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**Follow-up to the implementation at the national,
regional, and international levels of all
commitments, as reflected in the Ministerial
Declaration of 2019, to address and counter the
world drug problem**

**Conference room paper submitted by Czechia, titled
“Opportunities and Challenges for the Engagement of Civil
Society in Human Rights Oriented Drug Policies”****

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OPPORTUNITIES AND CHALLENGES FOR THE ENGAGEMENT OF CIVIL SOCIETY IN HUMAN RIGHTS ORIENTED DRUG POLICIES

A. INTRODUCTION

The Czech Republic puts strong emphasis on evidence-based, integrated, balanced drug policies rooted in the freedom of citizens, the protection of human rights, dignity and the rule of law, and these values were central to the Czech Presidency of the Council of the European Union (EU) from July to December 2022 – culminating in the adoption by consensus of Council Conclusions on Human Rights-Based Approaches in Drug Policies in December 2022.¹

This Conference Room Paper, presented to the 66th Commission on Narcotic Drugs (CND) in March 2023, seeks to explore the importance of the human rights approach within drug policies. This includes, inter alia, the effective implementation of all human rights commitments, the adoption of more humane, proportionate and rational approaches to drug policies, the prevention of stigma and discrimination, and the mainstreaming of comprehensive health responses to the world drug situation, including risk and harm reduction measures, and gender- and age-sensitive perspectives. This Paper focuses especially on the effective drug responses that are grounded in human rights obligations, such as the decriminalization of low-level drug offences and personal use, harm reduction, and civil society participation as a central principle.

As such, this paper mirrors the Czech Republic's own national and international commitments in line especially with the *Outcome Document of the 2016 United Nations General Assembly Special Session (UNGASS) on the World Drug Problem*,² the *EU Drugs Strategy and its Action Plan 2021-2025*,³ the *United Nations System Common Position Supporting the Implementation of the International Drug Control Policy Through Effective Inter-agency Collaboration*,⁴ the *International Guidelines on Human Rights and Drug Policy*,⁵ and the UN's *2030 Agenda for Sustainable Development*.⁶

Furthermore, the CND and the Czech Republic can both demonstrate a track record of, and strong commitments to, the promotion and protection of civil society engagement and civic space within drug policy. This Conference Room Paper also explores the vital role that civil society partners play in this sector, and how this can be further enhanced and secured as we approach the midterm review of the commitments made in the 2019 Ministerial Declaration, anticipated in March 2024.

B. KEY ELEMENTS OF MODERN, HUMANE AND EFFECTIVE DRUG POLICIES

“RECALLING that human rights are universal, unalienable, indivisible, interdependent and interrelated, including in the context of drug policy, development assistance, health care and criminal justice”

Council Conclusions, December 2022

The Czech Republic has a long and successful history of implementing and promoting health- and human rights-centred approaches to drug policies. For

¹ <https://data.consilium.europa.eu/doc/document/ST-15818-2022-INIT/en/pdf>.

² www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf.

³ www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf.

⁴ <https://unsceb.org/united-nations-system-common-position-supporting-implementation-international-drug-control-policy>.

⁵ www.humanrights-drugpolicy.org/site/assets/files/1640/hrdp_guidelines_2020_english.pdf.

⁶ <https://sdgs.un.org/2030agenda>.

example, it provides one of the earliest examples of the **decriminalization** of drug possession for personal use and for all drugs – with legislation in place since 1990 to remove such offences from the penal code. Similar decriminalization models have been adopted in dozens of countries and jurisdictions across the world,⁷ and are strongly endorsed in both the UN System Common Position, the *International Guidelines on Human Rights and Drug Policy*, and by a range of UN human rights entities – including the Office of the UN High Commissioner for Human Rights (OHCHR),⁸ the UN Committee on Economic, Social and Cultural Rights,⁹ the UN Working Group on Arbitrary Detention,¹⁰ and the UN Special Rapporteur on the right to health.¹¹ The UNGASS Outcome Document of 2016 also encourages member States to implement “alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature” – language drawn from the three international drug control conventions themselves, which explicitly allow for such approaches to be adopted by States parties.

