

Drugs, International Challenges



VIENNA 2019: THE INTERNATIONAL DRUG CONTROL SYSTEM UNDER STRESS

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In 2009, in a joint political declaration, the international community, meeting within the framework of the United Nations (UN), decided “to establish 2019 as a target date for States to eliminate or reduce significantly and measurably” the illicit supply and demand for narcotics (UNODC, 2009. para.), among other objectives¹. Since then, the growth and diversification of drug markets, as well as changes in the legal status of cannabis in many States, have undermined these aspirations.

In 2016, a new session of the United Nations General Assembly on Drugs (UNGASS), was convened early at the request of Latin American Heads of State², who questioned the relevance and effectiveness of existing law enforcement frameworks, and pointed out to the unrealistic objectives set in 2009. That call for a “global debate” on drug policy demonstrated how the existing consensus on an essentially security-based

perspective of drug control was on shaky ground.

It is in this context that the 62nd regular session of the Commission on Narcotic Drugs (CND) was held from 18 to 23 March 2019 in Vienna. Throughout more than a week of debates, the Austrian capital welcomed nearly 2 400 participants, including several ministers and heads of government, representing a wide range of invested parties (Member States, UN agencies, civil society organisations – CSOs, the scientific world, etc.). In addition to this annual

1. Ten years earlier, at the United Nations General Assembly Special Session on Drugs (UNGASS), Member States already vowed to a “drug-free world” by 2009 to stop this illicit economy from developing.

2. Since 2008, several dissonant voices have strongly criticised the repressive aspects of international drug control. One of the first entities to “break the taboo” was the Global Commission on Drug Policy, denouncing the “failure” of the war on drugs in an unprecedented report.

INTRODUCTION

The issue of drugs has often been surrounded by ideological debates, despite the fact that it is complex, has multiple causes and sometimes serious consequences, both in terms of health and security. For this reason, there is a need to base policies on objective scientific evidence and informed research, both in neurosciences and in human and social sciences, including criminology.

Legislative changes related to cannabis, particularly on the American continent, show that no country has found the perfect solution yet. There is a constant struggle among seeking a certain degree of individual freedom, properly protecting young people and reducing the burden on the criminal justice system. These changes also reflect the questioning on the most appropriate legal framework to reduce negative health and social consequences. Finally, they must make us aware of the influences of new interest groups that may try to influence public decisions.

The international landscape is certainly becoming more complex and polarised on these issues, as the last Commission on Narcotic Drugs has shown, as reported in this twelfth issue of *Drugs, international challenges*. Some countries no longer hesitate to implement policies that they consider to be more suited to their own country. In 2016, the international community was, however, able to reach an important agreement on these issues at the UN General Assembly Special Session on the Global Drug Problem. Efforts must now be devoted to implementing these recommendations in order to pursue comprehensive policies that respect human rights, include effective prevention, care and harm reduction measures and that are fully committed to combating trafficking and organised crime. And France will strive to achieve this.

Many challenges will put multilateralism to the test but through perseverance, open-mindedness and the ultimate need for cooperation, our efforts will make a real difference.

Laura D'Arrigo

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session, a special “ministerial segment” was added on 14 and 15 March to take stock of the efforts made over the last ten years to “address and combat the world drug problem”. This issue of *Drugs, international challenges* breaks down these 10 days of debates, offering a detailed analysis of the issues and developments that will shape the next years of international drug policy.

A challenging political environment

The 2019 CND (see box p.3) began in an unprecedented political situation. Faced with the violence caused by drug trafficking and the harmful effects of an essentially security-based approach, in 2012, the Presidents of Colombia, Mexico and Guatemala called for a “frank and open debate” on the problems posed by the international response and other possible alternative solutions. They convened an early United Nations General Assembly special session in 2016³ to review the situation and to carry out “an assessment on the progress made and the difficulties encountered” in combatting the issue of drugs.

