. Many of them are simply users who were arrested for possession, and many of

the women incarcerated for that reason are people who were living in a state of high social vulnerability and who agreed to transport drugs. These punitive actions and current legislation result in a direct association between *drugs* and *crime,* which – despite the lack of precise empirical evidence – is used to perpetuate and justify the criminalization of users and small actors in the chain. For these people and their environments, the impact of incarceration is much more harmful than the hazard that imprisonment was intended to prevent. Paradoxically, in most countries, people who truly suffer from addiction problems do not find a health system willing to receive them, with treatments that respect their rights and a significant number of places where they can receive medical treatment.

As a longstanding organization working to promote rights in our region, we encourage UN bodies to continue working to bring these policies in line with human rights standards. Because we are concerned about the extreme militarization of state responses, the levels of violence that have been seen, the increase in incarceration rates, the criminalization of growers and users, and the lack of adequate health policies, we propose measures that will aim to reduce the violence.

If there is no understanding of the real scope of the phenomenon, or the elements that led to its evolution in the last twenty years, these policies will continue to be implemented worldwide. To ensure that the suffering experienced in our region is not repeated elsewhere in the world, a truly open debate is needed and the human rights movement has an essential responsibility in it.

In recent years, progress has been made in the regional and global discussions that question current drug policies, and it is clear that governments, social organizations and academics, among others, are worried about the negative impacts on human rights. Two advances in this sense include the regional report "Scenarios for the Drug Problem in the Americas," presented by the secretary-general of the Organization of American States (OAS), as well as the Antigua Declaration. [i]However, this open debate at the OAS is incipient and there have still not been policy changes made in the majority of countries. Other sub-regional forums such as the Community of Latin American and Caribbean States (CELAC), the Union of South American Nations (UNASUR), the Common Market of the South (MERCOSUR), and the Caribbean Community (CARICOM), have also begun to discuss and work on the issue in broader terms with the aim of forging a new consensus that reflects the region's interests and needs.

Latin America has played a key role in questioning the current model, and some countries have publicly called for reflection on the policies in effect and have led debates in international forums. In our region, there are experiences worth sharing that change the focus and provide an alternative to punitive state responses. These policies should be conceptualized, studied and taken to international arenas to highlight other possible approaches.

V. Recommendations or Conclusion

List recommendations (if any) for member states, the UN, agencies, etc. to incorporate into the UNGASS outcome document or other parts of the UNGASS process. It is suggested that you have no more than FIVE recommendations and that these are kept succinct and to the point.

The international community, multilateral organizations and governments must take a stance to ensure that drug policies are fully aligned with International Human Rights Law and models for inclusive development. It is time to engage in a deep, committed international debate about the policies that, after decades in force, have not been able to tackle the drug business or reduce related violence, and have instead had serious social costs and served to deteriorate the democratic system. From our point of view, and based on the experience we have as an organization that work for human rights, the concrete, feasible measures that states should analyze in order to debate the prohibitionist model and reduce its impact include:

- Ensure that the state's obligations deriving from international instruments are compatible among themselves and with national regulatory frameworks, respecting the prevailing nature of states' human rights obligations.
- Explore non-punitive responses, including the regulation of markets.
- Decriminalize drug consumption and cultivation for personal use.
- Aim state law enforcement efforts at criminal organizations and groups that use violence.
- Establish penalties and prison sentences that are proportional and coherent with other crimes, and prevent the abusive use of criminal law.
- Develop alternatives to incarceration for people who commit non-violent crimes associated with drug trafficking.
- Develop health policies based on a human rights perspective that reach the drug users who demand them.

CELS has produced a report based on the research carried out by 17 organizations from 11 countries of the Americas. This material was submitted to the Inter American Commission of Human Rights in the regional hearing on Drug Policy and Human Rights held in March 2014.

Access to the report:

http://www.cels.org.ar/common/drug policy impact in the americas.pdf

Chanvre & Libertés—NORML France

NYNGOC member submissions to UNGASS 2016

Cannabis Social Club: a social, ethic and health-based model for addressing the misuse, abuse and potential damages of cannabis as well as countering the unregulated growth of cannabis supply.

Reporting Organization

Chanvre & Libertés — NORML France is a French-based NGO advocating for a national addiction policies reform plan, aimed at designing a health-based, social and ethic future for drug policies in France. We work to defend Cannabis users rights and pretend that the Cannabis Social Club model is the most effective and humane-based structure for both reducing Cannabis demand and stopping the extension of its unregulated availability. At a global level, we also advocate for a quick reorientation of the international drug control system and its treaties.

You'll find all information on our website : www.chanvreliberte.org or www.norml.fr

This document has been compiled by Kenzi Riboulet, from an original report written by Olivier Bertrand MD, Farid Ghehiouèche and Kenzi Riboulet.

Subject area and keywords

Drugs and Crime / Supply reduction

Keywords : EMERGING ISSUE, HUMAN RIGHTS, SUPPLY REDUCTION, HARM REDUCTION, HEALTH.

Issue Summary

Cannabis social club is the best domestic response to drugs-related crime able to address the emerging issue of grassroots movement of regulation that has developed by themselves and aim to the same goals of reducing illicit trade and its related crimes. It is also the easiest and cheapest way to address the emerging challenge of unregulated drug production and supply, while keeping in compliance with the three drug control conventions as well as the UN human rights treaties.

In the late 1980's emerged all over the planet social movements that begun to organize the support, defense and care for and by the drug users. Those were the beginning of peer-support and harm reduction. In parallel in Spain and in the United States, groups of cannabis users and farmers begun to get organized in order to provide cannabis to their members, out of the illicit market. Those auto-supply groups ideologically and practically merged with peer-support and harm reduction ideas and practices, and in the year 2006, a text was published that provided a name and a set of general principles for those groups: the *Code of conduct for a Cannabis Social Club in the European Union* by the European coalition ENCOD (*Antwerp, 2006*). 11 years after, Cannabis Social Clubs have been created all over the planet, and a lot of legislative attempts to regulate them have happened (in Uruguay as well as the Spanish autonomic communities of Navarra and Catalonia). Also, several cities in Switzerland and the Netherlands expressed their wish to create such structures, and nowadays Cannabis Social Clubs are present in no less than 8 countries (Belgium, France, Germany, Mexico, Netherlands, Slovenia, Spain, Uruguay, the United states of America), with or without the political will of authorities.

The activists and cannabis users members of all those different kind of Cannabis Social Clubs have, and have always had, a common ethical approach to what they do:

- Aim of cooperation with local and national authorities as well as local civil society;
- Full transparency on their activities;
- Non-for-profit goal and aim;
- Cooperation with health and social programs, promotion of health and harm reduction;
- Restricted access to non-users and minors.

A lot of scientific studies of Cannabis Social Clubs, in a large panel of disciplines, have confirmed the virtue of those structures for health (*Zobel F. and Marthaler M., From Rocky mountains to the Alps: new developments concerning the regulation of cannabis market, Addiction Suisse, Lausanne, 2014*), crime (*Arana X., Legal viability of Cannabis Social Clubs in the autonomic community of Euskadi and proposed action plan*, *Fundación Renovació-Basque Institute of Criminology, Bilbao, 2013* ; *Inter-party think-tank of the Canton of Geneva, For more security in the city. Cannabis Social Club: an efficient model for regulating the access Cannabis, Geneva, 2013*), and society in general (*Decorte T., Cannabis social clubs in Belgium: Organizational strengths and weaknesses, and threats to the model, Institute for Social Drug Research, Ghent, 2014* ; *Parés Franquero O. Bouso Saiz J.-C., Innovation Born of Necessity.* Pioneering *Drug Policy in Catalonia, Open Society Foundations, New-York, 2015*). Most conclusions of these studies are summarized below, and show the way that structures such as a Cannabis Social Clubs address the different social or sanitary harms and risks that can be induced by cannabis use, misuse or cannabis legal framework:

MAIN HEALTH AND SOCIAL HARMS AND RISKS	ENVIRONMENT		PERSON		SUBSTANCE	
	Harm and risk factors	**Key solutions offered by a Cannabis Social Club**	**Harm and risk factors**	**Key solutions offered by a Cannabis Social Club**	**Harm and risk factors**	**Key solutions offered by a Cannabis Social Club**
Early age for regular use	Lack dialogue within the family or family rejection, negative peer influences	***Access restricted, forbidden to minors***	Lack of early education about safe use and harm reduction	***Free discussion between young people and adults***	Unknown composition	***Analysis, control and certification of products***
Psychiatric history	Educational or emotional deprivation, trauma during childhood	***Initial detection of disorders***	Depression, anxiety, bipolar or personality disorders, schizophrenia…	***Individualized medical supervision***	Unknown cannabinoid titration (THC-CBD ratio)	***Titration of active compounds***
Social isolation and lack of support	Lack of support from relatives or social rejection	***Intergenerational dialogue***			Amotivational syndrome in cases of chronic use	***Individualized medical supervision***
Daily use	Lack of standards to define and distinguish social use and abuse	***Peer-support, awareness and empowerment***	No individual screening on addiction vulnerabilities	***Monitoring of the consumption***		
Lack of knowledge about cannabis and its effects	Manichean knowledge dissemination	***Broken taboo***	Self-taught knowledge	***Objective knowledge inputs***	Unknown composition (active ingredient, cutting agent, residues)	***Healthy and natural production methods***
Associated tobacco use	No social learning of the use among adults	***Sharing of experiences and exchange***	Ignorance of safe and healthy consumer practices	***Training courses on harm reduction related to cannabis use***	Highly addictogenic nicotine	***Promotion of the use without tobacco***
Methods of use		***Peer-support, awareness and empowerment***			Cardiovascular and respiratory risks associated with combustion	***Promotion of vaporization***
Social taboo	Stigmatization of cannabis use	***Friendliness of the place of consumption***	Fear to discuss the matter with relatives	***Trivialization of dialogue***	Hidden and shameful use	***Recognized social consumption***
Social inequality	Discrimination of cannabis users	***Sharing of experiences and exchange***	Unwarranted loss of rights (work, driving license, child care)	***Training courses about rights and botanic***	Composition, quality, price and availability depending on personal network	***Stability of quality and prices, constant availability of self-use quantities of product***
Prohibition of the substance	Deal, racketeering and violence	***Separation of cannabis from other illicit markets and gang trades***	Anxiety or otherwise pleasure linked to the accomplishment of an unlawful act	***Normalization of the use***	Random composition, quality, prices and availability, random and unsecured desired effect	***Selection of varieties grown in accordance with the demand of the users***
Repression of private use	Criminal sanctions and associated with a social disavowal	***Health component solely***	Adverse ethnic or socio-economic conditions	***Promotion of health and healthy practices***	Confiscation of a product with a potential benefit for health	***Maximized benefits for health of the product in such a framework of use***

Conclusion and Recommendations

In a theoretical way, as explained by Iker Val (*www.chanvrelibertes.org/p/workshop-donostia-2015*) the founder of one of the oldest clubs in Spain, Cannabis Social Clubs have been built within the framework of Cannabis prohibition, and as an answer to it. This explains the way they developed in several different countries with different drug policies, include under prohibitionist policies.

In regard to the international drug control system, it is analyzed in the practical guide *How to regulate Cannabis* (*Transform Drug Policy Foundation, Bristol, 2013*) that "CSC have the advantage of being permissible within the UN drug treaty system, as they are essentially an extension of the decriminalization of personal possession/cultivation." They further analyzed that "The UNODC and the INCB have not yet stated anything to the contrary", and indeed they noted several times the existence of such structures, but never condemned them in any way.

Regarding national or local policies in each member states, we think that most of them already permit the aggrupation of citizens within associations, societies, leagues, collectives, syndicates or any kind of auto-generated and auto-organized structures not aiming for profit.

Chanvre & Libertés – NORML France recommends to each member states Party of the three international drug control conventions to adopt a position aiming at a normalization of the legal status of Cannabis Social Clubs within their territory, as experimental model or cannabis regulation, by adopting these measures:

1. **Decriminalize** the use, possession, production and manufacture of cannabis for personal consumption;
2. **Consider** the actual or future Cannabis Social Clubs created by their citizens **as a licit experimental model** of local cannabis use and market regulation, in order to authorize the use, possession, production and transformation of cannabis as permitted by the 1961 Single convention on narcotic drugs as amended in 1972, in its Article 4 saying "to limit exclusively […] to scientific purposes the production, manufacture, etc.", and in regard to Articles 22 and 28, as well as with the b) of the 5th paragraph of the Article 2 which says that "A Party shall, if in its opinion the prevailing conditions in its country render it the most appropriate means of protecting the public health welfare, prohibit the production, manufacture, export and import of, trade in, possession or use of any such drug", clearly implying there that the Parties can adopt the opposed measures if in their opinion it is the best mean to counter drug-related harms and problems;
3. Answer to the aim of cooperation with the authorities expressed by all Cannabis Social Clubs by **launching a national public consultation with cannabis users members or not of a Cannabis Social Club** (if existing) and their relatives, or join the existing platforms of citizens working on these matters, and consider with them the few changes in rules and procedures that can legitimate Cannabis Social Clubs and permit them locally to exercise safely their activity within weeks, for example by considering the deliverance of licenses by the local authorities, in accordance with Article 22 of the 1961 Single convention on narcotic drugs.

Ethio-Africa Diaspora Union Millennium Council

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Maxine Stowe Director – International Intellectual Property Consultant for **Ethio-Africa Diaspora Union Millennium Council** aka **Rastafari Millennium Council** –, representing the Indigenous Community and Cultural Human Rights Of The Global Rastafari Community from its philosophical and cultural birthplace in the Africa Diaspora Community of Jamaica. A founding member of the Ganja Growers and Producers Association (GGPA)– Jamaica.

Rastafari are the defenders of the cultural and human rights for Freedom, Redemption and International Repatriation to Ethiopia/Africa for those African citizens who desire to return home to Africa based on birthright and reparation from the legacy of the Trans-Atlantic Slave Trade. We are following the precepts of H.I.M. Emperor Haile Selassie 1st Of Ethiopia, King of Kings, Lord Of Lords, Conquering Lion Of The Tribe Of Judah – convener of the Organization of African Unity, the First African Country to be incorporated in the League of Nations, and a founding leader/member state of the United Nations stressing the principle of collective security.

The Rastafari Community out of Jamaica, through the Caribbean, Global Metropolitan Diaspora, Indigenous communities globally and in Africa, are the most current historical community to exercise the use of the psychotropic plant CANNABIS (GANJA) to successfully create a spiritual cosmology, manifested in a holistic culture that has reaffirmed human identity from the dehumanized atrocity and continuing legacy of the Trans-Atlantic Slave Trade. Cannabis/Ganja and its use is a fundamental Human Right to freedom and liberty of this millennia. This Right is expressed in Rastafari incorporation of GANJA use as 'Healing Of The Nations' in direct contravention to the Dangerous Drug Acts (DDA) and Conventions from the 1930's, that spoke to its specific eradication from traditional communities that have used psychotropic plants for millennia. This has accorded specific atrocities directed specifically to the Rastafari Community. Our focus in UNGASS is on its return as Essential Spiritual and Physical Medicine and to promote Harm Reduction & Alternative Reparatory Development.

