

# **INTERNATIONAL DIALOGUE ON DRUG POLICIES: SUPPORTING THE PROCESS TOWARDS UNGASS 2016**

**Cartagena, Colombia  
22-24 November 2015**

## ***Executive Summary***

*The Cartagena Dialogue – organized by four governments and four civil society organizations, with the participation of 79 official and non-governmental delegates from three continents – was designed to strengthen the UNGASS 2016 process by identifying key ideas that help to review drug policies and by making steps to coordinate inter-regional efforts on the preparation, negotiation of the Outcome Document and on the UNGASS itself in April 2016.*

*The Dialogue drew attention to progress achieved in the preparation for UNGASS:*

- There have been changes on the terms and actors of the debate about the harm associated with drugs and drug policies, including social harm;*
- An intergovernmental, non-governmental, regional and interregional group of actors that promote the evaluation and review of drug policies has expanded;*
- New civil society organizations have become engaged in the debate, have developed international networks composed by experts on a range of themes, and have formulated recommendations;*
- The process has connected the United Nations seats in Vienna, New York and Geneva, and several UN agencies have joined the debate; and,*
- An approach based on human rights, public health and sustainable development has been introduced.*

*The Dialogue highlighted common proposals:*

- On the main purpose of the conventions and the fundamentals of drug policies; and*
- On broadening the harm reduction concept and impact indicators, beyond the consequences associated with drug use.*

*And specific proposals from the Working Groups:*

- Human rights and drugs.*
- Public health-oriented approach;*
- Social impact of the illicit drug market and of drug policies to combat it; and*
- Implementation and interpretation of the Conventions based on the final purpose of safeguarding the welfare of people and ensuring respect for human rights.*

*The Dialogue discussed coordinated steps to achieve results at UNGASS 2016:*

- On the intergovernmental, non-governmental and UN system-wide preparation,*
- On the negotiation of the Outcome Document, to make it a significant text.*
- On the round tables at UNGASS, to allow the main organ of the United Nations to express both consensus and dissent, and to open up new perspectives for the 2016-2019 process.*

*This report of the Cartagena Dialogue - to support the UNGASS on the world drug problem to be held in April 2016 - synthesizes the discussions, draws attention to the ideas of convergence, sometimes expressed with divergent emphasis, and gathers all the proposals brought forward in the course of discussions. This is not an official document of the Governments, civil society organizations and participants. Nor is it a formal minute or summary of each of the interventions. It is a rapporteur's report which starts from the rules under which the Dialogue sessions were held as an informal and confidential event. These rules authorized the collection of information and positions expressed, without referring to the identity or affiliation of the person who proposed one or another position.*

*The report is organized into four central themes: participants, objectives and methodology; Plenaries: visions on the progress of the preparations for UNGASS 2016; common specific proposals of the Working Groups; and coordinated steps to provide concrete outcomes.*

## **1. PARTICIPANTS, OBJECTIVES AND METHODOLOGY.**

The Cartagena Dialogue was called by four governments - Colombia, Switzerland, Mexico and Ghana - and four civil society organizations - *Open Society Foundations, Transnational Institute, the Washington Office for Latin America, and Mexico Unido Contra la Delincuencia*. The 59 official delegates belonged to a range of State agencies - such as Ministries of Foreign Affairs, Justice, Health, Development, Defense, police forces and drug control organizations from 26 countries and three continents: Americas / Caribbean, Europe and Africa. Twenty delegates from 15 civil society organizations also participated.

The purpose of the Dialogue was to strengthen the UNGASS 2016 process by identifying two types of convergence. First, it identified common proposals and key ideas which will help to approach the review of drug policies with frankness and responsibility, and make decisions to redirect those policies. Second, it identified the mechanisms to coordinate efforts during the preparatory debate, during the process of negotiation of the Outcome Document, and at the UNGASS itself.

The Cartagena Dialogue held sessions in panels, working Groups and plenaries. The plenaries held at the opening session and the introductory panel "Visions on UNGASS 2016", introduced a double level analysis. On the one hand, it introduced the progress made on the debate at governmental scenarios and in civil society. Second, it introduced the results expected on the preparatory process, the Outcome Document, and at the UNGASS.