Therefore, in April 2016, after a long preparatory period, a “Joint commitment to effectively addressing and countering the world drug problem” proposed a quite significant shift in international drug policy (UNODC, 2016a). The preparatory UNGASS discussions however revealed considerable political differences among Member States, particularly around the principles of “eradication” and “zero tolerance” of drugs and alternatives to repressive measures. Nevertheless, a consensus was reached on a road map divided into seven chapters on different topics that offered a more nuanced interpretation of contemporary drug-related issues than in the past. It took more account of the economic and social elements behind the illicit economy, as well as issues related to accessing controlled substances, preventing and treating diseases related

International conventions

Three international conventions regulate the production, access and use of narcotic and psychoactive substances. The Single Convention on Narcotic Drugs of 1954, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 define an international drug control system that categorises substances based on their level of potential abuse and dangerousness, and limits the licit supply of narcotic drugs to medical and scientific uses only, while ensuring adequate and sufficient access for these purposes. Any other use is considered illicit and is therefore unauthorised, as is the case for cannabis. Its resin and extracts are included in Schedules I and IV of the Single Convention on Narcotic Drugs of 1954. The substance is considered to pose a serious health risk and to have no significant therapeutic value, similar to cocaine or opium. Its main molecule with psychoactive properties, delta-9-tetrahydrocannabinol, or THC, is controlled under the Convention on Psychotropic Substances of 1971, which is included in Schedule I as a substance that poses health risks, has a high potential for abuse and has no therapeutic value.

In addition to this normative framework, are policy commitments and ten-year plans of action negotiated within the framework of the United Nations Commission on Narcotic Drugs (CND) guiding the international fight against drugs, which has been based on three main pillars since the 1990s: reducing the illicit supply and demand for drugs and combatting money laundering.

to drug use (such as HIV and hepatitis) and harm reduction related to narcotics use. Although this document may have been disappointing because of some of its shortcomings⁴, it went beyond the 2009 three-pillar approach by offering operational recommendations that were more orientated towards public health, human rights and development.

The international consensus on drugs had also been shaken by unprecedented changes in the global landscape brought about by initiatives to legalise the non-medical (“recreational”) and therapeutic use of cannabis. As this is the most widely used illicit substance in the world (UNODC, 2018) and is strictly controlled by international conventions (see box), these new policies have been a factor in creating tension. Beginning in 2012, when many states authorised cannabis being issued for therapeutic use, Uruguay, 10 of the US states (Obradovic, 2019), starting with Colorado and Washington State (Lalam *et al.*, 2017), and more recently

Canada (Obradovic, 2018), decided to adopt systems to regulate the production, distribution and use of cannabis for “recreational” uses. These reforms go against several principles and regulations ruling the international drug control system, which have caused a lot of opposition. Several States that favour repressive measures, such as Russia, China and Pakistan, consider these initiatives to be “unacceptable” and “dangerous” and that they are trying to “destroy the international control system”⁵. The United States, which was once the leader in the war on drugs, keep an ambiguous position, as cannabis use for purposes other than medical

3. A debate that was originally planned for 2019 by the 2009 Declaration.

4. CSOs favouring reform were particularly critical in this regard. See for example (IDPC, 2016).

5. Press release from the Embassy of the Russian Federation in Canada, 17 October 2018, the day cannabis was legalised in Canada.

The Commission on Narcotic Drugs (CND), the epicentre of international drug control

Created in 1946, the CND is the main UN policy-making body on drugs. In charge of monitoring the implementation of international conventions, it is responsible for strategic guidelines in this area and for amending substances' scheduling on the World Health Organisation's (WHO) recommendation. Based in Vienna and made up of 53 Member States, it meets every year in March for its "regular session", to carry out its normative duties, and then again in December to deal with administrative and financial matters related to running the United Nations Office on Drugs and Crime (UNODC), for which it is the governing body. It is convened in a "high-level ministerial segment" every 5 or 10 years to carry out regular reviews and to adapt the schemes accordingly. As a policy forum, the CND analyses the world drug situation, reviews the actions taken and urges the international community – through resolutions or decisions made under the States' initiative – to take action accordingly and to put their commitments into practice. These resolutions often contain significant nuances in terminology that have been negotiated at length in the Committee of the Whole (COW) and in "informal" and bilateral closed sessions", which often have decisive consequences on policy. On the margins of the plenary meetings, "side events" are co-organised by Member States and civil society organisations (CSOs). They bring specific and technical themes and practical cases to international attention, which are sometimes controversial, such as the issue of the stigma surrounding users and respect for human rights; alternatives to criminal penalties for narcotics use; the militarisation of international control; applying the death penalty for narcotics use; and the regulation of cannabis.