We defend the rights of Indigenous Peoples to use all psychotropic plants that are related to our spiritual, cultural and economic upliftment of our communities, where our specific cosmology is related to promoting health and welfare in the use of a plant-based organic and traditional lifestyle of land for food security, economic development and health. For our communities who are displaced from land via war or urbanization, the right to develop communal organizational village platforms and sacred spaces for the traditional promotion of our lifestyles, even in urban areas. (Eco-Villages) https://en.wikipedia.org/wiki/Ecovillage

We defend the right of reparations for collateral damages within this UNGASS reassessment for Organic States and Traditional Communities where the Industrial States that developed these Drug Policies adopted by the former League of Nations now the United Nations, were based on the colonial imperatives for social control, pharmaceutical domination of Trade and Industry, and other industrial decisions – and for Cannabis was not based on the protective psychotropic considerations of the prohibited plants. These derivative industries such as the pharmaceutical, Fossil Fuel, and plastic based industry are now identified with hazardous health and environmental issues where alternatives have been identified in the reintroduction of the productive use of the Cannabis Plant. https://cannabis.net/marijuana-timeline.html

We defend the progressive and deliberate delinking of the Cannabis Plant from the onerous protective/restrictive conditions of the Prohibited Plants based on its inclusion not being of its harm in general human consumption and medicinal treatments. Its inclusion has been driven by specific racial considerations by the known Apartheid regime of South Africa to the League of Nations and in the USA by the Reefer Madness/Hemp Industrial Wars combination of social and industrial interests. This racial undertone and its legacy has and is contributing to the specific harm of African communities in the Diaspora over the last century and the biggest driver for African youth incarceration in the Americas. It is also now the major deterrent for Africans to be included in what the economic industrial interests are determining as the renewal of the Cannabis economy. https://www.aclu.org/gallery/marijuana-arrests-numbers http://www.nbcnews.com/news/nbcblk/post-legalization-many-blacks-say-no-marijuana-industry-n362166

We identify the current reaffirmation of its health benefits in various countries, particularly the USA adopting its legalization for medicinal purposes, are proof points that the gross stigmatization under the DDA is now replete with scientific and empirical evidence that the Cannabis plant was wrongly inferred and discriminately placed under the DDA. The subsequent stigmatization and categorization with drugs such as Cocaine and Opium that are derivative substances from the Prohibited Plants, whereas Cannabis is consumed majorly in its organic state, points to the immense evidence of mis-categorization eventuated by the global call for its decriminalization, rescheduling and reparations for its collateral damage from that decision. https://en.wikipedia.org/wiki/Medical_cannabis

We affirm that the western tradition of industrialization that is a specific outcome of the Trans-Atlantic Slave Trade, must take responsibility for the complex human environmental conundrum that has now heaped upon humanity a range of diseases requiring palliative care specifically linked to opiates. This

triggers the reverting to alternative solutions in plant based medicines – Nutraceutical, and naturopath lifestyles. This environmental disaster must be taken into consideration in the rescheduling of the Cannabis Plant, and the removal of militarized practices to be replaced by the funding of technology transfer and distribution subsidies. The prior known effects on the communities of Africa, where a 400% increase of these diseases are now being projected must be incorporated in strategies and policies for the Organic States and traditional communities ownership/shareholding of patents.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4303610/

The UN Regulations must now factor in Climate Change and environmental lifestyle assessments in the regulatory framework changes that are now being set in motion by the Climate Change protocols. The Indigenous Rights Acts and Treaties are directly linked to the protection of the Indigenous Knowledge Systems of the world being identified and directly related to the future beneficial health of the billions of citizens that are now grouped under urbanization resulting in negative lifestyle choices. This is the burgeoning Organic health and food industry! The Cannabis Plant has a unique place in these changing dynamic and specific rights in trade, and protective access of Indigenous communities to its cultivation and trade must be guaranteed in the ongoing rescheduling.

http://www.theguardian.com/sustainable-business/2014/sep/25/hemp-wood-fibre-construction-climate-change

We affirm that traditional indigenous communities do not promote recreational gateway use of prohibited plants and or their derivative substances, and are guarded against the derivatives that are employed and certainly emerging from the Cannabis reindustrialization. Based on the recreational market being targeted by global lifestyle cigarette, entertainment companies, and others such as what are producing NPS, mimicking these methodologies, we affirm that our holistic lifestyle choices that emits from the Rastafari and other traditional use of Cannabis specifically and extending to the prohibited plants in their strict traditional contexts, do not support the 'Getting High' alienated use of these substances and requires the our informed Intellectual Property (IP) Rights and protection.

http://www.acupuncturetoday.com/mpacms/at/article.php?id=33013

We implore that the forums and countries at UNGASS recognize that the IP Right of the Rastafari Community, as the most current Indigenous Community embedded in current popular mores and modes, that boast a world renown righteous and valuable Culture, must be supported so that the specific messaging and values that have been appropriated and coopted by global lifestyle companies, through their ownership of the marketing, merchandising, and distributing channels of Reggae Music, be defended against further misappropriation. This will be a specific deliverable for harm reduction from the recreational, non-traditional use and promotion of Cannabis and NPS derivative substances. Similar considerations now apply to the Government of Jamaica (GOJ) who MUST include and enforce Rastafari Community IP Rights and industrial benefit sharing, currently omitted from the Sacramental Right under the DDA amendments for Rastafari, especially where its Tourism interests are traditionally competitive and not related to Faith based morals and economic interests.

http://www.bobmarley.com/company-news/marley-natural/

http://www.billboard.com/articles/business/6429591/marijuana-reggae-jamaica-legalize-marketing

http://www.jamaicaobserver.com/entertainment/WEED-WARS_18776781

We affirm that the specifics of Cannabis in Jamaica and its influence and transmission through the Caribbean and African Communities and States, is uniquely centered around the Rastafari and other traditional African retention communities and farmers, who must be given affirmative capitalized production and trading rights of IK based products and services that are commensurate with generic nutraceutical, medicinal, pharmaceutical and industrial marketing and distribution mechanisms. This is supported by the specific legacy impact recommendations under the CERD convention and the provisos under the International Decade Of The People Of African Descent. Jamaica must be adopted as a specific pilot project with UN support and supervision to promote, protect, and project the beneficial reintegration of Cannabis across the indigenous, reparatory, regulatory control of industrial, medicinal and recreational use. A way forward can be identified in the projected outcomes of the recent South Africa/Jamaica Bilateral Agreement surrounding IKS Systems for Cannabis commercial development. (http://www.jamaicaobserver.com/lifestyle/In-Exchange). It includes a 'RASPECT/RESPECT' Campaign (currently being trademarked) for these best practices to benefit Indigenous Communities and reduce stigmatization globally. https://www.aclu.org/report/reports-un-cerd-race-and-ethnicity-united-states

We affirm that organically grown Cannabis cultivation with its more beneficial interests should also be identified as an alternative cash crop based on the potential for beneficial lowering/control of psychotropic elements and the 'ground up' value chain in Indigenous community trade, through its use in the development of IK based Nutraceutical Products as essential medicine, and its association with the industrial use of Hemp and other fibers to counteract plastics that is a clear and present threat to human and other life forms existence.

We affirm all the rights and recommendations of the collective civil society organizations of all prohibited plants, removal of all militarization procedures, decriminalization of all prohibited substance uses and the social and economic alternative development provisions, respecting the human rights of all users that majorly fall in the powerless, unemployed, and alienated. Poverty reduction and better sharing of world resources in a respectful environmental policy especially within the concept of the WTO's Globalization, is concurrent with the aims and objectives for Cannabis at UNGASS 2016.

Families for Sensible Drug Policy

2016 UNGASS SUBMISSION

January 29, 2016

Families for Sensible Drug Policy (FSDP) is a nonprofit organization representing a global coalition of families, professionals, organizations and drug policy reform advocates dedicated to implementing innovative public health initiatives with the goal of empowering families to increase access to effective substance use disorder treatment and reduce the harmful consequences of oppressive drug policies.

Subject Areas and Keywords

Subject areas: Drugs and Human Rights, Youth, Women, Children and Communities

KEYWORDS: FAMILIES, HARM REDUCTION, PUBLIC HEALTH, HUMAN RIGHTS, SUBSTANCE USE DISORDER, ADDICTION

ISSUE SUMMARY

People use substances for many reasons. They can help us relax, be creative, focus, sleep, and improve mood. Human beings are hard-wired as a species for survival to move towards pleasurable activities and away from painful ones, increasing the likelihood for productivity in all areas of living. Some cultures use substances as medicine and incorporate them into spiritual practices. Most people use substances without causing significant harm to themselves or others. However, some people use them in ways that cause harms ranging from minor to fatal.

Current prohibition-based drug policies themselves contribute to, and can even cause, harms. Sometimes these harms are worse than the drugs themselves, by interfering with people's human rights as well as individual and family safety. This is recognized globally by organizations

such as Drug Policy Alliance and the International Drug Policy Consortium, and bodies such as UNAIDS and UNODC.

Existing prohibition-based drug policies also create barriers to demand reduction because they inform treatment approaches for substance use disorders, preventing treatment from being targeted uniquely to the needs of each individual and family and therefore limit the effectiveness of treatment.
Globally, individual countries have been experimenting with alternative drug policies. While there have been differences in individual approaches and varied responses from the international community, it is well documented that many of these policies have reduced the levels of harm to both individual drug users and broader communities.

Harm Reduction and the Role of the Family In Drug Policy

The urgency of the HIV/AIDS epidemic shifted the perception of this problem to one of human rights and public health. Once viewed this way, harm reduction interventions were introduced which provided promising data to support the idea that alternative non-prohibitionist policies can significantly reduce the harms associated with drug use without increasing the numbers of those who develop substance use disorders.

Substance use is also a human rights and public health issue, and as such, harm reduction interventions are a natural fit. Harm reduction approaches have been successfully implemented at national program levels but have rarely found their way into family settings.

The role of the family is what is missing from much of the drug policy debate.
Substance use doesn't takes place in a vacuum but in the normal context of family life and relationships as well as the wider culture that the family resides in.
Families are in a unique position to directly influence the development or resolution of substance use problems. We know that problematic substance use is a complex interaction of psychological, biological and sociocultural variables. Drug policy that criminalizes substance use, is prohibition-based, and views addiction as a disease, informs the cultural narrative that unjustly blames, stigmatizes, and disempowers families.

Traditional drug policies directly contribute to a cultural narrative that views the substance as the primary problem, ignoring the uniqueness of each family, the culture it exists in, as well as the family's strengths and resources. This often unwittingly moves a family member's use along the continuum of use from safer use to problematic use. This can also damage family relationships that persists long after the resolution of the substance use disorder.

As long as this belief is held by families, communities will continue to embrace the prohibitionist policies around drug use, and large scale policy change will be difficult. By changing these attitudes within families, however, a grass-roots level of support for progressive

drug policies can evolve and provide the motivation for change. We see this in organizations like ours where families with knowledge about harm reduction strategies are empowered to educate peers and communities as well as advocate for, and implement, change.

We don't have to reinvent the wheel--harm reduction approaches are already in place for other conditions. We can use this knowledge to extend these benefits to implement family-friendly drug policies. Harm reduction can be a matter of life and death for people who use drugs: To reject harm reduction, is to reject life.

Public health issues need supporting drug policies that are comprehensive and systemic for them to filter down and have an effective impact on families. They need to productively influence all levels along the system continuum from macro to micro levels. This includes legislation and law enforcement (macro level); healthcare, research and school-based education (mid-level); and prevention, family education and treatment (micro level).

Drug policies that bring communities together will impact public health at a systemic level and increase the likelihood for families to be empowered, health to be restored and lives saved.

POLICY RECOMMENDATIONS:

1. Families have a unique, powerful, and direct impact on the nature and course of substance use disorder. Enlightening drug policy by making proven harm reduction interventions easily accessible to families will save lives.

2. Families intersect with drug policy at all levels of a system. Science-based, sensible, compassionate drug policies will empower families to be agents of change by influencing familiy interactions at levels--legislation, law enforcement, healthcare, research, schools, prevention and treatment

Fields of Green for ALL South Africans

NYNGOC MEMBER SUBMISSIONS TO UNGASS 2016

Fields of Green for ALL Non-Profit Company (NGO)

Fields of Green for ALL is a South African registered Non-Profit Company established in 2013 to address the harms of Cannabis prohibition in South Africa and work towards the re-legalisation of this plant both in our country and in the Southern African region.

Download our MANIFESTO here.

Our organization is supported by a large social activism campaign where citizens are given the opportunity to participate in the conversation through our Green Network membership programme, sign our secure, verified petition and follow news on social media platforms and regular blogs and newsletters. This public participation is a crucial in our quest to free our use of this plant from the shackles of prohibition as South Africa remains one of the largest producers and consumers of Cannabis in the world.

With an estimated 1000 arrests a day in South Africa for Cannabis possession, cultivation and trade, Fields of Green for ALL assists those who find themselves on the wrong side of the law thorugh our Know Your Rights booklet and Join The Queue programme.

Central to our work is The Trial of the Plant where the founders of the organization, Julian Stobbs and Myrtle Clarke, have sued seven South African government departments on charges of enacting unlawful laws. The laws prohibiting Cannabis are unscientific and, as such, undermine our human rights and are contrary to the constitution of South Africa. By seeking legal recourse we are forcing the South African government to hear evidence from both South African and international experts in order that there may be no doubt about both the facts around the Cannabis plant and the harms of the current prohibitionist laws. The Trial of the Plant is set to begin in the Pretoria High Court during 2016 and the South African judicial process will ensure that the case proceeds to the highest court in the land, the Constitutional Court. It is important to note that evidence in The Trial of the Plant will be led from the following "Four Platforms" in order that ALL uses of the plant are addressed and ALL South Africans are able to use Cannabis for whatever reason they choose:

- Responsible Adult Use
- Traditional, Cultural and Religious Use
- Industrial and Scientific Use
- Health / Medicinal Use

In order to proceed towards the legalized regulation of Cannabis in South Africa, Fields of Green for ALL has been engaging with various international organizations and, through this, there has been some progress made towards greater cohesion within the Southern African region. South Africa is seen as an economic and political hub in the region and we are perfectly placed to lead the way in Cannabis law reform in Southern Africa.

Through our quest for help from the international drug policy reform community, we attended the Global Forum of Producers of Prohibited Plants (GFPPP). Our main focus at the forum was the ongoing forced eradication of Cannabis by means of aerial spraying of glyphosate poisons. South Africa is the only country which still uses this inhumane and cruel punishment of our farmers and we compiled a comprehensive report of the situation for the GFPPP. South Africa is a signatory on The Heemskerk Declaration, the outcome document to be presented at UNGASS 2016 on behalf of the forum.

Central to the ethos of our organization is our firm belief that Cannabis law reform is the "gateway" to more humane and successful drug policies on the whole. If we can create the political will to change the stigma surrounding the Cannabis plant there is hope for all citizens who are affected by the current, failed, "war on drugs".

http://www.fieldsofgreenforall.org.za
https://www.daggacouple.co.za
http://www.jointheq.co.za
https://www.facebook.com/fieldsofgreenforall
https://www.facebook.com/daggacouple
https://www.youtube.com/user/thedaggacouple
https://twitter.com/FieldsOfGreenFA
https://twitter.com/DaggaCouple
https://www.instagram.com/daggacouple/
http://www.tedxcapetown.org/talks/WrQTwqSNuzx2999rr

III. Subject area and keywords

Because the prohibition of Cannabis has far reaching consequences, our submission addresses ALL FIVE of the subject areas.

x Drugs and Health
x Drugs and Crime
x Human Rights, Women, Children
x New Challenges, Threats and Realities in addressing the World Drug Problem
x Drugs and Alternative Development – *this should be INTEGRATED DEVELOPMENT as legalized, regulated Cannabis needs to be integrated into all development programmes. We are not working towards "alternatives" to Cannabis use cultivation & trade.*

KEYWORDS:

CANNABIS, LEGALISED REGULATION, HUMAN RIGHTS

IV. Issue Summary

Cannabis must be deleted from all International Drug Control Conventions. This plant has been used for millennia and the prohibition thereof is based on moralistic judgment and not scientific fact. **The harms of Cannabis prohibition far outweigh the perceived harms of the plant.**

V. Recommendations or Conclusion

- Cannabis must be deleted from ALL International Drug Conventions.

- All member states must be given complete autonomy to formulate their own specific Cannabis regulation strategies.

- All forms of forced eradication of the Cannabis plant must be stopped immediately.

- All citizens of member states, through their relevant representatives and registered representative organizations, must be involved in the formulation of enforceable legalized regulation of Cannabis.

- All forms of criminalization and discrimination of users, cultivators and traders of the Cannabis plant must be stopped immediately.

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Thank you for giving us the opportunity to participate in this very important discussion!

Myrtle, Julian and the Fields of Green for ALL team & supporters.

Forum Droghe

Suggestions from the Italian NGOs coalition CARTELLO DI GENOVA in view of UNGASS 2016

The onset of the coalition

Since 1995, the Italian association Forum Droghe www.fuoriluogo.it has had a leading role in the reform of Italian drug policies and of drug legislation from a pragmatic and evidence based perspective. Since 2007, Forum Droghe has been coordinating a coalition of Italian NGOs **in promoting an independent evaluation of the 2006 drug law, which resulted in the publication of six White Books** on the implementation of the Italian drug legislation and its impact on the justice system and the imprisoning rates. The six White Books have given evidence of the significant effect of the punitive drug norms on Italian prisons' overcrowding http://ungass2016.fuoriluogo.it/2015/11/18/seconda-edizione-del-6-libro-bianco-sulla-legge-sulle-droghe/ The same coalition led the 2013-2014 national campaign "Drugs, prisons and human rights", to spread evidence and increase public awareness on the negative effects of the 2006 punitive norms and advocate for a change in drug policies: in particular, the legitimacy of the 2006 drug legislation was challenged by publishing a memorandum, drafted by a group of prominent jurists, showing that the 2006 Italian drug legislation (the so called Fini Giovanardi law) did not meet the constitutional requirements.