There were four Working Groups in the Dialogue: Human Rights, Public Health, Social Impact of the illicit drugs market; and the Application and interpretation of the drug Conventions. Each Group began with an introductory panel and had two inputs - the list of proposals for discussion, prepared on the basis of documents submitted by countries participating in Vienna, the initiatives of the European Union, CELAC and UNASUR; and the recommendations arising from a range of initiatives set up by the civil society organizations.

There were two Plenaries to discuss the results of the Working Groups, with a view to examining the needs and opportunities to review drug policies, as well as analyzing ways forward for coordinated action to keep influencing the UNGASS 2016 preparatory process and the perspectives opened up by the Assembly itself.

The Cartagena Dialogue had a team to provide support for the discussions: Every Working Group had a facilitator who guided the discussions based on the two inputs mentioned before; put together points of convergence, arguments, and new key ideas. There were two rapporteurs who took notes on relevant agreements and disagreements in every working group. Also, there was a general facilitator who coordinated the whole process and generated this general report for the use of all participants in the Dialogue and the Organizing Committee.

## **II. PLENARIES: VISIONS AND PROGRESS IN UNGASS 2016.**

The invitation and preparation for the UNGASS opened a process that has changed the terms and actors of the debate on drug policies, and has expanded an intergovernmental, non-governmental and interregional group that promotes a frank and inclusive discussion.

This group of countries has contributed to bring closer the positions of governments, NGOs and academic participants in the evaluation and review of drug policies. It has managed to avoid a situation in which procedural arguments limit the substantive debate. It has expanded the participation to States which do not have permanent representation in Vienna, and a number of ministries or national agencies related to the drug problem. It has also encouraged the intervention of a number of United Nations agencies, and the connection of the process at the different seats of the United Nations in Vienna, New York and Geneva, in preparations for UNGASS 2016.

The Secretary General has said that UNGASS 2016 should make it possible to hold a wide-ranging, open and inclusive debate, which will consider all options. A number of instances and organisms in the UN system have moved forward in the formulation of other approaches to some dimensions of drug policies. The Human Rights Council asked the High Commissioner for Human Rights to write a report as an input for the debate, which was published in September 2015. The Human Rights Council, UNDP, UN Women, UNAIDS, UNICEF, UNODC and INCB have all expressed their support for a balanced approach with a focus on people and human rights, addressing the negative social consequences. UNDP has prepared a diagnosis of the link between development and the world drug problem. The debate has made progress at the WHO, too.

The preparatory process for UNGASS has also expanded the engagement with social actors who have held informative meetings, hearings, regional and automatic consultations, produced a survey of global civil society and made recommendations based on this survey. Human rights organizations have been engaged with the debate about the drug problem and drug policies. At the regional level, they have also asked the Inter-American Commission on Human Rights to assess how the drug strategy has contributed to the violation of human rights. Small growers, who participate on drug-related subsistence crops, are holding a world forum and their discussions will

provide material for the UNGASS debate.

The Cartagena Dialogue underlined the contribution to the UNGASS 2016 preparation by the previous debate developed by national and regional initiatives along with international networks that gather civil society organizations and provide expertise on different topics. Some participants highlighted the way in which these initiatives have exposed the weakening of the global consensus on which the three United Nations Conventions rest. Others underlined the need for the UNGASS to recognize that there are tensions as to how this multidimensional and multifaceted phenomenon should be managed, as it plays out in different ways in different regions, and tends to affect some populations more than others.

Various participants in the Cartagena Dialogue highlighted as a major progress, during the preparatory process for UNGASS, the mainstreaming of a cross-cutting approach with an emphasis on human rights - not only those of consumers, but society as a whole - public health, and sustainable development, looking for less expensive, more effective, and - above all - more human alternatives. They also highlighted that dialogues such as this one are in no sense a luxury but a need, because they strengthen the confluence of governments and social organizations to make solid and sustainable progress, and to achieve specific results during the three moments of this process: preparation, negotiation of the Outcome Document, and the UNGASS itself. The challenge today is to build upon convergences, so that dogmatic positions and bureaucratic inertia, which are so much a part of today's drug policies, do not stop UNGASS 2016 from being a window for change in drug policies.

### **III. COMMON AND SPECIFIC PROPOSALS OF THE WORKING GROUPS.**

#### **Common proposals**

##### **1) Objectives and fundamentals.**

The main purpose of the drug Conventions - to safeguard the health and welfare of humankind - cannot be achieved without an approach on human rights. This means guaranteeing full respect for human dignity and rights, in particular, to life and to health, and with the protection of children, non-discrimination, and respect for fundamental liberties. In cases of tension between the application of the drug Conventions and international commitments acquired by States in matters of human rights, human rights must be guaranteed.