or scientific research is still banned at the federal level. For its part, the International Narcotics Control Board (INCB) – the guardian of the international conventions – has tirelessly condemned all of these initiatives publicly. In its 2019 report published a few days before the CND, the INCB devoted a chapter to the risks and benefits of cannabis and noted that the so-called "medical" uses are only authorised by the conventions under certain strict conditions. The INCB also denounced the "adverse effects" of "poorly controlled" programmes for the medical use of cannabinoids. They would tend to weaken "the public's perception of the risks it poses" and "lead to the legalisation of non-medical use, which goes against the provisions of the international treaties" (INCB, 2019).

In this context, the World Health Organisation's (WHO) Expert Committee on Drug Dependence

(ECDD), which is usually cautious on the subject⁶, has done some ground-breaking work on this issue. Carried out between June and November 2018, after a difficult preparatory period⁷, this critical review of the risks associated with cannabis (plant, resin, extracts) and its main components – cannabidiol (CBD) and tetrahydrocannabinol (THC) – led to the initially restricted publication in January 2019 of a proposal to revise the recommendations on the scheduling of these substances. For the Expert Committee, this involved revising in a more flexible manner the modality of access, particularly with regard to the therapeutic use of cannabis. Despite repeatedly postponing communication that this work had been concluded, because of political misgivings, the question of changing the means of controlling cannabis was put to the CND Member States for the first time.

However, the prospects for future developments seemed unlikely, as the positions adopted by Member States appeared to be incompatible. On the one hand, there were Member States advocating a security approach to drug control, such as Russia, China and several Asian states in the South-East, like Indonesia, which wanted the 2019 CND to reaffirm the 2009 "eradication" objectives, and on the other hand, there were those in favour of a more "progressive" approach, such as the European Union and Latin American States, who focused on implementing the 2016 commitments based, *inter alia*, on an approach that takes greater account of harm reduction, users' rights and socio-economic drivers of the illicit economy. So-called "legalising" states, such as Canada or Uruguay, while not presenting their national reforms as examples for anyone to follow, were also in favour of continuing with the 2016 commitments. This posed several challenges for the CND, with the most important being determining a roadmap on which to base the international community's future strategic directions. Was it a question of returning to the 2009 objectives – in line with the initial agenda as planned – with its limitations becoming increasingly more evident with time? Or was it more important to focus on the latest consensus and implementing commitments made in 2016 in order to re-align future strategies accordingly? And, a critical question was, what attitude would be adopted towards States and political entities that defied international conventions by changing the legal status of cannabis?

6. The last review of the value and authorised use of the plant by the WHO Expert Committee on Drug Dependence dates back to 1968, although it was a minor review.

7. Based on a 2009 mandate that the WHO has undertaken to work on cannabis. Ironically, it was Japan, who is strongly against legalisation, that requested an "updated report on cannabis" from the Expert Committee to analyse the threat posed by the increasing illicit misappropriation of cannabis seeds (Resolution 52/5).

Ministerial segment: problematic “complementarity”

Despite the extent of the questions and challenges presented to the international narcotics order, the 2019 CND did not offer any real debate beyond the questions organised within the framework of the “inter-sessional” sessions between October and December 2018. At risk of arriving at stalemate, Member States tried to look for a common denominator. They chose to open the discussion by immediately adopting a Ministerial Declaration on Strengthening Actions at the National, Regional and International Levels to Accelerate the Implementation of the Joint Commitments to Address and Counter the World Drug Problem (Economic and Social Council of the United Nations, 2019). In this six-page document, which was negotiated in advance, the signatory States only make a few concrete or ambitious commitments. A new 10-year timeline is established, with the next follow-up scheduled for 2029 and the mid-term review for 2024. Outlining future priorities by combining the goals set in 2009 with the multidimensional challenges identified in the 2016 Outcome document, the Declaration encourages Member States to strive to “accelerating, based on the principle of common and shared responsibility, the full implementation of (...) all commitments, operational recommendations and aspirational goals set out therein”. While the international community recognises the obstacles in building a drug-free world, as well as the “persistent and emerging challenges related to the world drug problem”, the need for action to be taken towards creating “a society free of drug abuse” is reiterated in line with the previous objectives from 2009 without taking stock of past difficulties and failures.