While carrying out this campaign, the coalition became more structured and gave birth to the so called *Cartello di Genova*, after the public event which was promoted in Genoa at the beginning of 2014. The coalition's efforts were successful and on February 12th 2014, the Italian Constitutional Court ruled that the main punitive norms of the Italian drug legislation were unconstitutional. The main NGOs taking part in the coalition *Cartello di Genova* are: Forum Droghe www.fuoriluogo.it; Coordinamento Nazionale Comunità di Accoglienza – CNCA www.cnca.it; Comunità di San Benedetto al Porto http://www.sanbenedetto.org/; Antigone http://www.associazioneantigone.it/; Gruppo Abele http://www.gruppoabele.org; Itaca Italiahttp://www.itacaitalia.it/: Rete Italiana Riduzione del danno - Itardd http://www.itardd.net/; La Società della Ragione http://www.societadellaragione.it/; LILA http://www.lila.it/it/; the main Trade Union organization Confederazione Generale del Lavoro- CGIL http://www.cgil.it/ joined.

On NOVEMBER 21st 2015, a meeting was promoted in Milan, which was attended by hundreds of activists, drug users and drug addiction professionals. The aim of the meeting was to promote a comprehensive reform of drug legislation and to push for significant steps forward in global drug policies in view of UNGASS 2016.

These are ASKS of the Italian coalition *Cartello di Genova*, as discussed and approved in the Milan meeting:

Following the key areas:

- Drugs and Health
- Drugs and Crime
- New Challenges, Threats and Realities in addressing the World Drug Problem

KEYWORDS: DECRIMINALIZATION, HARM REDUCTION, ESSENTIAL OPIATE MEDICINE

Issue Summary

We strongly recommend a "full and honest" debate on present drug policies and their shortcomings, leaving behind the rituals of the past and instead openly discussing the innovations in some member states, with particular regard to the most innovative Harm Reduction interventions and Cannabis Regulation experiences. A pragmatic and evidence based approach to drug policies should replace the more ideological approach followed so far. In this perspective, the option to amend the Conventions should be openly discussed. To examine the drug policies and drug legislation changes taking place in many member states and to consider how they fit in the mechanism of the Treaties, an expert advisory group (Expert Advisory Group) should be appointed. The Expert Advisory Group should also assess the health risks of all psychoactive substances independently from their legal status and suggest the more suitable control models to reduce the drug related risks. **We ask the Italian representatives to advocate the appointment of this advisory group.**

We also request a wider involvement of other UN agencies and organizations that are interested in the drug issue, so that aspects, related with health and human rights, could be taken into due account. In particular, we support the involvement of WHO, UNAIDS and the High Commissioner for Human Rights.

In the area of Drugs and Crime, taking suggestion from the Italian experience and the evaluation of the negative effects of the punitive Italian drug legislation in the period 2006-2014 (see above), we urge a full decriminalization and depenalization of drug use. We also advocate a general reduction of penalties for drug crimes, following the principle of proportionality between the seriousness of crimes and the severity of penalties. We regret that this principle has been largely neglected in the field of drug crimes (so as to even raise ethical concerns when homicides happen to be punished less severely than some drug crimes). **We ask the Italian representatives to advocate a full decriminalization of drug use, penalties other than imprisonment for minor drug crimes and a wide range of therapeutic alternatives to incarceration for drug addicts sentenced for drug crimes**.

In the area of Drugs and Health, we strongly recommend the so called Four Pillars Model to be introduced in global drug policies, so as to fully integrate Harm Reduction, as the fourth pillar, into drug policies and interventions and implement it accordingly.

We ask the Italian representatives to support Harm Reduction and advocate the introduction of the very Harm Reduction wording in the global UN drug policies.

We also push for the production of opium for medical purpose to be increased so as to ensure the necessary supply in all member states.

Final Recommendations

- **Decriminalization of drug use, introduction of penalties other than imprisonment for minor drug crimes, implementation of therapeutic alternatives to incarceration for drug addicts sentenced for drug crimes.**
- **Provision of harm reduction and evidence-based drug treatment** (including in prisons and places of detention). Harm Reduction interventions and treatments must be recognized as a core obligation of States to meet their international legal obligations under the Right to Health.
- Acknowledge the global deficit for sustainable funding of harm reduction programs in almost all countries, European countries and Italy included.
- **Support a rebalancing of resources**, away from punitive responses towards Harm Reduction interventions
- **Acknowledge the reference to International Conventions on narcotic drugs and psychoactive substances is not sufficient to address the drug issue as a whole** and recognize the Conventions have failed to ensure the full respect of drug users' human and civil rights in drug policies and drug legislations all over the world. Therefore, International drug policies must also refer to other documents and conventions dealing with human rights. In particular, the **Universal Declaration of Human Rights** (Article 25: the right to security in case of illness); **International Treaty on Economic, Social and Cultural Rights** (Article 12: right to physical and mental health); the second protocol to the **International Treaty on Civil and Political Rights, aiming at the abolition of the death penalty** (art. 1: abolition of the death penalty); the **European Convention on Human Rights** (par.3: proportionality of penalties and additional protocol # 6: abolition of the death penalty)

The campaign of the Italian coalition in view of UNGASS is available on:
http://ungass2016.fuoriluogo.it/

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Fundación Latinoamérica Reforma

Más derechos, menos daños

Es una organización sin fines de lucro, formada por profesionales multidisciplinarios y que busca contribuir a generar mejores prácticas sociales en relación con las drogas, sean o no legales. Nuestra área de trabajo incluye Chile y los países de la región. Principalmente hacemos abogacía de alto nivel con actores políticos locales promoviendo una política de drogas basada en derechos humanos y salud pública. Esta es una declaración que compromete a nuestra organización.

Trabajamos en drogas, salud y derechos humanos

Palabras claves: DRUGS / DROGAS, HEALTH / SALUD, HARM REDUCTION / REDUCCIÓN DE DAÑO.

Resumen

La Asamblea General de las Naciones Unidas debe corregir el marco jurídico internacional que inspira legislaciones nacionales criminalizantes y sancionadoras implementadas en el mundo durante los últimos 50 años, haciéndose necesario realizar cambios para que podamos habitar un mundo mejor, con menos violencia y daños:

La política de drogas implementada partir de la Convención Única de 1961, significa el desarrollo de legislaciones nacionales orientadas a combatir el uso de drogas ilícitas a través de medios punitivos que han redundado en incrementos en la cifras de detenidos, ha favorecido el mercado negro y sus externalidades negativas; como estigmatización de usuarios; descontrol de precios; la mala calidad de las sustancias y la falta de restricciones a menores de edad. En los casos más graves esto se ha traducido en muertes, desplazados, desapariciones de personas y corrupción, como ha sido el lamentable caso de México, Colombia, Guatemala entre otros países de la región americana.

Las leyes de drogas han sido poco operativas para dar cuenta de las complejidades de la producción y el consumo de drogas en nuestros países, enfocándose en castigar y vigilar a quienes usen drogas.

Recomendaciones y sugerencias a la UNGASS

Con todo respeto a los representantes convocados en la UNGASS:

Debemos promover una política de drogas que considere a las personas y no se enfoque sobre plantas. Nadie debería estar encarcelado por consumo de drogas.

Una política de drogas debería velar por la salud de la población, con campañas de prevención asociadas a estudios de audiencias, usando métodos apropiados para ello, incorporando las dimensiones sociales de la determinación de salud, que complemente la mirada que surge de la biomedicina y de las ciencias médicas básicas, que no poseen la capacidad para dar cuenta de los fenómenos de consumo abusivos y la problemática asociada.

Debemos dejar de observar este fenómeno con el prisma de la seguridad interior del Estado y en su reemplazo aplicar la lógica de la salud pública y también de los derechos humanos.

Debemos privilegiar un abordaje que facilite la prevención de los consumos abusivos de estas sustancias así como reservar los tratamientos psiquiátricos solamente a quienes lo requieran debido a la magnitud de sus síntomas o consecuencias indeseadas de sus patologías de base.

Se deben enfatizar los controles sobre el comercio en el mercado negro, el que debería legalizarse en algún momento del futuro, para así favorecer el control y la regulación del Estado por sobre las actividades financieras y comerciales asociadas.

Debemos defender la vida de las personas que usan drogas. La UNGASS debiese establecer claramente como compromiso de los países signatarios la abolición de la pena de muerte para delitos relacionados con drogas.

Se deben levantar las restricciones de consumo en los países signatarios, de manera de evitar criminalizar a quienes utilicen drogas, descongestionando los sistemas penales y reorientándolos al servicio comunitario efectivo.

La UNGASS debe revisar la preponderancia de los corpus textuales de la carta de los derechos universales de 1948 con las legislaciones nacionales de drogas inspiradas en las convenciones de 1961, 1971 y 1988 para evitar castigos y punición estatal indebida en cualquier sitio de nuestro planeta.

Help Not Handcuffs

Forbid the Use of Collective Violence in Drug Policy – Promote Regulatory Drug Controls that Prioritize Safety

Prepared by Randy Thompson

For Submission to the United Nations General Assembly Special Session – 2016

About Help Not Handcuffs

Help Not Handcuffs is a recovery-oriented organization that seeks to remove arrest and coercion from programs, policies and laws impacting drug-using populations. In doing so, we advocate for a robust recovery support system, which empowers individuals to make their own decisions, and self-direct their services without fear of punishment. Also, where factually supported we support harm reduction, regulation and legalization of drug markets. Help Not Handcuffs is a New Jersey based group in the United States advocating on a range of issues at the local, county, state and federal level. www.HelpNotHandcuffs.org

Subject Area

Drugs and Health; Drugs and Crime; Human Rights, Women and Children; Drugs and Alternative Development

Keywords

DRUG LEGALIZATION, RECOVERY, HARM REDUCTION, DRUG POLICY AND DECRIMINALIZATION

Issue Summary

Help Not Handcuffs recognizes the use of arrest and coercion for illicit drug use as forms of collective violence, which cause intentional and consequential harm and injury to individuals. This use of force meets the World Health Organization's definition of violence[2]; because the use of force is the norm and carried out by an empowered group against another group, it is collective.

[2] *World Report on Violence and Health*. Rep. Ed. Etienne G. Krug. World Health Organization, 2002. Web. 2016. (The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a

These harms are deemed acceptable only under failed *mala prohibita*[3] (prohibition) schemes. It is critical to recognize that *mala prohibita* legal structures drive the collectively violent interaction between law enforcement and individuals which otherwise would have no contact with the criminal justice system. This is evidenced by the fact that those who use legal substances face no sanctions, provided they consume those substances as prescribed by their regulatory structure.

Often left unrecognized are the increased exposure to harm and exploitation that is not statutorily prescribed but a consequence of this prohibition-driven interaction of arrest and coercion. People who have been arrested or coerced due to illicit drug use/possession are exposed to risk of experiencing the below violent, harmful and exploitative situations (this list in non-exhaustive):

Arrest Related Deaths (ARDs)

Arrest Related Deaths are deaths occurring during the process of arrest. Data collection for ARDs is poor (as per the ARD Data Quality Profile) missing upwards of 50% of certain ARDs but 4,813 were still reported between 2003-2009[4].

Police Brutality

Arrest is a traumatizing and stigmatizing experience however; any arrest leaves open the risk of police brutality or excessive force. Citizens complained more than 26,000 times in 2002 about excessive police force - Evidence in about 8% of complaints justified disciplinary action[5].

Deaths, Sexual Victimization, Assault and Exploitation in Jail

Many people arrested under prohibition laws will be housed in a local jail. Also, some programs such as drug court will send participants to jail as punishment this time spent in a violent atmosphere can be extremely harmful to the individual up to and including death:

- Local jail inmate deaths increased 1%, from 958 deaths in 2012 to 967 deaths in 2013.
- Suicides in local jails increased 9%, from 300 suicides in 2012 to 327 in 2013[6].

Sexual Victimization:

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group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.)

[3] *NCJRS Abstract*. National Criminal Justice Reference Service, 2006. Web. 31 Jan. 2016. <https://www.ncjrs.gov/App/publications/abstract.aspx?ID=237009>.

[4] *Arrest-Related Deaths, 2003-2009 - Statistical Tables*. Rep. no. NCJ 235385. N.p.: Bureau of Justice Statistics, 2011. Print.

[5] *Bureau of Justice Statistics (BJS) - Citizen Complaints about Police Use of Force*. Bureau of Justice Statistics, 2006. Web. 31 Jan. 2016. <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=452>.

[6] *Mortality In Local Jails And State Prisons, 2000–2013 - Statistical Tables*. Bureau of Justice Statistics, Aug.-Sept. 2014. Web. 31 Jan. 2016. <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5341>.

- 11,900 persons in jail reported another inmate had sexually victimized them in 2011.
- 13,200 persons in jail reported correctional staff had sexually victimized them in 2011.
- 2,400 persons in jail reported both inmates and staff had sexually victimized them in 2011[7].

Assault and exploitation – statistics on physical assault, assault with a weapon as well as exploitation by either other inmates or correctional staff were not immediately available although they are known to occur.

Deaths, Sexual Victimization, Assault and Exploitation in Drug Treatment

Deaths from a variety of causes as well as physical assault, sexual assault and exploitation from either other patients or the drug treatment staff do occur. When an individual is coerced into a drug treatment setting they are more susceptible to these harms. Both the United States Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration confirmed that statistics on these harms and abuses are not reported nationally.

On average in New Jersey, two-dozen people die in drug treatment facilities each year as per the aggregate Unusual Incident Reporting Monitoring System data.

Intentional Statutory Harms of Arrest

Arrest and Prosecution for drug use/possession has immediate and long-term consequences for the individual as prescribed by statutes. A conviction becomes a barrier to employment, education, housing, social services and other opportunities. By perpetuating failed drug criminalization policies we engender a social disability to those who are ensnared in the arrest and coercion schemes of prohibition.

Recommendations

Remove Arrest and Coercion

Our primary recommendation is to remove arrest and coercion from the treatment of drug using populations. This would extend to drug treatment and recovery supports ensuring that they are voluntary and empowering of a drug using or recovering individual to self-direct their services.

Marijuana

Follow the American Model of Marijuana Legalization as seen in Colorado to immediately stop arrests, wasting of resources and to migrate the participants of the illicit marijuana market into a legal, regulated market that is taxed and is of a benefit to the community.

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[7] *PsycEXTRA Dataset* (n.d.): n. pag. *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12*. Bureau of Justice Statistics, 1 May 2013. Web. 31 Jan. 2016. <http://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>.

Other Illicit Substances

Regulate and/or legalize other substances. At bare minimum, substances should be regulated and their use allowed in safe spaces. This policy should be pursued to mitigate the harmful effects of prohibition, which allow for unknown adulterants and widely variable purities to cause adverse reactions including overdose. In addition, denying illegal actors such as cartels and organized crime the control of these markets will reduce violence and make communities stronger.

Harm Reduction Coalition

I. Harm Reduction and the Realization of the Right to the Highest Attainable Standard of Health.

II. Harm Reduction Coalition

Harm Reduction Coalition is a national advocacy and capacity-building organization, based in the United States of America, which promotes the health and dignity of individuals and communities impacted by drug use. Our efforts advance harm reduction policies, practices and programs that address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration. Recognizing that social inequality and injustice magnify drug-related harm and limit the voice of our most vulnerable communities, we work to uphold every individual's right to health and well-being and their competence to participate in the public policy dialogue.

Our work is driven by a commitment to the human rights and social inclusion of people who use drugs and marginalized communities. These core beliefs are reflected in our primary programs.

III. Subject area and keywords

☒ Drugs and Health
☐ Drugs and Crime
☒ Human Rights, Women, Children
☐ New Challenges, Threats and Realities in addressing the World Drug Problem
☐ Drugs and Alternative Development

HARM REDUCTION, HUMAN RIGHTS, PUBLIC HEALTH, ESSENTIAL MEDICINES,

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IV. Issue Summary

The existing international drug control regimes have had a disastrous impact on public health and the realization of the right to the highest attainable standard of health. An urgent scaling-up of harm reduction interventions is required.