Human rights must also be the basis for drug policies, and be respected in implementation strategies. In this respect, it will help to include the drug theme more specifically on the agenda of United Nations human rights organs and encourage the participation of all relevant UN-System Agencies in drug policy design and implementation.

In the face of these two issues - human rights as a principle of interpretation of the Conventions and as a foundation of drug policies -, national sovereignty, which nobody questions, cannot be invoked to justify policies that are against human rights.

A public-health-oriented approach to drug policies is needed to achieve the intrinsic objectives of the drug Conventions. It must also be recognized that the social consequences of the illicit drug markets stem not only from the global increase in consumption, or from the violence associated with trafficking; rather, all these dimensions of the problem together with certain counternarcotics strategies contribute to the weakening of social ties. It is also necessary to humanize drug policies through initiatives centered on people, individual rights and liberties, and the promotion of sustainable development. It is not possible to continue to be tied to the unbalanced view which has privileged the use of repression and criminal punishment. The struggle against the illicit market in drugs cannot be fought at any cost; public health, development and human rights must not be neglected.

## 2) The expansion of concepts.

The term "harm reduction" was used in the "Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS", adopted by the General Assembly in Resolution 65/277. The expression implies an increase in the availability and coverage of measures aimed at minimizing the consequences associated with drug use and reducing fatalities related to infectious diseases, through the implementation of evidence-based interventions recommended by WHO, UNAIDS and UNODC, including in prisons and other closed settings. It also implies, besides the exchange of syringes, access to opioid substitution therapy and the distribution of naloxone to avoid overdoses, and the protection of individuals from the risks associated with drug use. All of these should be part of efforts to encourage and guarantee treatment and recovery.

The Cartagena Dialogue examined the expansion of the concept "harm reduction" to the consequences of other components of the drug problem and drug policies, like violence, exclusion, crime, victimization, and the consequent weakening of social ties in entire regions. This is the case for social or environmental harm reduction measures, similar to those pioneered in the field of public health. The Dialogue also examined the need to include this among the priorities for international cooperation.

## 3) Indicators.

It is essential not to continue to limit indicators for the assessment of drug policies to results measured in terms of the number of hectares eradicated, kilograms seized, or individuals detained or convicted.

It will be basic to design new, comprehensible and practical indicators to measure the impact of drug policies on this complex problem and for other purposes, including to ensure respect for and observance of human rights in the application of the conventions and drug policies. It must be possible to follow up and measure progress and drawbacks, impact on sectors involved in the drug problem and the harm caused by drug policies to individuals.

Indicators should also refer to health promotion, reduction of violence and the prevention of drug abuse, protection of vulnerable groups, treatment with quality, and harm reduction among consumers. Furthermore, there is a need for indicators of the social impact and of social and

economic development in communities affected by poverty and security issues. There must also be indicators that help to measure the participation of United Nations system agencies and the coordination with UNODC; and controls must be introduced for respect for human rights in the review and follow up made by the International Narcotics Control Board (INCB), in the World Drug Report, and in international cooperation programs.

### **Specific proposals of the Working Groups.**

#### **Working Group 1. Human rights and drugs.**

1) Human rights include all rights for all human beings in all circumstances. In other words, all those affected by the world drug problem or by drug policies, are individual subjects of individual or collective, economic, social, cultural and citizens' rights, which comprise the participation in the formulation of public policy for drugs. The decriminalization of drug consumers is gathering support in several countries and among the United Nations agencies, which recognize this proposition as key to avoiding violations of human rights; it could be extended to cover other vulnerable sectors such as peasant farmers who cultivate illicit crops, or those who transport small amounts of substances for their subsistence.

2) The abolition of the death penalty for drug-related crimes received almost total support. One participant said that the abolition, in general, corresponds to each country, because it is considered a matter of national sovereignty.

3) Sentences for drug-related crimes should be proportional to their gravity, considering the social impact of imprisonment, alternatives to imprisonment, and offering alternative livelihoods for individuals, families and groups, whose situation of vulnerability involves them with the illicit drug market.

4) The review of criminal policy on drugs should consider not only drug users, but also peasant farmers and other individuals who commit minor drug-related crimes, or those described as "weak links", such as small distributors.