However, it is when speaking at the Plenary podium that States agree that drug-related problems are becoming worse and more complex,

as illustrated by the record levels of global cocaine and opium production in 2017 and 2018 (UNODC, 2018), the diversification of trafficking routes and *modus operandi*⁸ and the availability of new psychoactive substances (NPS). In addition, the links between drug trafficking, corruption and other forms of organised crime, including terrorism, are particularly highlighted. In addition to these changes in supply, there are also shortfalls in access to treatment and health services (which is more worrying given the lack of knowledge of the health risks associated with NPS and synthetic opioids [EMCDDA, 2017]). Contradictions became problematic with regards to the availability of opioids for treating pain. On the one hand, the United States and Canada are experiencing one of the largest health crises in their history related to the opioid crisis⁹, and on the other, 75% of the world’s population cannot benefit from comprehensive pain management because of insufficient access to essential drugs containing controlled substances, such as codeine or morphine (INCB, 2016).

Although there is less emphasis on the requirement for multidimensionality, outlined in the 2016 commitment, the 2019 Ministerial Declaration also places the future strategic guidelines and objectives on drugs at the heart of broader regulatory and political considerations than it did in the past. It states the importance of combatting drugs “in full conformity with the purposes and principles” of international law and human rights, even if, in view of the principles of non-interference and State sovereignty, the practical application of this commitment is left to each State’s own discretion. The implementation of international monitoring is now considered on the basis of more “integrated” and “balanced” lines of public action, including, in addition to law enforcement penalties, health, social and economic measures that respond more directly to the realities of drugs. The Declaration therefore confirms the UN principle of inclusiveness, “no one left behind” and working towards “good health,

dignity and peace” and “security and prosperity”. Furthermore, the principle of complementarity and mutual reinforcement of efforts to achieve the sustainable development goals set out in the 2030 UN Agenda (2015) and those to combat the world drug problem more effectively are endorsed.

Nevertheless, the search for basic consensus among States has left little room for change. Only partially considering the 2016 debate and the views of States that are critical about strictly repressive approaches to the current international drug control system, the Declaration ultimately only suggests superimposing/overlaying different strategies and objectives that can sometimes be composite. It encourages both addressing shortcomings in overcoming recurring and new challenges and responding “in a balanced manner” to “all aspects” and “related measures” of demand reduction, supply reduction and international cooperation mentioned in the 2009 Political Declaration, as well as addressing “additional issues identified” in 2016. It advocates the “complementarity”¹⁰ of international commitments, linking increased control of trafficking and users’ rights. However, no clear guidelines seem to prevail, leaving it up to

8. With regard to heroin, the Balkan route from Afghanistan remains the main trafficking route to Europe but new routes have emerged through Pakistan, South-East Asia, East Africa and Central Asia to Russia. Cocaine trafficking now involves 143 countries in 2017, compared to 99 countries between 1983 and 1987.

9. Declared a health emergency by the federal government in 2017, the crisis has continued to get worse, with more than 47 000 opioid overdose deaths recorded in the United States, i.e. a 13% increase compared to the previous year, and 4 000 deaths in Canada, i.e. a 33% rise over 2016 (UNODC, 2019). A similar crisis is emerging in West, Central and North Africa with another synthetic opioid, tramadol, with seizures from use of this drug reaching a record level of 125 tonnes in 2017 (compared to 10 kg in 2010).