Only a fraction of the estimated 16 million people (range: 8.9-22.4) people who inject drugs in 158 countries worldwide have access to basic harm reduction interventions, non-coercive and evidence-

based drug treatment, and non-judgmental primary care and mental health services. The World Health Organization (WHO), United Nations Office of Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have endorsed a 'comprehensive package' of evidence-based harm reduction interventions for setting achievable targets for universal access. Yet in many settings access to sterile needle and syringes to prevent the transmission of blood borne virus such as HIV and viral hepatitis, essential medicines for drug treatment and HIV prevention such as methadone and buprenorphine, or access to naloxone to prevent overdose are largely absent or under resourced. Despite the scientific evidence of the efficacy of these interventions to prevent HIV, hepatitis C (HCV) and fatal overdose, the funding gap has never been so stark. Harm Reduction Coalition is calling for prioritization of public health through the rapid scaling up of harm reduction interventions to reduce drug-related harms, with funding to match. We call on member states to redirect to harm reduction 10% of the existing resources currently spent on drug enforcement measures by 2020.

V. Recommendations or Conclusion

Harm Reduction Coalition calls on Member States to:

1. **Prioritize public health and explicitly support and promote harm reduction**. Acknowledge that target of reducing HIV infection among people who inject drugs in the HIV Political Declaration of 2011 has been missed by 80% and that efforts to reduce HIV among people who inject requires an urgent scaling-up of harm reduction programs. We call for a reallocation of existing funds from drug enforcement to evidence-based harm reduction interventions. Specifically, we call for a redirecting of 10% of drug enforcement budgets to harm reduction by 2020.

2. **Recognize the human right of everyone to the enjoyment of the highest attainable standard of physical and mental health.** Acknowledge that the provision of harm reduction and evidence-based drug treatment (including in prisons, places of detention and other closed settings) cannot be seen as a policy option at the discretion of Member States, but must be recognized as a core *obligation of States to meet their international legal obligations under the right to health.*

3. **Prioritize the UN objectives of human rights, public health, human security, and social and economic development** when evaluating the international drug control regime.

4. **End the criminalization of most-affected people.** People living with HIV/AIDS, people who use and inject drugs, small-scale subsistence farmers of drug-related crops and people involved in low-level, non-violent drug related crime are criminalized with disproportionally high sentences, or worse, beaten, tortured, imprisoned for life, or executed.

5. **Open and inclusive debate at the 2016 UNGASS.** We call for an open and honest debate in 2016 UNGASS and its preparation. This open debate should include all UN agencies and programs, civil society actors, scientists, academics and researchers, and those most affected by drug policies, including people who use drugs and small-scale farmers involved in the cultivation of drug-linked crops.

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Harm Reduction Therapy Center

45 Franklin Street, Suite 320, San Francisco, CA 94102

January 31, 2016

The Harm Reduction Therapy Center is an individual agency.

http://harmreductiontherapy.org

The Harm Reduction Therapy Center (HRTC) practices and disseminates a substance use treatment model for substance users with co-occurring disorders: significant mental health issues and personal histories of trauma. In the 1980's and 1990's, HRTC created a new model of treatment for people with co-occurring disorders by merging the lifesaving public health principles of Harm Reduction with evidence-based, culturally competent mental health care and contemporary evidence-based models of substance use treatment, thus creating a health promotion rather than a legal/moral and disease-based treatment model. The mission of HRTC is to integrate substance use and mental health care so that they are client-centered and inclusive, regardless of the status of any individual's drug use, mental health, or socioeconomic resources.

HRTC provides a range of harm reduction therapy services for individuals living in the Bay Area of California. HRTC educates healthcare professionals locally, nationally and internationally. HRTC has produced two of the primary texts used in harm reduction treatment**.**

☒ Drugs and Health

Keywords

HARM REDUCTION

PUBLIC HEALTH

SUBSTANCE USE TREATMENT

CO-OCCURRING DISORDERS

Summary

Global drug eradication and forced abstinence are not realistic or attainable mandates. The global approach to drug control policy, and the treaties that define it, must become consistent with the principles defined in other UN declarations and treaties. These principles include the legal right to health, and the freedom from cruel and usual punishment. http://www.un.org/en/universal-declaration-human-rights

It is estimated that about half of U.S. state and federal prisoners meet the criteria for drug abuse and dependence and yet fewer than 20 percent who need treatment receive it. Approximately 95% of inmates return to alcohol and drug use after release from prison, and 60 - 80% of drug abusers commit a new crime (typically a drug-driven crime) after release from prison. (https://ncadd.org/about-addiction/alcohol-drugs-and-crime). Moreover, in a 2010 study titled "More mentally ill persons are in jails and prisons than hospitals: a survey of the states," researchers concluded that, based on statistics from sources including the Bureau of Justice Statistics and the U.S. Department of Health and Human Services, there are currently three times more seriously mentally ill persons in jails and prisons than in hospitals in the United States, with the ratio being nearly ten to one in Arizona and Nevada (Torrey, 2010). Given the co-occurrence of drug misuse and mental illness, it is likely that a large proportion of both groups have both problems. **The Portugal model of redirecting criminal justice resources to treatment, including harm reduction, is one that should be recommended by the UNGASS and followed by all member states.**

Zero tolerance for drug use, resulting in incarceration of drug users and/or exclusion from basic human needs and citizen rights such as healthcare, medications, housing, education, employment, and the right to vote, is mirrored in abstinence-only treatment philosophy and practice. If a person does not sign on to an immediate and lifelong goal of abstinence, they are excluded from treatment. Substance use disorders are the only disorders in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders in which the sufferers must give up their symptoms *before* being eligible for treatment. Yet the rates of abstinence are poor (hovering around 25%) and mental health care is usually predicated on abstinence from drugs. In the United States, more than half of people with substance use disorders have been diagnosed with a mental illness (http://www.drugabuse.gov/news-events/nida-notes/2007/02/addiction-co-occurring-mental-disorders). Incarceration and/or exclusion from treatment and other basic needs contradict the right to health and the freedom from cruel and unusual punishment.

The reform of the current global drug policy to prioritize health and human rights will necessitate the reconceptualization of treatment. Harm reduction is a public health response to the harms caused by drug misuse. Ample data supports the effectiveness of syringe exchange programs, overdose prevention, supervised injection, and drug substitution strategies.

When combined with evidence-based counseling models, harm reduction becomes a treatment model that encompasses a continuum of options for ending drug related harm. These options are promoted via

an approach that enhances individuals' motivation to pursue healthy goals: Self-determination (autonomy) is more successful in achieving positive health outcomes than non-self-determination-based interventions (Ryan and Deci, 2000, Ng, 2012); readiness to change is an important consideration (see for example Maisto, et al., 2011); motivational counseling is an evidence-based practice (SAMHSA); and that harm reduction outcomes (safer use, reduced use, and moderation) are more common than abstinence from drugs (NIAAA, 2005, Schildhaus, 2000, SAMHSA). Given the preponderance of evidence, and given that the United Nations long ago endorsed harm reduction, insistence on zero tolerance for drug use is both counterproductive and contraindicated. Drug users must have access to treatment resources that offer the full spectrum of evidence-based health- and change-oriented options in order to hasten the recovery from the harmful effects of drug misuse. It is the only practical and ethical way forward out of the failed War on Drugs.

Recommendations:

- Promote decriminalization of all substances and direct resources toward treatment.
- Legitimize and promote harm reduction approaches and interventions as part of a spectrum of evidence-based treatment options.
- Increase access to appropriate and evidence-based medical intervention and treatment for all people regardless of nationality, socioeconomic standing, drug use or health status.
- Base all substance use treatment on the models and values of self-determination, facilitation of intrinsic motivation, and options for healthy change.
- Systemic inclusion of civil society, including people who use drugs, in designing and implementing policies and programs.

References

Stephen A. Maisto, Ph.D.,† Marketa Krenek, M.S., Tammy Chung, Ph.D.,† Christopher S. Martin, Ph.D.,† Duncan Clark, M.D. Ph.D.,† and Jack Cornelius, M.D.† Comparison of the Concurrent and Predictive Validity of Three Measures of Readiness to Change Marijuana Use in a Clinical Sample of Adolescents. *J Stud Alcohol Drugs* 2011 Jul; 72(4): 592–601.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3125883/

National Institute on Alcohol Abuse and Alcoholism (2005). National Epidemiological Survey on Alcohol and Related Conditions. http://niaaa.nih.gov/research/nesarc-iii.

Ng, J.Y.Y., Ntoumanis, N., Thogersen-Ntoumani, C., Deci, E.L., Ryan, R.M., Duda, J.L. & Williams, G.C. (2012) Self-Determination Theory Applied to Health Contexts: A Meta-Analysis *Perspectives on Psychological Science, 74*(4): 324-340 doi: 10.1177/1745691612447309

Sam Schildhaus, Dean Gerstein, Angela Brittingham, Felicia Cerbone & Bernard Dugoni (2000)
Services Research Outcomes Study: Overview of Drug Treatment Population and Outcomes. *Substance Use & M*isuse, Volume 35, Issue 12-14, pages 1849-1877.
DOI: 10.3109/10826080009148243

Substance Abuse and Mental Health Services Administration, National Registry of Evidence-based Programs and Practices
http://legacy.nreppadmin.net/ViewIntervention.aspx?id=346

International Centre for Science in Drug Policy

INTERNATIONAL CENTRE
FOR SCIENCE IN DRUG POLICY

I. Title

A Call for A Reprioritization of Metrics to Evaluate Illicit Drug Policy

II. Reporting Organization(s)

This submission is on behalf of the International Centre for Science in Drug Policy (ICSDP), an international network of scientists and academics committed to improving the health and safety of communities and individuals affected by illicit drugs by working to inform illicit drug policies with the best available scientific evidence.

Based in Toronto at St. Michael's Hospital, the mission of the ICSDP is to improve community health and safety by conducting research and public education on best practices in drug policy while working collaboratively with communities, policymakers, law enforcement and other stakeholders to help guide effective and evidence-based policy responses to the many problems posed by illicit drugs.

III. Subject area and keywords

☒ Drugs and Health
☒ Drugs and Crime
☒ Human Rights, Women, Children
☐ New Challenges, Threats and Realities in addressing the World Drug Problem
☒ Drugs and Alternative Development

KEYWORDS: METRICS/INDICATORS, HEALTH, SAFETY, DEVELOPMENT, HUMAN RIGHTS

IV. Issue Summary

Given the broad consensus that the impact of global drug policy is cross-cutting and affects health, safety, development and human rights, the metrics employed to evaluate drugs and drug policy should take into account this wide range of multilateral impacts. However, to date, the majority of Member States primarily employ indicators related to drug supply and levels of consumption, along with indicators that emphasize processes (for example, the amount of illicit drugs seized, or numbers of consumers or dealers arrested). As such, outcomes relevant to community health, safety, development, and human rights (such as reductions in crime, or health outcomes among drug-dependent individuals)

remain largely de-prioritized. The limitations of this approach are apparent, given that many of the key activities of the CND, UNODC or INCB, such as HIV prevention or ensuring access to essential medicines, are not systematically evaluated by Member States in the context of drug policy.

Expanding the set of drug policy indicators to include those that measure community health, safety, development, and human rights at the local, national, regional, and international levels would enable Member States to assess the diverse impacts of drugs and drug policies, to place drug policy more effectively within wider national and international policy goals, and to implement more targeted and effective drug policies and interventions. In regards to UN system objectives, this would mean formally linking drug policy metrics to the overarching goals of security, development and human rights in the UN Charter, and to a number of the Sustainable Development Goals.

A range of relevant drug policy indicators have been developed over the past few decades, and are currently used by a wide array of experts in the field (and by international organizations including the World Health Organization, the Joint United Nations Programme on HIV/AIDS, UNICEF, and others). As such, existing indicators that capture the impacts of drugs and drug policy on health, security, development, and human rights should be meaningfully incorporated into formal illicit drug policy evaluation processes at the national and international levels.

V. Recommendations or Conclusion

The UNGASS represents a rare opportunity to broker an international consensus on a global approach to improve illicit drug policies based on evidence. The ICSDP believes that this new consensus must include a commitment by all stakeholders to review and expand the range of indicators used to assess and improve drug policy effectiveness.

Specific recommendations include:

- National and international stakeholders should formally expand the range of metrics used to evaluate illicit drug policy, and to specifically prioritize indicators that provide evidence on the impact of drugs and drug policies on community health, safety, development, and human rights.

- The UNGASS outcome document should include a commitment to expanding the range of metrics used to evaluate illicit drug policy to capture the impact of drugs and drug policies on community health, safety, development, and human rights.

Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014, p. 93.

Torrey, E.; Kennard, A.; Eslinger, D.; et. al (2010). *More mentally ill persons are in jails and prisons than hospitals: A survey of the states* (PDF). Arlington, Virginia: Treatment Advocacy Center.

International Doctors for Healthier Drug Policies

"Striving for equity in the treatment of pain"

About us

International Doctors for Healthier Drug Policies ("IDHDP") is an international network of over 1250 medical doctors from 100 member states.

Objective and aims

IDHDP's objective is for health to become the focal point for all future drug policy. The aims of the organization can be found **here** along with an abundance of information on the interface between health and drug policy.

UNGASS subject areas

Of the five subject areas – this submission from IDHDP addresses the two below

Drugs and Health

Human Rights, Women, Children

Key words: ESSENTIAL MEDICINE, HARM REDUCTION, PAIN, EQUITY

Submission from IDHDP

There can now be no doubt that in a multitude of attempts to stop people using illicit drugs – the poorest, most marginalised and most stigmatised groups have suffered dreadful consequences. Whether it is incarcerations in the USA, deaths in Mexico, preventable drug-related deaths or HIV and HCV transmission in former Soviet Union countries for the most part those who suffer most will be from the bottom of the economic pile. These have become known as the unintended consequences. IDHDP believes they are in fact the consequences of health having been allocated such a tiny proportion of the available resources to address the world's drug problem.

Another unintended consequence

It is unthinkable that in 2016 – the international drug control system to prevent the misuse of drugs like heroin appears to have contributed strongly in preventing access to opioid analgesics, particularly morphine and creating an unnecessary atmosphere of fear when it comes to the prescribing/dispensing of these drugs for the treatment of pain. This in spite of the fact that member states are obliged to ensure controlled medicines are made available and any restriction of access constitutes a violation of the right to health.

This has contributed to a situation where 80% of the world's population, has very little or no

access to opioid analgesics, particularly morphine for the treatment of pain. This leaves huge numbers of people suffering intolerable pain whether dying of cancer, with end-stage AIDS and other terminal illnesses, accidents with acute pain, women in labour and having complications in childbirth, wounded victims of war torn areas or many other situations that bring about severe pain. Doctors are being prevented from being able to do their job by this lack of access to essential, evidence-based and effective medicines.

In what can only be described as a disgraceful contrast – the richest 20% of the world's population consumes almost all of the morphine and has managed easily to develop systems to ensure proper access to opioid analgesics for all when it comes to the relief of severe pain.

If there were one thing that could come out of UNGASS 2016 – it would be a completely unambiguous statement from the UN that every member state should:

1. Ensure that their efforts to stop the misuse of drugs like heroin should in no way interfere with their obligation to ensure the delivery of opioid analgesics to all patients who need it.

2. To prioritize the removal of any other obstructions preventing people in their country from receiving opioid analgesics when necessary.

3. Introduce training programmes for all clinicians in the treatment of pain.

4. Introduce public information programmes informing its citizens of their basic human right to have access to opioids for pain relief when they need it.

Sumary

As an organization representing doctors from over half the member states, IDHDP expects that during UNGASS in April 2016 there will be opportunities to put in place strong directives to make deep and lasting inroads into this terrible injustice. This opportunity must not be lost.

A future where health initiatives are resourced at a much higher level is one where the world can expect to see much less damage caused by drugs and drug use.

IDHDP

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31 January 2016

Just Say No Nepal

NYNGOC MEMBER SUBMISSIONS TO UNGASS 2016

I. Title New Challenges, Threats and Realities in addressing the World Drug Problem

II. Reporting Organization(s)

Just Say No Nepal is an independent national level nonprofit making nongovernmental organization which is working for the issues of drug, alcohol and tobacco abuse prevention and drug related harms reduction education and policy reform in Nepal.