5) There should be an explicit definition of the groups affected by the problem and by drug policies, and a recognition of their rights, since reference is often made to consumers, but not to small producers and distributors, or these become diluted into categories of gender or age. The victimization of these groups and individuals is made more acute by the pejorative or stigmatizing descriptions of being called "mules", "addicts", and by their criminalization, and the failure to recognize other legal uses of controlled drugs - such as traditional, ancestral, religious or industrial uses. These concerns could be part of the discussion on the reform of world drug policies.

#### **Working Group 2. Public Health**

1) The public health approach is not the same as demand reduction. Its scope and content are broader. It cuts across drug policies. It goes beyond treatment as a medical problem, and it extends to all social services. This implies the elimination of inequalities and judicial, economic, social, political, educational and cultural barriers to access to health services and medication. It

also implies a coherent, systematic and a sustained effort aimed at the promotion of healthy conditions and lifestyles; attention to the individuals and communities affected by problematic drug consumption; and the strengthening of public health information and surveillance systems. Also there was a call to take into account (in the debate on the need for scientific evidence) national capacities to generate evidence and the convenience of defining parameters for prevention and treatment, with an emphasis on human rights and public health.

2) Prevention requires the development of better life conditions, trust, resilience and self-esteem among the young and those vulnerable to drug use and to other hazardous forms of behavior. It also requires better coverage, availability and effectiveness to contribute to a reduction in the consumption of drugs amongst the target populations and vulnerable groups, without stigmatizing drug users. Civil Society Organizations brought the Group to reflect on the need to redirect prevention towards the prevention of harm rather than consumption.

3) Treatment must recognize the fact that not all drug users have problematic consumption patterns. Treatment must not be punitive in nature nor degrading, as has been stated by the United Nations agencies in a joint declaration on compulsory drug treatment centres. Treatment and rehabilitation require adequate resources for programs adapted to individual circumstances, which can include community services, employment and housing support for the reintegration of drug users, and programs in prisons, to meet the challenge of HIV/AIDS among drug users.

4) The availability of, and access to, controlled substances for medical and scientific purposes, provided in the drug Conventions, allows the relief of pain and suffering, treatment of mental or neurological disorders, and the management of dependence on substances. It also implies an adjustment to health systems, with the strengthening of human resources, and avoidance of obstacles to access essential medicines and support for governments in the development of national programs and evaluations. The scheduling procedure for controlled substances and its results have to be reevaluated in order to harmonize the schedules with the WHO list of essential medicines, to promote the exchange of evidence and to ensure that they do not weaken the public health objectives.

5) Research for medical and scientific uses requires the elimination of barriers and the promotion of studies on new psychoactive substances.

6) With regard to the WHO, it was considered important to promote the participation of States in the meetings of the Executive Council, with a view to advocating a public health-oriented approach to drug policies in the UNGASS process and to issuing mandates for WHO to adapt its program framework and provide pertinent technical assistance to Member States. The importance of the role of WHO, in coordination with all the components of the UN system was underlined.

### **Working Group 3. Social impact of the illicit drugs market and counternarcotics policies.**

1) Addressing the economic and social factors that underlie the drug problem requires the following: First and foremost, the recognition that poverty and marginalization facilitate recruitment, particularly of the young, by criminal organized groups engaged in drug trafficking or sale. At the same time, policymakers should address the negative social and environmental

consequences of the implementation of drug policies, and overcome the disadvantages of public administration in generating institutional responses that are quick and constant enough to match the efficiency of criminal structures and counter their strategies for subjecting the most vulnerable groups of society to their purposes. In the prevention of violence associated with common and organized crime, there should be territorially-focused policies to incorporate communities into social inclusion and development programs, strengthening public participation in the oversight of criminal activity and promoting a culture of lawfulness, paying particular attention to vulnerable situations. Besides, social policy should put a greater emphasis and focus on resources to counter the impact of drug policies and on the enjoyment of civil, political, economic, social and cultural rights. Likewise, drug policies should empower marginalized communities who live in conditions of vulnerability, encourage their participation and the collective construction of support networks and collaboration with State institutions and civil society organizations.

2) Drug policies must be harmonized with the objectives of the 2030 Agenda to promote equitable and sustainable development, transform regions and territories, guarantee civic security based on a comprehensive reform of the security and justice system, link subregional agendas to the quest for specific actions that can be pursued at national level to help define the operative recommendations of UNGASS 2016; increase the coordination and harmonization of criteria among the different UN agencies, in order to enhance efforts made in the social and economic areas.