10. The 2009 Political Declaration and Action plan, the 2014 Joint Ministerial Statement from the mid-term review of the aforementioned declaration and the 2016 UNGASS outcome document are recognized to be “complementary and mutually reinforcing”.

each signatory to interpret it as they see fit. Several delegations, however, sought to clarify the concept of “complementarity”, which was intended to bring stakeholders together with different views, while others already pointed to the risks of “inconsistency” in the bond because of the lack of any real hierarchy. Some States, such as Switzerland, regretted that the CND did not further integrate the knowledge acquired from the 2016 UNGASS. Others, such as Mexico and Colombia, supported by the European Union and UN agencies (UNODC, OHCHR, WHO), explicitly made implementing the UNGASS commitments a priority after 2019, including points on public health and

respecting human rights, stressing that this is “the latest and broadest consensus on drugs ever reached”. Others, on the contrary, like China or the countries of the Arab League, called for respect for sovereignties and consideration of cultural diversity by promoting increased law enforcement in this area and the 2009 eradication objectives.

While a common denominator has emerged from different interpretations of the “drug problem”, there are still considerable differences with regard to the rationale, justifications, fundamental principles or even the very meaning of the concepts addressed. For example, the concept of “prevention” may, depending on

the State, in some cases mean implementing public policies focused on abstinence, while others are more focused on adopting harm reduction measures.

After the 2019 CND there is therefore now a high risk of the international drug policy landscape fragmenting. Sharing the conviction that “no country can face the drug problem alone” and denouncing the downward trend, many CND member states, including France (box p.5), insisted on the need to “carry the torch for multilateral action” (MILDECA, 2019), which is the glue for managing the world drug problem in the future. While the Declaration echoes this concern, the implementation of the 2019 commitments will largely depend on States’ interpretations of the various political undertakings addressed. In the end, the “way forward” is likely to be made up of several paths, not one.

France following on from 2016

Represented by the President of the Interministerial Mission for Combatting Drugs and Addictive Behaviours (MILDECA), France defended a “humane and balanced approach to easing individual and social tensions”, following on from the UNGASS 2016 policy document, looking for the solution to illicit drugs in public health. It is therefore rather in favour of a “persevering approach to harm reduction”. Throughout the CND, the French delegation was committed to health issues as can be seen by the fact they co-organised several side events. Together with Ivory Coast, the WHO, the Global Fund to Fight AIDS, and the French civil society platform, France has promoted the role played by the Global Fund to Fight AIDS by fulfilling the 2030 Agenda and UNGASS commitments and encouraging its partners to further support the Fund. With regard to prevention, it reiterates its support for the UNODC’s work by co-sponsoring a side event on the Listen First campaign with Portugal, Sweden and Kenya. This is an international campaign designed to prevent drug use and at-risk behaviour which is based on a scientific approach and listening to children and young people’s needs.

Without removing “protective bans” which are designed to protect everyone’s “health, safety and well-being”, it promotes a “voluntary and inclusive” approach that puts the individual first. While being committed to multilateralism and noting the importance of the international conventions as the foundation for the international response to drugs, France reaffirms its commitment to respecting human rights, particularly condemning the use of the death penalty.

French civil society has also played a particularly active role. Médecins du Monde organised and participated in numerous side events, mainly focusing on community-based approaches. Hence, several experiences were presented on: screening and treating hepatitis; the role and involvement of peers in preventing infections and supporting drug users; taking into account the socio-cultural factors involved with the repression of and violence towards users. The discussions were enriched by field experience from Tanzania, Vietnam, Kenya, Georgia and Myanmar, among others.

A dynamic agenda, despite persisting political divergences

Once the framework set by the ministerial declaration had been established, the general discussions at the 2019 CND dispelled the illusion of international consensus. Several issues, such as cannabis and human rights, have created strong political differences. However, various initiatives also suggest that a process of redefining drug strategies to focus more on the notions of health, human rights and sustainable development, inherited from the 2016 UNGASS, can be initiated. In this process, the orchestrating role of UN agencies and the leadership of members of civil society should be emphasised. Therefore, if barriers continue to be encountered, a “more balanced” agenda for international drug management will gradually be put in place, breaking away from the so-called ideals of strictly repressive interpretations of drug control.