III. Subject area and keywords

☐ Drugs and Health
☐ Drugs and Crime
☐ Human Rights, Women, Children
X **New Challenges, Threats and Realities in addressing the World Drug Problem**
☐ Drugs and Alternative Development

1. Use of new psychoactive substances
2. Lack of balancing between reduction of the demand and control of supply
3. Use of new trafficking routes and mode and lack of research/studied on new harmful substances use
4. Low priority given for demand reduction especially for primary prevention.
5. Lack of appropriate strategy, policy and monitoring of harm reduction program which is violence of health rights of drug users and society still has not accept the harm reduction

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IV. Issue Summary

The problem of drug in Nepal is increasing day to day. Large numbers of young population are involved in this problem due to emerging new existing challenges, threats and Realities in the modernizing developing country so it is very difficult in addressing the country Drug Problem. The primary prevention of drugs abuse is in shadow due to harm reduction program. Donors show their interest of resources only for HR and our poor country government also want to support them without their vision due to resources and personal interest. We are not against for HR however we want to keep balance for demand reduction too. In the name of rights of

drug user lots of resources misusing but there is no any emphasizing evidence based prevention and treatment to the needs of drug dependents. Due to several open borders with India and existing conflict and recent earthquake affect, use of new trafficking routes and mode for new psychoactive substances very easy. The prevention/controlling of gateway drug abuse also prim need in the world first.

Recommendations or Conclusion

1. Priority to keep balance between supply and demand reduction efforts and legislative control is the rapid emergence of new psychoactive substance
2. Provision for research and studied on new harmful substances and adaptation of their application in community
3. Emphasizing evidence based prevention and treatment to the needs of drug dependents
4. Scaling up action to ensure access to controlled drugs for medical and scientific purposes
5. Priority is also given to primary prevention

Thank you!!

Mexican Commission for the Defense and Promotion of Human Rights

I. The human rights respect, a priority in addressing the World Drug Problem

II. Reporting Organization(s)

As a leading human rights organization in Mexico, the Mexican Commission for the Defense and Promotion of Human Rights (CMPDPH in Spanish), founded in 1989, has used advocacy, strategic litigation and campaigns to bring attention to the human rights violations occurring in Mexico. Since 2006, when the war on drug-trafficking was declared by then-President Felipe Calderon, and militarization in Mexico was increased, the CMDPDH has spoken out against these punitive policies.

Working on cases of forced disappearances, extrajudicial executions and torture, the CMDPDH uses emblematic cases to highlight the systemic abuses by both state and non-state actors.

As the drug policy reform debate has expanded on both a national and international level, the CMDPDH has begun to speak in support of reform. The CMDPDH has been actively monitoring and participating in the recent discussion on marijuana regulation in Mexico City and will continue to provide support for the initiative and others that seek to respect human rights, harm reduction and health.

III. Subject area and keywords

☐ Drugs and Health
☐ Drugs and Crime
☒ **Human Rights, Women, Children**
☐ New Challenges, Threats and Realities in addressing the World Drug Problem
☐ Drugs and Alternative Development

KEYWORDS: HUMAN RIGHTS, SECURITY, DRUGS AND CRIME.

IV. Issue Summary

Prohibition policies regarding drugs have failed in their goal of achieving a "drug-free world" and have forced the drug market to remain illegal. This has triggered an illicit market, exclusively controlled by organized crime groups, which have created links to other criminal markets and use violence as a primary form of regulation.

In Latin America, the violent confrontation of public security and armed forces against organized crime groups has increased. In countries such as Mexico, since an open confrontation strategy against the organized crime was engaged in 2006 as a policy to address the world drug problem, there has been an indiscriminate use of lethal force and an unjustifiable extension of State powers, through the adoption of laws and figures to the detriment of judicial rights that have systematically enabled arbitrary detentions and killings, torture, forced internal displacement, among other human rights violations.

Considering that the UNGASS 2016 is an opportunity to make better and concerted decisions multilaterally, together with civil society, academia and UN specialized bodies, countries are compelled to guarantee an inclusive and non-biased debate that enable the development of a broader set of indicators for the evaluation of national and global frameworks for drug policy that relate to the fundamental pillars of the UN: health development, security and human rights.

In order to accomplish the aforementioned, countries must avoid reaffirming the commitments and objectives in existing drug control treaties and the Political Declaration of 2009 and to stop considering the destruction of crops, the seizures of illicit plants and substances, detentions, incarceration and extrajudicial executions of people involved in drug trafficking, and the number of people admitted users in treatment centers as indicators of success.

On the contrary, member states must take the UNGASS 2016 as an opportunity to:

a) Promote the exchange of experiences and cooperation between countries in order to identify measures to address the needs of victims of the violence associated with drug trafficking and repressive governmental actions implemented to combat it, as a shared responsibility of the punitive international drug regime.
b) Reaffirm that drug use should be treated as a public health issue, rather than a criminal justice one. Drug use should be treated as an issue of access to information, harm reduction and public health, meaning using drugs should not make people subject to punishments such as criminal sanctions, police extortion, arbitrary arrests, harassment and imprisonment or other forms of repression.
c) Demilitarize security strategies in drug policy, having verified that the incursion of the armed forces to address the world drug problem has taken a heavy toll on human rights and has failed to reduce the supply of drugs.
d) Encourage a drug policy language grounded in a discourse of respect for human rights, including the right to autonomy and personal freedom, and the right to physical and mental health.

V. Recommendations or Conclusion

Member States and UN agencies must address the world drug problem at UNGASS 2016 – in light of the failure of the current regime – by:

1. Designing new targets and indicators of success in drug policy that measure progress towards fulfilling UN health guidelines, achieving peaceful and inclusive societies, decreasing violence and corruption and accomplishing respect for human rights.
2. Promoting the establishment of an ongoing process to monitor and evaluate the impacts of the worldwide drug control system on human rights through the creation of a Special Procedure of the Human Rights Council with the mandate to report human rights violations committed within the context of war on drugs and advise on human rights based strategies to address the world drug problem.
3. Establishing that drug and security related policies must not consist, by no means, on the erosion of human rights and the due process, advocating for the non-participation of the armed forces in matters that correspond to the police and insisting that the absolute prohibition of torture and cruel, inhuman or degrading treatment, arbitrary detentions and use of force, becomes effective.

Multidisciplinary Association for Psychedelic Studies

Grounding Drug Policy in Science and Public Health

This submission addresses the UNGASS subject areas of: *Drugs and Health*, and *New Challenges, Threats and Realities in addressing the World Drug Problem.*

Keywords: HARM REDUCTION, ESSENTIAL MEDICINE, NOVEL PSYCHOACTIVE SUBSTANCES, MDMA, CANNABIS

Reporting Organization:

The Multidisciplinary Association for Psychedelic Studies (MAPS) works to develop medical, legal, and cultural contexts for people to benefit from the careful uses of psychedelics and cannabis. MAPS furthers its mission by:
1) Designing and sponsoring FDA-approved clinical research with the goal of developing MDMA and cannabis into prescription medicines.
2) Supporting scientific research in neuroscience, creativity, and spirituality.
3) Educating the public about the risks and benefits of psychedelics and cannabis.
4) Advocating for the elimination of barriers to research.
5) Developing and implementing new models of harm reduction based on clinical research.

MAPS sponsors research in the U.S., Brazil, Mexico, Canada, Israel, U.K., New Zealand, Spain, Switzerland, and has developed harm reduction spaces in South Africa, Costa Rica and across the U.S.

I. Issue Summary

1. Current Drug Schedules Are Not Grounded in Scientific Research

The stated goal of the international system of drug control is "the protection of the health and welfare of humankind," yet the Commission on Narcotic Drugs does not defer to the medical or research community to assess health. Drugs are treated first as a criminal issue, not an issue of health. Criminalization, in fact, has wreaked devastating impacts upon global public health. The current drug scheduling system is controlled by the Commission of Narcotic Drugs, which has consistently ignored WHO's research-based scheduling recommendations. For example, WHO has recommended the removal of tetrahydrocannabidinol (THC) from Schedule I, citing its widely documented medical uses and low abuse potential, at more than one meeting of the WHO

Expert Committee on Drug Dependence. Yet, the Commission on Narcotic Drugs has not taken any action to remedy the schedules.

Similarly, MDMA was placed in Schedule I despite opposition from the medical community. The chairman of the WHO Expert Committee on Drug Dependence at the time, Paul Grof, objected to the scheduling, as the only scientific evidence referenced was the research on a different but related compound, MDA, administered to rats in frequent and high doses. At the time of MDMA's scheduling, the WHO's 22nd report of the Expert Committee on Drug Dependence even stated: "No data are available concerning [MDMA's] clinical abuse liability, nature and magnitude of associated public health or social problems." Though MDMA had been administered therapeutically for over a decade, the Expert Committee on Drug Dependence determined that there was inadequate research supporting MDMA's therapeutic use. However, the Committee was impressed by the non-clinical reports and urged countries to pursue further research.

The WHO and CND have since failed to promote MDMA research. MAPS, a privately-funded non-profit research organization, has conducted the only medical research attempting to evaluate the therapeutic benefit of MDMA. So far, results from MAPS' Phase II research have been incredibly promising for the treatment of chronic, treatment-resistant Post-Traumatic Stress Disorder (PTSD); the Phase II research indicates that MDMA-assisted therapy dramatically outperforms current methods of PTSD treatment. Phase I clinical trials have also demonstrated that MDMA can be administered safely in pre-screened subjects, undermining any justification for MDMA's placement in Schedule I.

The Commission on Narcotic Drugs refuses to schedule substances like alcohol and tobacco, which are demonstrably more harmful both to individuals and their communities than prohibited substances like cannabis and MDMA. These inconsistent policies, with little regard for science, reflect the questionable nature and accuracy of the scheduling system. Further, the unscientific scheduling of these substances creates unnecessary barriers to research, preventing millions of people from accessing essential, life-saving medicines. Cannabis, in particular, must be recognized as an essential medicine, as it possesses tremendous therapeutic potential, minimal harm, and it is already widely accessible and inexpensive.

2. *Proliferation of Unregulated Psychoactive Substances*

Prohibitionist drug policies have birthed a large market for new legal recreational substances. But, many legal Novel Psychoactive Substances (NPS) are ultimately far more dangerous than the original illicit substances they aim to replace. For example, legal synthetic cannabis has enjoyed increasing popularity, despite its potential lethality. Cannabis, conversely, does not have lethal potential, and is therefore undeniably safer than its legal substitute. If cannabis were legal, people would not turn to its lethal alternative.

However, following the prohibitionist model and banning new potentially dangerous legal substances is emphatically not the solution—this route has only served to magnify harms. MDMA serves as an example of how prohibition of a Novel Psychoactive Substance (NPS) has not only failed to decrease use, but also succeeded in increasing harms.

MDMA users are forced to purchase MDMA from illicit markets, and commonly, unknowingly, instead purchase MDMA mixed with other substances. The majority of deaths associated with MDMA have in fact been caused by dangerous adulterants sold as pure MDMA. Because of MDMA's illicit nature, there is no system of regulation, allowing for a plethora of dangerous adulterants to be mixed and sold as pure MDMA. Further, the prohibition of MDMA discourages accurate drug education or drug testing services, both evidence-based practices shown to reduce harms associated with MDMA use.

According to WHO, globally MDMA is the third most consumed illicit substance after cannabis and amphetamines. MDMA use has only continued to rise since its Schedule I placement; criminalization has failed to serve as a deterrent. If the international drug control's priority is truly the "health and welfare of humankind," drug policy must be based on evidence-based practices of reducing harm, rather than ineffective and dangerous methods of punishment.

Decriminalizing all psychoactive substances would blunt the market for legal highs, and would encourage evidence-based harm reduction practices such as drug education and testing without fear of prosecution. A system of regulation for spiritual and recreational drug use would further reduce harms, allowing the substances to be quality-controlled and thereby safer.

V. Recommendations

1. Ground drug scheduling in scientific research.
2. Actively promote and protect unbiased research by ensuring access to controlled substances for medical and scientific purposes.
3. Recognize cannabis as an essential medicine.
4. Prioritize health and safety, and decriminalize all drugs. Encourage regulatory frameworks to oversee non-medical substances, including both NPS and currently illicit substances.

National Advocates for Pregnant Women

Women's Declaration Calling for
Global Drug Policies that Support Women, Children, and Families

On the occasion of the UN General Assembly Special Session (UNGASS) on Drugs, organizations working toward gender equality call on the international community to end punitive drug policies that threaten the rights, health, and wellbeing of women, children, and families.

More than 50 years after the international community adopted the Single Convention on Narcotic Drugs, calling addiction "a serious evil for the individual and a "social and economic danger to mankind." Since then, our understanding has evolved. As recognized by the Global Commission on Drug Policy:

> ***The global war on drugs has failed, with devastating consequences for individuals and societies around the world. . . . [F]undamental reforms in national and global drug control policies are urgently needed.***

Punitive drug control policies have especially failed women and families. The current global drug control regime institutionalizes laws and practices that disempower women, and violates the principles and values fundamental to women's equality.

We recognize that:

- **Focusing on punishment has not reduced drug use nor eliminated the drug trade.** Instead, prohibition and the resultant punitive policies make the drug trade more profitable and more dangerous. Prohibition has provided governments with authority to severely punish women whose role in the illicit drug economy is most often as consumers or low-level sellers, often driven by the need to provide for their families.

- **The worldwide rate of incarceration of women for minor, drug-related crimes is increasing at an alarming rate.** The impact of punitive drug policies is increasingly falling on women, and the rate of incarceration of women — especially racial, ethnic, religious, and sexual minorities — is increasing at an unprecedented rate.

- **Incarcerating women leaves children vulnerable by separating them from their mothers.** The vast majority of women who are incarcerated around the world for drug-related offenses are mothers. Drug policies focusing on punishment not only deprive women of their freedom, but also compromise the wellbeing of children who are forcibly separated from their mothers or are incarcerated with them. Increasingly, punishment as a response to drug use also includes removal of children and termination of parental rights.

- **Women receive disproportionate and unfair punishment for low-level drug offenses.** Drug trafficking organizations that thrive under existing global drug policies often take advantage of women's poverty and need to provide for their families, for example, inducing women to carry illegal drugs across international borders. Women are uniquely vulnerable to prosecution and incarceration based on their relationships with others who are involved in the illegal drug trade rather than their own leadership or conduct in that trade.

- **Incarceration of drug users and small-scale sellers threatens the economic security of women and families.** Because women are most likely to be primary caretakers for families, criminalization creates a cycle of poverty that impedes women's access to healthcare, livelihood, and political rights. Furthermore, incarceration destabilizes families both socially and economically.

- **Stigma and misinformation perpetuated by misguided drug policies undermine women's status.** Global drug policies have led to incarceration, involuntary detention in treatment facilities, forced treatment or drug withdrawal, and imposition of sanctions. Such penalties disproportionately target marginalized women, especially poor women and members of certain ethnic and racial groups. These policies encourage social stigma, shame, and discrimination, whether formal penalties are imposed. Pregnant and parenting women are especially stigmatized by campaigns exaggerating and misstating the relative risks of harm from prenatal drug exposure.

- **Women are more vulnerable to violence and have fewer options for challenging that violence when drug control policy focuses on punishment.** With worldwide recognition that gender-based violence is a pandemic in diverse forms, global drug policies have only added to this harm and subjected more women to violence. Women are subject to trafficking, abuse and sexual assault by those involved in the drug trade and by those charged with enforcing drug laws.

- **Crop eradication campaigns endanger the health of women and children.** Supply-side interventions have proven ineffective in eliminating cultivation and production of narcotics. Instead, they fuel widespread environmental destruction. Crop eradication practices such as aerial spraying of defoliants cause disease, including cancer and reproductive harms, to the women and children who work in the places being fumigated.

- **Global drug policies that result in violence against women and the loss of livelihoods is creating a class of refugees through forced migration.** Crop eradication that has eliminated people's livelihoods and the unremitting violence fueled by increasingly militarized drug interdiction policies have driven women to migrate in search of safety and opportunity. When women migrate across borders, they become effectively stateless and are more vulnerable to exploitation, sexual violence, physical assault, separation from children, and subjection to expulsion, imprisonment, and other penalties as a result of their status.

- **Women face discrimination and risk punishment in seeking effective and appropriate drug treatment.** Women face significant barriers to accessing appropriate drug treatment, including lack of childcare, lack of trauma-informed care, and threats of arrest if they reveal that they are pregnant. Without access to nondiscriminatory healthcare, including drug treatment, a woman's chance of acquiring HIV or Hepatitis-C, experiencing homelessness, drug overdose, and significant family rupture all increase.

- **Drug-using women are targeted for campaigns of sterilization and abortion.** Stigmatizing and false information about the relative risks of harm from drug use by pregnant women, the parenting ability of such women, and the health and safety of their children is used to justify preventing certain women from becoming pregnant or parenting. Policies that punish women who use drugs during pregnancies also put pressure on women to terminate pregnancies as a means of avoiding arrest or detention.