3) The concept of *alternative development* needs to be redefined, as it has so far been tied to punitive measures and confined to the control of crops bound for the illicit markets. It is a matter of adopting a comprehensive and preventive approach, with an emphasis on social and economic considerations, contextualized and sustainable strategies to improve the opportunities of vulnerable groups in the population; they must bring together the entire institutional and multi-sectorial supply, improve their quality of life and territorial conditions exposed to all segments of the illegal drugs economy. This means that they cannot be restricted to crop eradication or other supply reduction measures, nor to incentives for alternative economic activities, strengthening added-value chains in cooperation with local, national and international actors. It also requires addressing situation of small growers and those who are involved in the illicit drugs market for their subsistence, through the application of a comprehensive set of measures for social development and inclusion.

4) International cooperation to address the World Drug Problem should be inserted into programs for sustainable development and the eradication of poverty, in order to deal with the social consequences in the most affected countries. The principle of common and shared responsibility must recognize the vulnerability and special needs of social sectors and countries with geographical limitations, and limit the inclusion of the agendas on regional security to the interests from the countries offering international cooperation.

#### **Working Group 4. Application and interpretation of the Conventions.**

1) The interpretation of the drug Conventions should be made on the basis of their ultimate purpose. Some participants in the Cartagena Dialogue spoke of the need to reform the Conventions, because there was not enough flexibility in their interpretation. Others said that the



interpretation of the Conventions is a matter for experts (particularly, those of the International Law Commission). All agreed that conditions are not present today to enter into a process of renegotiation of these international treaties, because at present, efforts should be directed to open an honest discussion about its deficiencies and inconsistencies, and about new interpretations based on scientific evidence, international law fundamentals, and possible conflicts with human rights obligations. It was proposed that a group of like-minded countries should explore the scope and limits of the reinterpretation of the treaties, analyze the legal tensions that have arisen, and start developing possible reform proposals in the wake of the UNGASS 2016 process.

2) Drug policies must respect the principles of the United Nations Charter in relation to sovereignty and territorial integrity of States, non-intervention in internal affairs, and mutual respect between States; and their formulation should take account of national and local realities as well as the principle of common and shared responsibility.

3). The review of substances, in relation to their inclusion in control lists, should consider the unintended effects of scheduling, such as the impact on availability and accessibility for medical and scientific use, and the emergence of new substances of abuse that may pose greater risk to health.

4) The international drug control system – CND, INCB, with WHO, UNAIDS, UNODC, the Human Rights Council, UNDP, UNICEF, UNESCO and UN Women – should strive for coherence and facilitate joint initiatives on the review of successes and challenges in the 2016-2019 period. A group of experts could be formed to move forward with operational recommendations to improve the functioning and harmony of the international drug control system, including its institutional and legal architecture. The mandate, the structure and the composition of that group should include academia and civil society.

#### **IV. COORDINATED STEPS TO MATERIALIZE RESULTS.**

Preparations for UNGASS 2016 have another four months ahead, full of opportunities to deepen the debate. Governments and like-minded social organizations will continue to engage in consultation and coordination to enhance the process, and will present proposals and key ideas highlighted in these discussions in diverse intergovernmental and non-governmental settings.

The Cartagena Dialogue will continue its contribution to the enhancement of UNGASS 2016, with the added strength of the engagement of more governments into informal dialogues, consultations and informative meetings in Vienna, New York and Geneva, stimulating the direct participation of States that are not present in Vienna, with the consolidation of the important role of civil society organizations, and the recognition and incorporation of their contributions.

The negotiation of the UNGASS outcome document in Vienna is an opportunity to reflect on new realities and challenges, re-balance the approach without reducing it to matters of supply and demand, address the key causes and consequences of the world drug problem. It will also be an

opportunity to recognize that the core consideration guiding reforms and policies is the individual and individual rights and liberties. This is particularly so in sectors that have become more vulnerable due to the world drug problem, and due to the policies to combat it - the subsistence growers and producers, small-scale carriers of drugs, drug users, and those affected by the lack of medicines: the victims of the "drug war."

The Organizing Committee sends this general report of the Cartagena Dialogue to all participants. It also sends it to the UNGASS Preparatory Board in Vienna, so that this contribution can be taken into account in the process of construction of the UNGASS outcome document.