The tricky issue of cannabis

The issue of cannabis regulation has highlighted a number of fractures. Referring to the international conventions, several States, including Japan, China, Russia, the United Arab Emirates and, to a lesser extent, Norway, have expressed virulent hostility towards legalisation, sometimes through a righteous speech. These States pointed out the risks of misappropriation of legalised products in some countries, with these products being found on new grey markets, and of their use being trivialised, with the impact of cannabis on health not being viewed the same way. For example, Russia, the leading country being firmly opposed to pro-reform states, stated at the podium that “cannabis legalisation is a serious matter and a direct route to drug hell”¹¹. Russia therefore forced the main figures making this political choice – Uruguay and Canada – to justify themselves, with the US federal government not commenting. The divergence among States was related to two points: the role of the INCB in this debate and the vote on changing the cannabis scheduling as recommended by the WHO. The INCB’s opposition to the national legalisation policies in force, as expressed in its last report, has been severely judged by several Latin American and European States¹². The Russian draft resolution supporting the INCB was seen by a large number of Member States to be a real show of strength designed to support the Board’s right to inspect Member States’ national and sovereign action. It would then be likely to threaten those who would adopt “stances that do not comply with the three conventions” – the notion of compliance here being tinged with the States’ own interpretations of what falls within the spirit of the convention or not, considering the security approach favoured by the States supporting this resolution. During the negotiations for this resolution, efforts were thus made by other Member States to ensure the text was balanced. Therefore, the adopted resolution includes, alongside responses that



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are not compliant with the conventions, those that would also be “non compliant with international human rights obligations” (United Nations Commission on Narcotic Drugs, 2019e).

While the CND had a historic opportunity, following the WHO recommendations, to change the classification of the substance, political considerations overrode the more technical aspects, with consideration for the latter being quickly postponed. Some States felt that they needed to defer the decision “for lack of time”. Despite the fact several delegations were reluctant, including Uruguay and Mexico, Member States decided to postpone the vote “in order to give themselves more time to consider these recommendations”. The United States, for example, expressed that they wanted to take stock of this “extremely complex” subject. Russia, for its part, directly questioned the WHO Expert Committee on habit-forming potential and their authority to recommend, as well as the scientific soundness of the Committee’s “inconsistent and obsolete undertaking”, which was suspected of favouring “pharmaceutical groups’ interests to the detriment of international drug control agents’ interests”¹³. This decision to postpone the discussion again shows

just how difficult it is to start an international debate on this tricky subject of cannabis.

Adopting a “health-oriented” approach to drugs: increased momentum despite contradictory interpretations

While the 2019 CND highlighted the importance of public health issues, the fact that there are still political differences on this subject, sometimes disproportionately to the realities in the field and the joint commitment principles, could not always be overcome. The negotiations of Resolution L4 on preventing

11. Address by the Minister of Foreign Affairs of the Russian Federation, Mr Lavrov, at the 62nd session of the CND, Vienna, 14 March 2019. Author’s notes, based on the official oral translation of the original speech delivered in Russian and available at: https://www.unodc.org/documents/commissions/CND/2019/2019_MINISTERIAL_SEGMENT/Russian_Federation.pdf (accessed on 31/10/2019).

12. Field notes by the authors, formula used in the speeches of the countries cited, available on the official website of the meeting archives: https://www.unodc.org/unodc/en/commissions/CND/session/62_Session_2019/statements.html

13. Field notes, based on the official oral translation of the original speech delivered by the Russian delegation at the 8th Plenary Session on “Modification of the scope for controlling substances”, item 9 on the agenda, 18 March 2019.

and treating drug-related hepatitis C were instructive in this regard. Proposed by Norway, the debates surrounding this resolution quickly became focused on the issue of “harm reduction” (HR), which for some States contradicts the objectives of a “drug-free world” based on abstinence. China, Russia and Singapore automatically excluded this concept from the final text, showing how, despite the fact there has been progress in implementing HR¹⁴ measures in several countries in recent years, there is still strong opposition. This vigorous debate on the terminology of the resolutions shows the difficulties faced when implementing a health-oriented drug policy.