These failures have come at enormous cost to women. In almost every nation, punitive drug policies have the greatest impact on women who are coping with poverty, histories of physical and sexual violence, untreated mental health concerns, inadequate support systems, and marginalization due to race or ethnicity. As we look to the future, we have the opportunity to rethink how to treat and effectively serve women who use drugs, sell drugs, or are linked to others who do.

We therefore call on policymakers to end the injustice perpetuated by global drug prohibition and instead support drug policies grounded in science, compassion, and human rights by:

1. Incorporating a gender analysis in all conventions, declarations, and reports on drugs.

2. Prioritizing alleviation of the social and economic conditions that contribute to problematic drug involvement.

3. Approaching problematic drug use as a health issue and scaling up resources for supportive health interventions.

4. Eliminating the use of incarceration and punishment for drug offenses. Incarceration should be viewed as a scarce and expensive resource that should be used only for persons who pose a serious public safety threat and then only for a reasonable amount of time sufficient to eliminate the threat. Incarceration of pregnant and parenting women should be rare and exceptional.

5. Eliminating any post-conviction sanctions that exacerbate the punitive impact of drug offenses. These sanctions often extend far beyond a given sentence or punishment and further marginalize women, children, and families.

6. Ensuring that all drug treatment services are evidence-based and meet women's specific medical, psychological, and social needs, especially during pregnancy and parenting.

7. Undertaking research into the impacts of punitive drug policies on women, children, and families, and using it to inform and improve policymaking.

8. Meaningfully involving women who use drugs in policy and program planning, implementation, and evaluation.

**To have your organization join this Declaration, please visit: http://bit.ly/UNGASSwomen

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FOKUS Muda – Indonesian Young Key Population Network
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International

Penal Reform International
International

The Prison Birth Project
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St. Ann's Corner of Harm Reduction
United States of America

Women and Harm Reduction International Network
International

Women's Link Worldwide
Spain

Women With a Vision, Inc.
United States of America

Association of OST clients of Ukraine (ASTAU)
Ukraine

Asociación Costarricense para el Estudio e Intervención en Drogas (ACEID)
Costa Rica

Brazilian Drug Policy Platform
Brazil

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CAT
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Brazil

International Drug Policy Consortium
United Kingdom

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Open Society Foundations International Harm Reduction Development Program
International

Real Cost of Prisons Project
United States of America

ReverdeSer Colectivo
Mexico

Rumah Cemara
Indonesia

Transform Drug Policy Foundation
United Kingdom

Washington Office on Latin America (WOLA)
International

Witness to Mass Incarceration
United States of America

Netherlands Drug Policy Foundation

STICHTING DRUGSBELEID
NETHERLANDS DRUG POLICY FOUNDATION

Founded in 1996, the organization strives for a drug policy with less crime and health hazards. Its Board consists of independent experts and politicians. In its Advisory Board sit former ministers, prominent health experts and lawyers.
Website: www.drugsbeleid.nl

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Statement of Netherlands Drug Policy Foundation (Stichting Drugsbeleid)

Our ***suggestion*** is: let us strive to broaden the WHO-definition of "HARM REDUCTION", in order to also include the reduction of harm at the supply side, that is in the production and sale of drugs.

Explanation: harm reduction is presently confined to reduce harms at the demand side, that is occurred by drug consumption. While measures like decriminalisation of users, needle exchange, injection rooms etcetera are essential and should be vigorously promoted, they are not enough.

Since the Ungass-1998 goal of a "drug free world" has proven to be an illusion, harm reduction is the only remaining option. But it should encompass all three links of the drug chain: not only drug use, but also the production and sale.

Reducing the harm of the last two means addressing the crime, collapse of civil society, poverty and environmental degradation which at present accompany these activities.

Our Foundation recently instigated a 'hearing' within the Dutch Parliament, to which organizations involved in combating these harms were invited. It would be extremely useful if thorough studies of these "unintended consequences" of the War on Drugs were to be undertaken.

Inevitably, in the end forms of legal regulation would have to be considered, but these would come as a logical result, not up front.

--

Cordially yours - Raimond Dufour, president NDPF

Release

Drug policy in the UK and its failing of international human rights standards

Reporting Organisation

Release is the UK centre of expertise on drugs and drugs law – providing free and confidential specialist advice to the public and professionals for almost 50 years, during which time it has been at the forefront of delivering accurate information on drugs and drug policy using a variety of media platforms. Release aims to raise awareness of how UK drug policy and legislation impacts on those who use drugs in our society. Based on our clients' experiences, the organisation advocates for changes to UK drug laws to bring about a fairer, and more equitable and compassionate legal framework to manage drug use in our society.

Release delivers five key frontline services: legal outreach services; drug and alcohol counselling; expert witness testimony; a national advice service; and a youth stream which focuses on stop and search. Through the delivery of these services we hear directly from those most affected by the UK's drug laws in particular those impacted by drugs policing, the criminal justice system more broadly and those who use drugs problematically.

Subject area and keywords

☒ Human Rights, Women, Children

Keywords: HARM REDUCTION; ESSENTIAL MEDICINE; DECRIMINALIZATION

Issue Summary

The United Kingdom's current drug policy falls below a number of international human rights standards, including the following:

'The Right to Health' as enshrined in Article 12 of the International Covenant on Economic, Social and Cultural Rights 1966 ('ICESCR')

States party to the 1966 ICESCR sign up to the 'highest attainable standard of physical and mental health' (Article 12), within which is included access to *essential medicines.* The World Health Organisation ('WHO') deems key substances used in Opiate Substitute Treatment ('OST')[8] to be *essential medicines* due in part to their effectiveness in reducing the harms[9] associated with illicit drug use and combatting the spread of blood-borne viruses.

Despite its long tradition of delivering harm reduction services, in recent years the UK government's commitment to harm reduction, especially OST, has seriously diminished. In the face of evidence that

[8] The two medicines in question are methadone and buprenorphine http://www.who.int/selection_medicines/committees/expert/20/EML_2015_FINAL_amended_AUG2015.pdf?ua=1

[9] For a definition on harm reduction, see: Harm Reduction International, 2015, 'What is Harm Reduction?', http://www.ihra.net/what-is-harmreduction

methadone saves lives, is cost effective, reduces drug-related deaths, reduces the transmission of blood-borne viruses, and, when used as part of a holistic treatment approach, can stabilise someone, hence improving the quality of their life[10], the current UK drug strategy has moved away from this approach, focusing instead on an abstinence-based goal at the expense of methadone maintenance treatment. We would say that we are witnessing the politicisation of drug treatment.

Repeatedly Ministers have asked the Advisory Council on the Misuse of Drugs ('ACMD') to consider the evidence for time limited methadone, and repeatedly the ACMD has say there is no evidence to support this approach.[11] This ideologically driven approach has had a direct impact on many drug treatment providers and commissioners of services and has been reflected in public health outcomes; the Public Health Outcomes Framework has only one indicator in relation to drug treatment and that is the 'successful completion of treatment' with no return within 6 months. The means many services have to evidence their performance through this lens. All of this is happening against the backdrop of a 64% rise in heroin and/or morphine related deaths between 2012 and 2014.[12]

In no other area of treatment would we see the choice of the individual to be allowed access to a widely available and evidenced treatment denied at the expense of political ideology. Unfortunately, this is the case in the UK and we would respectfully submit that this falls well below the required standard set by the ICESCR.

Right to be Free from Discrimination (Article 7 UDHR; Article 26 of the International Covenant on Civil and Political Rights 1966; International Convention on the Elimination of All Forms of Racial Discrimination 1965; Convention on the Elimination of All Forms of Discrimination Against Women 1979)

Racial discrimination under current UK drug policy

In their 2013 report on ethnic disparities in policing in England and Wales, Release and the London School of Economics found[13]:

- In 2009/10 the overall search rate for drugs across the population as a whole was 10 searches per 1000 people. For those from the white population it was 7 per 1000, increasing to 14 per 1000 for those identifying as mixed race, 18 per 1000 for those identifying as Asian and to 45 per 1000 for those identifying as black.

- Black people were, in other words, stopped and searched for drugs at 6.3 times the rate of white people, while Asian people were stopped and searched for drugs at 2.5 times the rate of white people and those identifying as mixed race were stopped and searched for drugs at twice the rate of white people. This is despite the fact that drug use is lower amongst both the black and Asian communities compare to the white community.

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[10] Neil Hunt et al, 2003, Review of the Evidence-Base for Harm Reduction Approaches to Drug Use, at 3.2.12, http://www.ihra.net/files/2010/05/31/HIVTop50Documents11.pdf

[11] ACMD, 2014, Time limiting opioid substitution therapy, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/371521/ACMD_RC_Time_limiting_OST_061114.pdf

[12] ONS, 2013, Deaths Related to Drug Poisoning in England and Wales http://www.ons.gov.uk/ons/dcp171778_414574.pdf

[13] Eastwood, Shiner & Bear, 2013, The Numbers in Black and White, Release, http://www.release.org.uk/publications/numbers-black-and-white-ethnic-disparities-policing-andprosecution-drug-offences

- Across England and Wales only 7 per cent or so of drug stop and searches end in arrest. As a result of almost 550,000 stop and searches for drugs in 2009/10, only 40,000 people were arrested.

- Black people are arrested for a drugs offence at 6 times the rate of white people and Asian people are arrested at almost twice the rate of whites.

- Black people are subject to court proceedings for drug possession offences 4.5 times the rate of whites; are found guilty of this offence at 4.5 times the rate; and are subject to immediate custody at a rate of 5.0 times that of white people.

Discrimination of women under current UK drug policy

In 2013 4,475 drug cautions were given to women drug users and another 4,868 went on to be charged before a criminal court.[14] Of this last group, the largest percentage of sentences given fell in the 2 to 3 year custodial category.[15] In contrast to this, a staggeringly low number of action plans or treatment orders were given.[16] Indeed, the UN Committee on the Elimination of Discrimination against Women has made clear concerns it has and that are widely held about incarceration or criminalisation for minor infringements of drugs laws.

The impact on the future of these women as a result of heavy-handed sentencing, as well as on secondary parties such as their children, cannot be underestimated. Not only is the situation women face prior to sentencing or cautioning unique, but once the sentence is served or the caution given, the effects of these criminalising measures also have a unique and far-reaching impact on their lives.

The criminal justice system in the UK does not seem to account for the often-unique situation women drug users face. Often, they are socially and emotionally tied to a circle or relationship which not only exacerbates their drug use, but also can act as a form of direct or indirect duress in their drug using. In addition, these relationships can also present other additional problems – such as sexual and physical abuse, low self-esteem, lack of familial support or other supportive connections.

The UN Bangkok Rules (on the standards of treatment of women prisoners) state that, *"[W]omen offenders shall not be separated from their families and communities without due consideration being given to their backgrounds and family ties."* It is evident this ideal has not been brought into practice enough. Though discrimination based on sex is generally prohibited in UK and international law, it is clear that there is a huge gap in the tailoring of drug policy towards the often-unique situation of women, resulting in an indirect form of discrimination.

* * *

In addition to the above, Release would like to highlight the **unnecessary criminalisation of people who use drugs in the UK**.

[14] Ministry of Justice, 2013, Criminal Justice System Outcomes by Offence, England and Wales, 2009 – 2013, https://www.gov.uk/government/statistics/criminal-justice-statistics-quarterly-december-2013
[15] Ibid.
[16] Ibid.

Every year approximately 70,000 to 80,000 people are criminalised for possession of drugs in England and Wales[17]. This is despite the evidence supporting the fact that this is an unnecessary response and one that creates greater harms for people who use drugs, including negative outcomes in relation to employment; education; relationships; and housing. In addition, initial contact with the criminal justice system – often a result of first time possession of drugs for personal use - increases the risk of recidivism and further contact with law enforcement.[18]

In 2012 Release published '*A Quiet Revolution: Drug Decriminalisation Policies in Practice across the Globe*' which looked at 21 jurisdictions across the world that had adopted a decriminalisation[19] model either in relation to all drugs or in relation to cannabis. Our analysis of those countries showed that the legal framework had little or no impact on the levels of drug use. This was also the finding of the European Monitoring Centre on Drug and Drug Abuse (EMCDDA) in their 2011 report, which looked at the relationship between cannabis and changes in the penalties available[20]. Finally, the UK Home Office launched a report in October 2014, which looked at 11 countries around the world that had adopted different approaches to tackling drugs, from Japan and Sweden which have harsh penalties for drug possession offences through to Portugal and Uruguay which do not criminalise use. The report found that there was "not … any obvious relationship between the toughness of a country's enforcement against drug possession, and levels of drug use in that country."[21]

Furthermore, a number of key UN agencies have advocated for decriminalisation, including UNAIDS[22], WHO[23], the United Nations Development Program[24], and the Office of the High Commissioner for Human Rights[25], among others.

Recommendations

Release supports the International Drug Policy Consortium's recommendations and core policy asks for the 2016 UNGASS. They are the following:

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[17] Ibid.

[18] McLaren J, Mattick RP, 2007, Cannabis in Australia: use, supply, harms, and responses. Sydney: National Drug and Alcohol Research Centre, University of New South Wales, p.560.

[19] For clarity, the term 'decriminalisation' is generally accepted by those in the policy field as meaning that drugs are still illegal, but either the police decide not to enforce the laws (a de facto model) or that possession and use are dealt with through the civil system (a de jure model).

[20] http://www.emcdda.europa.eu/attachements.cfm/att_143743_EN_EMCDDA_AR2011_EN.pdf

[21] Home Office, 2014, Drugs: International Comparators, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368489/DrugsInternationalC omparators.pdf

[22] Harm Reduction International, The Global State of Harm Reduction, 2012 http://www.ihra.net/files/2012/09/04/GlobalState2012_CoverIntro.pdf

[23] WHO, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2014 http://www.who.int/hiv/pub/guidelines/keypopulations/en/

[24] UNDP, Addressing the Development Dimensions of Drug Policy, 2015 http://www.undp.org/content/dam/undp/library/HIV-AIDS/Discussion-Paper--Addressing-the-Development-Dimensions-of-Drug-Policy.pdf

[25] OHCHR, Study on the impact of the world drug problem on the enjoyment of human rights, 2015 https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwihheHN3JjKAhULlx4KHcbIApUQFggcMAA&url=http%3A%2F%2Fwww.ohchr.org%2FEN%2FHRBodies%2FHRC%2FRegularSessions%2FSession30%2FDocuments%2FA_HRC_30_65_E.docx&usg=AFQjCNG7qVMqg-q0QJwR-HTAdj7d8UGcEA&sig2=SshoxrnHGsc0CXdEWRkvjA&bvm=bv.110151844,d.dmo

1. *Ensure an open and inclusive debate – one inclusive of all UN agencies, civil society and affected populations, and one which considers all options and issues.*
2. *Re-set the objectives of drug policies – focusing not on seizures, arrests and crop destruction, but instead on wellbeing, health, drug markets, development and human rights.*
3. *Support policy experimentation and innovation – including the establishment of an Expert Working Group to further explore the existing tensions between the international drug conventions and other UN treaties (such as human rights law).*
4. *End the criminalisation of people who use drugs and subsistence farmers involved in the cultivation of drug-linked crops.*
5. *Commit to the harm reduction approach."*[26]

[26] http://idpc.net/publications/2014/10/the-road-to-ungass-2016-process-and-policy-asks-from-idpc

Samuel DeWitt Proctor Conference, Inc.

With Vision...By Faith...Through Action

Strengthening Churches...Empowering Leaders...Transforming Communities

Samuel DeWitt Proctor Conference on Forefront of UN Focus on Drug Use and Harm Reduction

The Samuel DeWitt Proctor Conference, Inc, (SDPC) a U. S. NGO and national multi-denominational faith-based organization committed to resourcing African-American churches to handle issues of injustice facing their communities, will participate in the United Nations General Assembly Special Session on Drugs. (UNGASS) For the first time since 1998, the United Nations will meet on global drug policies in New York, April 19-22, 2016. We represent the voices of faith in these critical deliberations.

Our areas of submission specifically address 1) Drugs and Health; 2) Drugs and Crime; 3) Human Rights, Women and Children; and 4) Drugs and Alternative Development.

KEYWORDS: HARM REDUCTION

According to Dr. Iva Carruthers, the General Secretary of SDPC, “global drug policies, including those of the United States, are so embedded in the criminal justice system that there is little compassion shown for individuals who are addicted. SDPC, along with our interfaith partners, will push for a shift from punitive practices in response to drug addiction to practices grounded in principles of harm reduction, healing and family restoration.”

Regardless of race, class, religion or gender, drug addiction and drug policies have similar and consequential damages on communities around the world. Criminalization of drug addiction, with little attention to practices of harm reduction, only compounds the issues, leading to family instability, poverty and a prevailing cycle of hopelessness, impacting individuals, families and entire communities.