Despite these political difficulties on health issues, various UN organisations (including UNAIDS, the WHO and UNODC), some Member States and several civil society organisations have raised the profile of health issues on the international agenda. Several resolutions (United Nations Commission on Narcotic Drugs, 2019c, d) and side events¹⁵ reflect a dynamic international reflection on these issues. Among them, an EU-supported discussion on the issue of insufficient access to opioid drugs highlighted the importance of raising global awareness of this “other opioid crisis” and the need to improve the relevant health systems and to better manage the supply chain at the international level. The fact that the discussion brought together so many different parties, including the Executive Director of UNODC, the President of the INCB, representatives from the WHO, the International Atomic Energy Agency, the Union for International Cancer Control, the Vienna NGO Committee on Drugs, and academics, testifies not only to how important this topic is considered within the CND but also to the influence that CSOs can have when defending their patients. The side event devoted to a necessary health approach to drug addiction, organised by the Italian, Norwegian and American governments, UNODC, UNAIDS, INCB, the WHO and the civil society task force, was also distinguished by the wide variety of different parties pre-

sent. The fact that such a large number of stakeholders were involved from various different backgrounds, institutions and with such a variety of responsibilities, created an even stronger momentum for the need for a drug policy that is more focused on public health. It also reflects the significant progress made in raising international awareness and developing a more coherent public debate on this issue, which is generally confined to specialised bodies such as the WHO and ignored in forums on narcotics. The mobilisation of civil society organisations specialising in harm reduction and representing users and patients has been particularly exemplary in this respect.

Ensuring and developing an inclusive approach

Although there is still strong opposition on the subject of rights, the 2019 CND was nevertheless a key session with regard to this sensitive issue. Some countries, such as the Philippines and Iran, apply the death penalty for drug-related offences and continue to justify serious violations to human rights based on the supposed need to crack down on drug trafficking and use. Most CND member states, however, advocated the need to bring drug policies into line with human rights¹⁶. The participation of specialised parties in the CND debates, such as the Office of the United Nations High Commissioner for Human Rights, shows that this issue is being better taken into account. More specifically, the unprecedented publication of the “International Guidelines on Human Rights and Drug Policy”, drawn up over four years by a coalition of UN organisations (UNAIDS *et al.*, 2019), Member States and experts, constitutes a milestone. Presented at a side event supported by Canada, Germany, Mexico, Switzerland, UNAIDS and the WHO, the guidelines aim to align drug control conventions with respect for human rights. They provide support to public bodies in all aspects of managing the drug problem, from production to use, and they cover several areas of intervention (harm reduction, public health, development and criminal

justice). As the Swiss Ambassador pointed out, this document paves the way for a more integrated approach: “In Vienna, we talk about drugs and harm reduction, in Geneva we talk about health, in New York we talk about politics. It’s a challenge to bring these worlds together... these guidelines provide a solid foundation for doing so.” While applying these guidelines remains at the States’ discretion, their launch at the CND sent a strong message. It encouraged States to work together to comply with their varied obligations and be accountable with regards to their human rights and drug control engagements. It is also an indicator of where we want to be with regard to human rights in all discussions on drugs, and an indicator of the leadership role CSOs and UN agencies play in this debate.

“A development-oriented drug policy”

The 2016 UNGASS put on the agenda the need to work towards ensuring greater coherence between drug control policies and those that are aimed towards achieving the Sustainable Development Goals (SDGs) defined by the United Nations in the 2030 Agenda. Several States, including Germany, Thailand, Colombia and Peru, as well as the European Union, CSOs and UN agencies, such as the UNDP and the UNODC, encouraged the international community to take the harmful effects of this economy and the strictly repressive policies linked to it into account,

14. Nearly 86 countries are implementing different kinds of harm reduction programme. For example, there are now drug consumption rooms in 11 countries, which are mainly European, including Belgium, Spain, France, Switzerland and Norway but they can also be found in Canada and Australia. 117 sites were active in 2017 compared to 90 in 2016 (HRI *et al.*, 2018).

15. There are half a dozen of them devoted to contributing to the Global Fund to Combat AIDS, tuberculosis and malaria, to harm reduction programmes in Asia, to preventing hepatitis C in users and finally to the opioid crisis and the question of the accessibility and availability of controlled substances.

16. The Agency actively participated in the intersessional preparatory meetings for the CND, including organising presentations as well as to various expert groups associated with the issue of drugs.

not only with regards to the rule of law, health and the socio-economic environment but also to vulnerable groups (the younger generation and women) and the environmental aspect (deforestation, pollution), particularly in opium and coca producing countries (UNDP, 2016; UNODC, 2016b).