Fall 2015, SDPC convened an interfaith group of leaders to build consensus around a call for a major paradigm shift to “harm reduction” and “restorative health” practices in response to drug addiction. This group agreed that a more effective way to combat drug misuse is to remove barriers to rehabilitation and create a more just and humane response, spending more resources on public education, treatment, and interventions that view drug addiction and drug misuse from a public health perspective.

"There is an unspoken moral and spiritual injury that has been done to families and communities due to drug abuse," Carruthers said. "The interfaith community has a moral responsibility to speak to that woundedness."

As the United Nations is meeting in New York in April, SDPC and other civil society organizations will be present to voice their concerns. SDPC will host and co-sponsor events. SDPC is in the midst of planning events, including a worship service at the chapel of the United Nations, a series of community and educational forums. SDPC will also produce an interfaith resource guide as a tool of empowerment and inspiration for harm reduction policy advocates and individuals and families who are impacted by drug addiction. This interfaith global movement embracing harm reduction recognizes the damages suffered by drug policies which are largely driven by money cartels and inhumane criminal justice practices.

RECOMMENDATIONS FOR UNGASS OUTCOME DOCUMENT:

Strong articulation of an alternative to the punitive policies of the War on Drugs frame and utilize an Action Framework for Harm Reduction and Global Drug Policy Reform with less punitive policies to include treatment, prevention, compassion and care.

Prioritize the removal of barriers to rehabilitation and create a more just and humane response, spending more resources on public education, treatment, and interventions that view drug addiction and drug misuse from a public health perspective.

Reduce the language and contexts of certain de-humanizing term such as "addicts" and to be more sensitive about the selection of key phrases and terms used to describe harm reduction and other drug policy reform; engage in greater study about the involvement of targeted communities and the nuances of nationhood, language, culture, and context associated with pursuing and implementing harm reduction and other drug policy reform.

Change current harsh policies with consideration for creating a more just and humane reality by recognizing the intersection of policies related to HIV prevention, drug production and trade agreements, human rights and public health policies, law enforcement and sentencing policies, and compassionate models of care for men, women, children, families and communities impacted by drug addiction and the resulting collateral consequences.

Reference:

www.sdpconference.info Samuel DeWitt Proctor Conference, Bearing Witness: A Nation in Chains

Contact:

Rev. Dr. Susan Smith 773 548 6675

Social Action Technical

UNGASS 2016

Social Action Technical –ATS, Acronym in Spanish-, Colombian NGO, since 2008 focuses its actions to promote a new approach to public policies related to Drugs / Psychoactive Substances, to strengthen the role of civil society, finding evidence, and social, political and media mobilization.

ATS investigated, adopted and contextualized, methodologies and global experiences aimed on harm reduction and risks of drug use, the impact on the design of public policies and legislative updates, and recognition and protection of consumer rights. ATS characterized the implementation of their initiatives by using unconventional tools and methods, which are part of "innovation in social work", such as peer work, art, graphic design, alternative communication, social networks, intervention in hard to reach populations, knowledge management, the impact on media discourse, etc.

To strengthen the work done, and the inclusion of Colombia from civil society in the global debate on drug policy reform, ATS considers the UNGASS 2016, as the strategic stage to generate political momentum and consolidate the necessary support, to benefit the areas of reform and changes in paradigm in global dynamics of drugs. In this regard, ATS presents the lines of action it considers most important to be considered in the reform debate:

1) **Reformulate and strengthening public policies aimed at reducing risks and damage mitigation consumption SPA, with a focus on public health and recognizing the rights of consumers**. From the evidence obtained by ATS during the implementation of their projects, the concrete actions to promote this line of action are:

- *Changing the approach on how to address drug use in school environments* (www.acciontecnicasocial.com).

- *Treatment alternatives in drug abuse for underage persons as usual and problematic users:* (www.corporacion-ats.com).

- *Risk and damage reduction in using legal and illegal psychoactive substances as public policy and moral obligation for club owners and fun activities for adults.*

- *Working among equals, in peers.*

- *Civil society as a State Key Partner.*

- *Drug abuse alternative treatments and effective paths.*

2) **Drug trafficking, micro trafficking and drug abuse as the main post-conflict threat in Colombia.**

Portrayed in the “general agreement for the termination of the conflict and the construction of a stable and lasting peace” between the Colombian Government and the Revolutionary Army Forces of Colombia (FARC EP by its acronym in Spanish) announced the last 23 of September of 2015, it is stated (as the 4 point in the settlement) “the solution for the illicit drug problem” through 3 specific proposals, these are: Substitution of illegal crops, programs to prevent drug abuse and public security; solution of phenomenon of production and distribution of narcotics.

Considering the existence of this issue inside the peace negotiations in Colombia, it is possible to reaffirm the close relationship between psychoactive substances and armed conflict. Due to this, the agreements reached in this matter will be the beacon for the Colombian drug policy.

In this regard, the government must face four challenges in the post-conflict stage, these are:

1. It is important to consolidate territorial peace in those places where illegal crops are the main source of livelihood. This will help to avoid that irregular groups take control over human, economic and physical assets related to the production dynamic and that in this moment belongs to FARC.

2. It is also important to control transportation and comercialization schemes of illicit substances used by ilegal actors that do not take part in the armed conflict. Furthermore, these structures are very dangerous because they are very complex, they mutate and reproduce very easily and they are the part that perceive more profits from this business. Additional, these structures are responsible for drug distribution in medium and large cities, making this issue a public health problem.

3. Another useful strategy is to have a clear response of traffickers migration to main cities in order to increase illegal substances offer. In addition, there is mandatory to act against territorial control and micro trafficking disputes among gangs because this is one of the most important problems in terms of public order.

4. The last stage is related to the possibility of planning alternatives strategies to face the increasing and diversification of psychoactive substances uses (in terms of demand and supply for example better quality and lower prices).

There are other alternatives related with realistic prevention strategies, the incorporation of new approaches about risk and damage reduction based on new public health frameworks and offering new treatments different that abandon drug use.

Facing these challenges is important to guarantee the sustainability of the peace agreements. Nonetheless, this requires a drug policy base on regulation and public health and no in the prohibition and control of substances. A policy able of providing a response to the new drug production methods, transportation and commercialization and with clear action lines in terms of prevention and attention measures will help to reduce risks and damages.

3) **Regulation the market of Cocaine, Amphetamines and Heroin.** The Rampant use of so-called " hard" drugs, characterized high levels of addiction, significantly affects the health of consumers and facilitate the strengthening of drug trafficking, counter to the national security of the producing and consuming States.

4) **Review and reform objectives, functions and structure of the State and international institutions related to the formulation and implementation of drug policy.**

5) Transformation in the language used during the approach to drug affair. Concrete action in this line is:

Global Campaign for Education of the media and politicians to understand the drug affairs: ATS conducts an investigation of the work of the media and opinion leaders regarding the information management of psychoactive substances in Colombia, with the aim of publish guidelines for the politicians and the media for handling the drug affair.

6) In 2016 UNGASS everything will change in a surprising way.

Considering the importance of UNGASS 2016, ATS said that flatly refuses to believe in the failure to enact "In 2016 UNGASS not going to happen." Civil society and academia cannot accept the failed idea that gravitates in the media. we cannot forget that 2012 was achieved necessary pressure in Summit of the Americas in Colombia to review the report OAS drug and were prevented Russia and Iran deny access to civil society in the UNGASS 2016. Furthermore the place of the Assembly moved to New York to ensure greater participation and influence. Therefore UNGASS and spaces conquered until now, are a step in the participation of civil society in the high level discussion centers, and actions should be at this point **"we are not going for less, we want it all".**

In this regard, ATS invites to the Psychoactive tour UNGASS 2016, which aims to call New York, the largest number of people interested in the breakdown and change of drug policy most significant in the last 50 years. We hope that activists, researchers, consumers, professionals, farmers, parents, health professionals, politicians, artists and ordinary citizens, can move to the Big Apple, to participate in the primary and alternate activities of UNGASS 2016, and be close to a decision making process during the course of the debates, generating a movement in the streets to be visible, mark precedent, generate pressure and above all celebrates the change.

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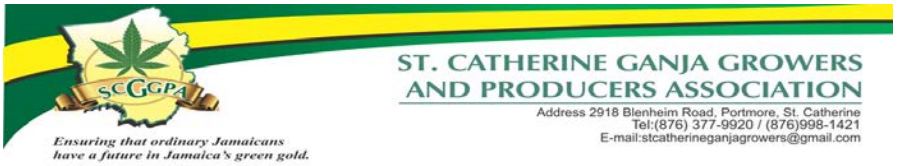
St. Catherine Ganja Growers and Producers Association



NYNGOC MEMBER SUBMISSIONS TO UNGASS 2016

I. Title: Developing a New Approach to Cannabis Policy in the Caribbean: Drug Policy for Sustainable Development in an international framework.

II. Reporting Organization(s)

The **St. Catherine Ganja Growers and Producers Association (STCGGPA)** is a group of small traditional cannabis growers in the largest parish in Jamaica, the group is a part of the national **Ganja Growers and Producers Association (GGPA)**. The STCGGPA consist of approximately one hundred (100) registered small farmers across the parish, with the membership being representative of members from the Rastafarian community, Maroons, and other ethnic and cultural diversity. This mirrors the makeup of the national GGPA, which it can be said consist of approximately two thousand registered members. The members are focused on having the inclusion of the traditional community based farmers involved in the establishment of a legally regulated cannabis industry in Jamaica and the wider Caribbean. Therefore, this submission is supported by the National group.

III. Subject area and keywords

☒ Drugs and Alternative Development

KEYWORDS: SUSTAINABLE DEVELOPMENT; TRADITIONAL AND CULTURAL RIGHTS; ACCESS TO LAND, TRADITIONAL MEDICINE.

IV. Issue Summary

The Alternative Development principles provided little to no development in the Caribbean region. This is because most of the plans and approaches did not incorporate the input of the targeted communities, or in some states like Jamaica the alternative development projects were none existent. The loss of several preferential markets such as those in banana and coffee has led to increased underdevelopment in several rural communities, and as led to a number of small farmers to enter into the growing of cannabis to support their family and the

wider community. In addition these farmers are able to cultivate cannabis to supply a vibrant traditional cannabis market.

The traditional use of cannabis in Jamaica is very important to indigenous groups such as the Maroons and the Rastafarian community, as well as other ordinary Jamaican citizens that use the plant in a customary manner. The traditional uses include the religious use of the plant in the worship sessions by Maroons and Rastafarians, as a mean of spiritual connection. Cannabis is also culturally used by most Jamaicans as a traditional source of medicine for treating illnesses such as chronic pain, asthmas, glaucoma and some life-threatening cancer. The traditional use of cannabis has also included its use in food and drink. For example, many traditional growing communities often use cannabis and a mixture of other herbs and spices to make traditional juices. A large number of our traditional cannabis farmers have been able to sustain their communities and stymie their decent into poverty through the production of cannabis crops to supply the traditional use market, especially those for traditional medicine. The current international drug conventions and "war on drugs" approach also infringes on the rights of many Jamaican citizens to engage in their religious practices that involves the use of cannabis, as several of these traditional communities have oftentimes faced the eradication of their crops by military and security forces that usually have the support of international narcotics agencies.

Another challenge that faces the cannabis growers in Jamaica and the wider Caribbean is the issue of environmental protection. The criminalization of cannabis farmers have resulted in a number of small farmers such as those in St. Catherine growing crops in very dangerous areas such as mountain sides and swamps, with a number of these area being designated Government preserves and property. This poses a difficulty not only to the farming community but also to the environment. In an epoch where climate change and environmental degradation is a major concern for all, the small cannabis farmers should be consider as an important stakeholder in the achieving "sustainable use of terrestrial ecosystems" (this is part of the UN Sustainable Development Goal 15). Linked with this particular issue of environmental protection is the issue of access to land and property rights. As stated before a number of small subsistence cannabis farmers in Jamaica have been cultivating on government owned property and do not have the requisite property titles that can provide them with the capital needed to enter into legitimate legal crop production. This situation even facilitates the illicit drug trade because it acts as a great barrier to entry for these small farmers to any establish medicinal cannabis industry, or any agricultural industry. The problem of access to land has been brought to the fore in Jamaica's recent announcement to establish a regulated medical cannabis industry, because a number of these small farmers are at risk of been pushed into the depths of poverty as large pharmaceutical companies and corporations are positioning to enter the Jamaican cannabis industry with the acquisition of large landholdings. This type of inequity is

facilitated by the current UN Conventions on Drugs and prohibitionist approach to cannabis cultivation by small traditional growers.

Entire traditional growing of cannabis in Jamaica and other Caribbean countries is a community activity and usually include women as they seek to provide for these children. Sometimes, these women have been forced to continue in the production of cannabis crops because of the incarceration of their spouses for "illegal" cannabis production, or in other cases they have been the only source of economic development for their families. It therefore is important that the negative impact of the UN Conventions on drugs be critically reviewed in relation to its effect on women's rights and development.

V. Recommendations

The STCGGPA and by extension the GGPA of Jamaica, recommends that the member states, UN and its agencies at the upcoming UNGASS reevaluated the prohibitionist approach to drug policy and more specifically cannabis. In this process we put forward the following specific recommendations:

- Cannabis is removed from the list of prohibited plants in all UN Conventions on drugs. This would effectively put an end to the eradication by State agencies.
- The recognition of the traditional use and importance cannabis to indigenous communities, not only in Jamaica and the Caribbean, but worldwide. It should involve the human right to cultivate, use and trade cannabis religious and traditional medical purposes in all states.
- The producers of prohibited plants such as cannabis should be actively engaged in the achievement of the sustainable development goals (SDGs), and therefore the cultivation of these crops are to be incorporated as legitimate legal crops to facilitate SDGs.
- The UN should provide technical assistance programmes to aid states, to establish effective land reallocation programmes to vulnerable communities so as to prevent environmental degradation while establishing cultivating zones for regulated small farmers of these prohibited plants. This would also be a part of the reparation to citizens in these countries who have over the years face with discrimination and abuse because of their association to the cultivation of prohibited crops such as cannabis. The important role that women undertake in the cannabis industry should also be acknowledged and protected any land redistribution programmes developed for the cannabis industry.
- Regulated cultivation and trading of cannabis between registered growers (made up significantly of traditional growers) should be allowed between member states within the UN.

StoptheDrugWar.org

Statement for the April 2016 UN General Assembly
Special Session on the World Drug Problem (UNGASS)

REPORTING ORGANIZATIONS: DRCNet Foundation, a US-based 501(c)(3) nonprofit educational organization, and Drug Reform Coordination Network, a US-based 501(c)(4) nonprofit lobbying organization, operating together as StoptheDrugWar.org.

StoptheDrugWar.org works for an end to drug prohibition worldwide, and an end to the "drug war" in its current form. We believe that much of the harm commonly attributed to "drugs" is really the result of placing drugs in a criminal environment. We believe the global drug war has fueled violence, civil instability, and public health crises; and that the currently prevalent arrest- and punishment-based policies toward drugs are unjust.

Consistent with our goal of ending prohibition (e.g. some form of "legalization"), StoptheDrugWar.org also works toward partial reforms of drug policy that are politically feasible in the present, including: marijuana legalization; criminal justice and policing reform; harm reduction practices such as needle exchange; demilitarization of US-driven drug policy in Latin America and other regions, and on the US borders; and availability of substances for medical use; among others.

Our primary advocacy emphasis currently is on global drug policy of the US and UN. The primary focus of our educational work is the *Drug War Chronicle* newsletter, which has provided in-depth reporting on drug policy and the reform movement since 1997. We are principally a US organization.

Our work for UNGASS has consisted primarily of a US coalition seeking reform of global drug policy. Our partners include organizations in civil and human rights, civil liberties, public health, religious organizing, and of course criminal justice and drug policy reform, as well as businesses. We continue to organize a primarily US NGO sign-on statement on global drug policy, under the umbrella of the Ad Hoc US Coalition for Global Drug Policy Reform, http://stopthedrugwar.org/global. Note, however, that although this statement refers to some of the positions organizations have taken through coalition-organized documents, formally this statement represents only the stances of StoptheDrugWar.org.