Nevertheless, beyond this political commitment, few stakeholders were still in a position to give a working definition of a “development-oriented drug policy” and therefore to develop specific plans of action to that end. A number of discussions on the 2019 CND agenda caused participants to seek to take further action and to make this a more concrete commitment. Several avenues have emerged, including having a better understanding of the “drug problem”¹⁷, pursuing socio-economic reintegration and rural development efforts among communities cultivating plants used in the production of illicit drugs through “alternative development” measures (Alimi, 2018) and integrating measures to support the creation of central public services, such as education, health and social integration through employment, into policies to combat urban drug markets.

The adoption of resolution L6 on promoting alternative developments as an example of development-oriented drug policy, the negotiation of which was not subject to substantive disagreement, highlights the need for intersectoral (security, health, education, public accountability, infrastructure, socio-economic integration, etc.) and multi-stakeholder (state agents, CSOs, local authorities, affected populations, private sector, etc.) approaches in order to better take into account all the different dimensions of the drug trade. Several side events, including some bringing together national alternative development programme managers and heads of UN agencies, also provided an opportunity to promote new partnerships, particularly with the private sector, to clarify the tech-

nical element of this issue and to highlight encouraging results from projects developed in this area¹⁸. Besides, the UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters established a few months earlier, contributed an innovative document to the debate with examples of UN best practice and implementation in terms of linking law enforcement, prevention and health systems over the last 10 years (United Nations Commission on Narcotic Drugs, 2019b).

■ What are the prospects for post-2019?

The 2019 edition of the CND (United Nations, 2019) highlighted the contradictions and divisions that run through an international drug control system that is under pressure. While on the surface the status quo has prevailed, the international discussion on a more balanced and human-centred approach focusing on groups affected by or involved in the illicit drug trade is progressing. The mobilisation of major international organisations, some States and civil society organisations clearly show that commitment from certain parties and the networking and cooperative work done by UN agencies have made it possible to start redesigning anti-drug strategies, following new approaches adopted at the 2016 UNGASS.

Diffusion by the United Nations Chief Executives Board for Coordination of a “common UN system position on drug policy” brings together more than thirty UN organisations to work on optimising the development of a “more effective and humane” multidisciplinary response (United Nations Commission on Narcotic Drugs, 2019a). This document, which was praised by several civil society organisations and academic players constitute a milestone in that sense. It demonstrates agencies’

willingness to speak with one voice (UN-One voice) and to improve the UN’s coordination and coherence when it comes to drugs. The 2019 CND has therefore taken further steps towards “rebalancing” drug policies based on public health, human rights and sustainable development.

However, these developments remain fragile and are still dependent on the policy vagaries that are individual to each State. In Latin America, recent policy changes in Colombia and Brazil have seen a return to more traditional drug “eradication” policies, while starting a more severe war on drugs in Asia (where the death penalty is still used for drug-related offences) raises fears of even greater international divergences to overcome. Finally, the tension in the European Union threatens the future of a European consensus on drugs, which has been shaken by the introduction of the therapeutic use of cannabis and the prospect of its legal status changing in Luxembourg.

17. The ongoing reform of the Annual Report Questionnaire on Drugs (ARQ), which collects the statistical information which forms the basis for the World Drug Report, would in that sense be a means of producing a more refined reading of the many different aspects of drug problems and policies that go beyond measuring the progress of eradicating the illicit supply and demand. Submitted for discussion during the preparatory debates for the 2016 UNGASS at the instigation of the UNODC, a major statistical overhaul is under way in order to integrate more qualitative elements (efficiency of public responses, socio-economic conditions of users/traffickers/producers) and to simplify the tools used with a view to increasing the capacity and quality of the responses collected from Member States (E/CN.7/2017/11). Although this reform is supported by the majority of the States, it remains dependent on doctrinal rivalries surrounding the reference frameworks that need to be prioritised (security, health, socio-economic, rights).

18. The guidelines adopted by the Council of the European Union on alternative development were formally presented for the first time at a special parallel session of the CND Ministerial Segment, while the first results of a UNODC alternative development project in Myanmar, in partnership with the private coffee company Malongo, were also shared.

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