SUBJECT AREAS:

Drugs and Health
Human Rights, Women, Children
Drugs and Alternative Development

KEYWORDS: DEATH PENALTY, FOREIGN AID, HUMAN RIGHTS, LEGALIZATION, TREATY REFORM

ISSUE SUMMARY:

As the April 2016 UNGASS approaches, the UN and many member states have made laudable efforts to highlight critical human rights and public health issues, and to include NGOs such as our own organization in the discussion and process. We are grateful for the opportunity to submit our views for this process. Building from the important work done by UNODC and other agencies, we urge consideration of the following:

First, we are concerned that UN and member state support for drug enforcement programs in countries that apply the death penalty for drug offenses, may unintentionally contribute to the use of the death penalty in such cases. Of the countries that actively carry out such executions, UNODC is actively funding the drug enforcement operations of at least one of them, Iran, one of the most frequent executors. As a US organization we likewise note with concern that the US Drug Enforcement Administration has field offices in a number of such countries, including Indonesia and China, providing training and intelligence support. Such funding and support clearly comes with a risk if not inevitability of playing a causal role in individuals facing the death penalty for nonviolent offenses.

Second, and also as a US organization, we support the stance taken by our government since 2014 that nations should have the flexibility to set their own drug policies, up to and including experimenting with legalization of drugs. However, we support this stance two important reservations. First, we believe that flexibility should be constrained in all cases by the obligation countries have to respect human rights, human rights being supreme under the UN Charter. Second, we believe that the legal basis justifying legalization experiments, given current UN treaty language, is the one offered by Uruguay, which similarly is the supremacy of human rights under the Charter. Prohibition has been implemented very abusively in most times and places, and prohibition and human rights may ultimately prove to be irreconcilable, for reasons both political and practical.

We agree that the conventions in their current form allow considerable room for improving policy, and certainly governments should pursue that avenue with all energy. But in a time when marijuana legalization is becoming a reality – in Uruguay, four states and the District of Columbia in the US, likely soon in Canada and possibly in Mexico – the conventions in their current form seem out of date.

Lastly, we observe that in many national and international venues, enforcement-based approaches still tend to take precedence over the people-centered approaches like public health, development and human security, and in the priority given to human rights concerns. We believe the existing organizational structures in place in member states' drug policy decision-making processes contribute to this, thereby slowing the pace of reform.

For example, the International Narcotics and Law Enforcement bureau of the US State Department has undertaken some laudable public health initiatives in other countries, but overall is an enforcement-oriented agency. Yet INL has been entrusted to coordinate US foreign policy and diplomacy on drug issues. This may result in different policies or implementations of them than would be the case if other US agencies such as the Office of the Global AIDS Coordinator, USAID, or Democracy, Human Rights & Labor were situated coequally with INL on drug policy matters.

Similarly, UNODC has undertaken a range of important measures and stances on public health and human rights issues, and we view the agency as an ally for reform. But structurally, giving a drug policy specific agency the primarily central role in UN drug policy may have a diminishing impact on the influence that agencies like WHO, OHCHR, UNDP or UNAIDS have on the policies taken by UN member states and the CND, for example, despite UNODC's coordination with such agencies.

RECOMMENDATIONS:

- The UN and member states should impose human rights conditions on their support for national drug enforcement programs, including ending the death penalty for nonviolent offenses, support including not only funding but also training and intelligence.

- The UN should explore options for updating the three UN drug conventions. As an interim measure, the UN should appoint an Expert Advisory Group to study the current tensions in the drug control regime.

- The UN and member states should give standing in drug policy to their agencies focused on human rights, development, health and such issues, coequal with the law enforcement and drug agencies.

Submitted by: David Borden, Executive Director, StoptheDrugWar.org

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The Institute for Land Work and Citizenship

NYNGOC MEMBER SUBMISSIONS TO UNGASS 2016

II. Reporting Organization(s)

The Institute for Land Work and Citizenship - ITTC is a human rights organization founded in 1997 and its vision is to eradicate gender inequality, guarantee rights and combat mass incarceration. The search for gender equality is a necessity especially in the prison and justice system that reproduce violence and discrimination, reinforcing gender stereotypes and roles. All forms of deprivation of liberty affect families, communities and societies as a whole, especially women, who, due to a social construct, are held responsible for family bonds. ITTC's mission is to promote access to justice and the rights of prisoners, and to produce knowledge, through constant and systematic action in the following areas: direct assistance, advocacy and rights education.

III. Subject area and keywords

Identify which of the five identified UNGASS subject areas your submission addresses (for more information on these, see https://www.unodc.org/ungass2016/en/background.html):

☐ Drugs and Health

☒ Drugs and Crime

☒ Human Rights, Women, Children

☐ New Challenges, Threats and Realities in addressing the World Drug Problem

☒ Drugs and Alternative Development

KEYWORDS

COMBAT MASS INCARCERATION, ALTERNATIVE TO IMPRISONMENT, GENDER EQUALITY.

IV. Issue Summary

Our submission addresses the urgency in considering employment opportunities, skills and labor development to compete with the endless opportunities to survive financially by working in the illicit drug trade. It also calls attention to issues of borders between countries and immigrants and how they are affected by criminalization and drug policies. Finally- all of this is through the lens of gender, because we work most consistently with issues related to women.

V. Recommendations or Conclusion

1. Drugs and health:

International proposals should prioritize access to free treatment or care for users, guided by the respect and promotion of human rights, providing access to basic human needs such as housing, food, work, physical and mental health. The program should aim to avoid dependency and vulnerability framework, not making an exclusive goal the abstinence or the end drug use. Users must have the power to decide if they want to enter a treatment program, and if they want to stay, and this must not be compulsory or used for punitive purposes. The program must consider local cultural characteristics as well as particularities of

the groups (especially gender, maternity, sexuality, ethnicity, age, people with mental disorders, people in prison or graduates of the prison system, etc).

2. Drugs and crime:

International proposals should prioritize socioeconomic development proposals in order to avoid penalizing the more vulnerable social groups, especially women, youth, informal workers, black people, immigrants and indigenous people when they resort to illicit sources of income. Prison should not be the first response. Disincarceration measures should be prioritized, for example by adopting alternative sentences for people arrested for small crimes related to the drug trade, especially to women, given that the vast majority of incarcerated women are mothers and the main family providers. Incarceration policies should be used as a last resort and should be guided by human rights guarantees.

3. Drugs and human rights:

International proposals should establish that the police force and legal action must be guided by the guarantee of human rights and human dignity. Human rights violations, including police violence and police corruption, often occur at the moment of arrest. Accordingly, the access, exercise and promotion of human rights of people in conflict with the law must be guaranteed, particularly of people in prison, especially women, mothers (especially with daughters and dependent children), LGBT population, foreign and indigenous population. In addition, human rights violations often occur with those cross country borders regularly or are immigrants. The rights of people in border, domestic and international mobility must be guaranteed.

4. New challenges:

International proposals must maintain and ensure national autonomy on monitoring and intervention proposals, as well as guaranteeing the presence of civil society in monitoring processes. Partnerships with non-public sectors must not be guided by private interests at the expense of the interests of local populations.

5. Alternative development:

International proposals should prioritize alternative development measures, notably the access to quality public education and the access to the formal economy, as ways to prevent employment in the trade of illegal substances, especially for young people. Eradicating gender inequality, which negatively affects cis, trans and transvestite women, in the formal and informal labor markets must be a priority. Measures to developing border territories should be adopted in order to ensure access to housing, health and quality of education as well as to promote the generation of formal employment.

Virginians Against Drug Violence

NYNGOC MEMBER SUBMISSION TO UNGASS 2016

Virginians Against Drug Violence is a regional advocacy organization that participates in the Vienna and New York NGO Committees

We are a voluntary [grassroots] association of persons who participate in activities directed at ending the drug war conflict in our state. We have a vision of peace, which recognizes prohibition as a failed concept that encourages imprisonment and other dehumanizing acts which cause great harm and are not good ways to achieve temperance.

Summary

We are concerned that international drug policy is contradictory and ineffective because it embraces the competing factors of prohibition enforcement and the promotion of health and human rights. The international governing structure must prioritize health and human rights and dignity over legalistic enforcement. Criminal prosecution must not interfere with the welfare of women, children drug users and native populations.

We support the concept of harm reduction as a more humane and effective method of approaching the world drug problem.

Recommendations

Virginians Against Drug Violence recommends that international drug policy urges member states to adopt the methods of Portugal. This country has seen significant improvement in conditions when they changed from criminalization of drug users to adopting a help not punish philosophy.

Member states should be encouraged to experiment with strategies that work by protecting and uplifting drug users rather than exposing them to destructive criminal organizations. These cartels, gangs and crime organizations are enriched by the emphasis on criminal enforcement and prosecution.

It is an unfortunate fact that by arresting certain drug marketers, law enforcement unwittingly provides price supports for drug markets. International drug policy must recognize the interplay of drug policy with the economic realities that exist in developing countries.

We recommend that world drug policy makers move toward a more humanistic, health centered policy goals. This must include a reduced emphasis on criminalization. Strengthened harm reduction work

would be extremely useful.

We suggest that the death penalty be abandoned entirely for drug offenses.

For intravenous drug users needle exchange programs must be universal.

Recognition of the medical use of cannabis is essential. This drug has the potential to reduce deaths from opioid overdose.

The world Health Organization should be tasked with undertaking a through and honest scientific review of the evidence regarding the medical utility of cannabis.

Respectfully submitted by Virginians Against Drug Violence

Veterans For Medical Cannabis Access [VMCA]

540-365-2141 FROM THE DESK OF MICHAEL KRAWITZ EMAIL: MIIGUET@NOVEMBER.ORG

NYNGOC MEMBER SUBMISSION TO UNGASS 2016

Veterans For Medical Cannabis Access is a patient advocacy organization, led by Michael Krawitz, holds a seat on the Executive Council of the New York NGO Committee

Veterans For Medical Cannabis Access or VMCA, advocates for veterans' rights to access medical cannabis for therapeutic purposes. VMCA encourages all legislative bodies to endorse veterans' rights to use medical cannabis therapeutically and responsibly, and is working to end all prohibitions associated with such use. VMCA is working to preserve and protect the long established doctor-patient relationship including the ability to safely discuss medical cannabis use within the V.A. healthcare system without fear of punishment or retribution.

Summary:

VMCA advocates for medicinal access from a broad drug policy perspective focusing on how peace, medicinal access and security are intertwined. Current drug control mechanisms offer an array of barriers to medicinal access while creating a constant flow of illegal drugs & money across all international borders that is corrosive on every level of our societies infrastructure. Regulated non-medical cannabis access markets now emerging in the America’s are a result of the public demand for medical access and peace.

VMCA encourages all legislative bodies to endorse veterans' rights to use medical cannabis therapeutically and responsibly, and is working to end all prohibitions associated with such use.

Recommendations or Conclusion:

It is time to address the role of international treaties in ensuring adequate patient access to cannabis.

The Commission on Narcotic Drugs is dependent upon recommendations from the World Health Organization [WHO] on cannabis schedule placement under treaty. WHO

Recommendations come specifically from a "critical review" process by the WHO's ECDD committee. It has been our hope that the WHO would do it's job and conduct the needed Critical Review of Cannabis however and unfortunately the process has now failed to produce action and no possible action from within the committee is possible for 2 more years.

We directly request the UN Secretary General and the Commission on Narcotic Drugs intervene to ensure that the needed critical review is undertaken so that the scheduling of cannabis can be corrected.

The last critical review of cannabis was carried out nearly one hundred years ago. This is absolutely inexcusable.

Quoting the Transnational Institute paper: “Rise and Decline of Cannabis Prohibition.“

“The secretary of the 1952 Expert Committee was Pablo Osvaldo Wolff, Wolff, described as an American protégé, was part of that “inner circle” of control advocates and was made the WHO’s resident cannabis expert due to vigorous U.S. sponsorship. 131 Wolff’s booklet Marijuana in Latin America: The Threat It Constitutes: Rather than a credible study, it is a pamphlet admonishing cannabis’ menacing effect. “*With every reason, marihuana [...] has been closely associated since the most remote time with insanity, with crime, with violence, and with brutality,”* Wolff concludes. The bombastic language discredits any scientific reliability and impartiality. For example, cannabis: *“changes thousands of persons into nothing more than human scum,”* and *“this vice... should be suppressed at any cost.”* Cannabis is labelled as a “weed of the brutal crime and of the burning hell,” an “exterminating demon which is now attacking our country.” Users are referred to as addicts whose *“motive belongs to a strain which is pure viciousness.”*

We live in 2016, not in 1961. The convention was ratified before we even fully understood how neurotransmitters like dopamine and the endocannabinoid system actually work in our brains. Before we even knew the psychoactive nature of ingredients like cannabidiol (CBD) and delta-9-tetrohydrocannabidiol (THC) and the importance of the ratio between them.””

It is time to bring the international drug control treaty system into the 21st century and to make it better fit to purpose!

Respectfully submitted by Veterans For Medical Cannabis Access

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HTTP://WWW.VETERANSFORMEDICALMARIJUANA.ORG/

World Hepatitis Alliance

UNGASS SUBMISSION

I. Title: Drugs and health in the context of the first WHO Global Health Sector Strategy on Viral Hepatitis

II. Reporting Organization(s):

The World Hepatitis Alliance is an umbrella NGO with 225 member organisations in 81 countries that provide information, support and advocacy for people living with, or at risk of, viral hepatitis (list of members - http://www.worldhepatitisalliance.org/en/our-members)

III. Subject area and keywords

Identify which of the five identified UNGASS subject areas your submission addresses (for more information on these, see https://www.unodc.org/ungass2016/en/background.html):

☒ Drugs and Health – Harm Reduction

☐ Drugs and Crime

☐ Human Rights, Women, Children

☐ New Challenges, Threats and Realities in addressing the World Drug Problem

☐ Drugs and Alternative Development

IV. Issue Summary

Since 2010 UN Member States have begun to address the issue of viral hepatitis and its prevention, diagnosis and treatment through two World Health Assembly resolutions (WHA63.R18 and WHA67.R6). In particular, WHA67.R6 Clause 1 (14) urges Member States 'to implement comprehensive hepatitis prevention, diagnosis and treatment programmes for people who inject drugs, including the nine core interventions*, as appropriate, in line with the *WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users***, and in line with the global health sector strategy on HIV/AIDS, 2011–2015, and United Nations General Assembly resolution 65/277, taking into account the domestic context, legislation and jurisdictional responsibilities;'

*Needle and syringe programmes; opioid substitution therapy and other drug dependence treatment; HIV testing and counselling; antiretroviral therapy; prevention and treatment of sexually transmitted infections; condom programmes for people who inject drugs and their sexual partners; targeted information, education and communication for people who inject drugs and their sexual partners; vaccination, diagnosis and treatment of viral hepatitis; prevention, diagnosis and treatment of tuberculosis.

**WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva: World Health Organization; 2009.

The wording of this clause was by far the most debated of any wording in the resolution and was agreed after four separate drafting meetings at the WHO Executive Board in 2014 and further meetings hosted by the Permanent Mission of Brazil to the UN in Geneva prior to the 67th World Health Assembly with input from the highest levels of Government in the Member States concerned.

Furthermore, at Member States' request, WHO has examined the feasibility of the elimination of hepatitis B and C and produced in response a draft Global Health Sector Strategy for Viral Hepatitis with elimination as the goal. This strategy proposes investing in 'five core intervention areas'. One of those is 'harm reduction for people who use drugs'. There is also a specific service coverage target for the number of sterile needles and syringes provided per person who inject drugs per year. This strategy has been very widely consulted on with Member States during 2015 and has been sent to the WHO Executive Board with a view to being adopted by the World Health Assembly in 2016. Two regional Action Plans, based on the strategy – in the Western Pacific and in the Americas – have already been adopted by their respective Member States at Regional Committee Meetings in 2015.

It is therefore abundantly clear that Member States understand, in the field of health, that poor drug policies, such as the failure to provide harm reduction, lead to poor health. It is irrational for any Member State to adopt a contrary position in the field of drug policy.

V. Recommendations or Conclusion

We recommend that Member States show consistency with their position on the prevention of viral hepatitis and ensure that the nine core interventions of harm reduction are an integral part of their policies on drugs.

INDEX OF CATEGORIES

SUBMISSIONS RELATING TO DRUGS AND HEALTH

SUBMISSIONS RELATING TO DRUGS AND CRIME

SUBMISSIONS RELATING TO HUMAN RIGHTS, WOMEN, CHILDREN

SUBMISSIONS RELATING TO NEW CHALLENGES, THREATS AND REALITIES IN ADDRESSING THE WORLD DRUG PROBLEM

SUBMISSIONS RELATING TO DRUGS AND ALTERNATIVE DEVELOPMENT

INDEX OF KEYWORDS