In their 2021 report, the International Narcotics Control Board (INCB) provided clear guidance that “measures to decriminalize the personal use and possession of small quantities of drugs are consistent with the provisions of the drug control conventions”, and goes on to state that “the Board has consistently explained that the conventions were designed to protect the health and well-being of people, including through the avoidance of disproportionate criminal justice responses to the possession of drugs related to personal use or dependence. It is at the discretion of States parties to the conventions to adopt policies and laws that are public health-oriented in response to minor drug-related offences”.¹²

Another key element of the Czech Republic’s drug policy principles is the **harm reduction** approach – broadly defined as “policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws... grounded in justice and human rights... [and focused] on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support”.¹³ Supportive references to harm reduction have been reported in national policy documents in 105 countries around the world,¹⁴ as well as in the *International Guidelines on Human Rights and Drug Policy*, among many others. The UN Special Rapporteur on the Right to Health has also made clear that harm reduction services “are essential for the protection of the right to health of people who use drugs”.¹⁵ Harm reduction interventions have been widely proven to be effective and cost-effective, and are therefore included in the World Health Organization’s *Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations* (including people who use drugs).¹⁶ Harm reduction sits comfortably and prominently as part of a comprehensive package of health responses for people who use drugs, alongside prevention, counselling, treatment, rehabilitation, social reintegration, recovery and aftercare. More than just a list of services, however, the *principle* of harm reduction underpins a modern health- and human rights-based approach to drugs that reduces stigma and discrimination.

⁷ www.talkingdrugs.org/drug-decriminalisation.

⁸ www.ohchr.org/en/stories/2021/04/experts-drug-policy-needs-human-rights-based-approach.

⁹ See, among many others: www.ohchr.org/en/documents/concluding-observations/ec12norco6-concluding-observations-sixth-periodic-report-norway.

¹⁰ www.ohchr.org/en/calls-for-input/study-arbitrary-detention-relating-drug-policies.

¹¹ www.ohchr.org/en/special-procedures/sr-health/drug-policy-and-drug-use.

¹² www.incb.org/documents/Publications/AnnualReports/AR2021/Annual_Report/E_INCB_2021_1_eng.pdf, para. 380.

¹³ <https://hri.global/what-is-harm-reduction/>.

¹⁴ <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>.

¹⁵ www.ohchr.org/en/statements/2020/04/statement-un-expert-right-health-protection-people-who-use-drugs-during-covid-19.

¹⁶ www.who.int/publications/i/item/9789240052390.

Another key element is the meaningful engagement of a wide range of **civil society partners** across the design, implementation and evaluation of drug policies and responses, including the participation of people who use drugs. Such engagement and collaboration has been widely endorsed and supported across all key UN drug policy documents, including the *EU Drug Strategy* and its *Action Plan 2021–2025*, the 2016 UNGASS Outcome Document, the UN System Common Position, and the 2019 Ministerial Declaration – in which member States “underscore the important role played by all relevant stakeholders, including... civil society... and underscore the importance of promoting relevant partnerships”.¹⁷

Most recently, UN General Assembly resolution 77/238 on *Addressing and countering the world drug problem through a comprehensive, integrated and balanced approach*, adopted in December 2022, recognized that civil society and affected communities play a “significant role” by “analysing drugs issues, delivering services and evaluating the human rights impact of drug policies”.¹⁸

Box 1: Civil Society Engagement in the Czech Republic

Modern drug policy as we know it now began to take shape in the Czech Republic in the 1990s. The implementation and coordination of drug policy takes place both at national as well as at the regional (local) level, using horizontal and vertical coordination tools.¹⁹ The national addiction policy involves all stakeholders such as the representatives of relevant ministries, the scientific community and civil society – who play an important role in national policymaking from the very beginning.²⁰ Formal civil society representation in the Government Council for Addiction Policy Coordination demonstrates the importance of civil society to the country’s drug responses.^{21,22}

Non-governmental organizations (NGOs) and non-profit organizations play a key role in providing prevention, treatment, and risk and harm reduction services for people who use drugs. Civil society in the country grew after 1989, and is at the forefront of advocating for and providing low-threshold health and social services for people who used drugs. To ensure equal representation, many NGOs associate at the national level under umbrella organizations (e.g. Association of Providers of Addiction Services), that bring together all types of drugs services.

The most widespread kind of service provided by NGOs in the Czech Republic are low-threshold centres. By virtue of their low-threshold nature, these centres are open and accessible to people seeking any kind of help, including for example parents whose children are experiencing drug-related harms. These facilities aim to provide basic services from harm reduction (including needle and syringe programmes) to consultations with addiction specialists or psychologists. NGOs also provide, in the vast majority of programmes, treatment programmes for people who use drugs, daytime residential centres, therapeutic communities or opioid agonist treatment. NGOs also show strong potential in monitoring drug use patterns and trends due to their knowledge of the field and direct work with people who use drugs. Collaboration with the National Monitoring Centre for Drugs and Addictions, which provides evidence-based data on drugs at the national level, is key in this area. A quality and accessible network of drug services is also one of the pillars of the *National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour, 2019–2027*.²³

¹⁷ www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf.

¹⁸ See the full resolution 77/238 at: www.un.org/en/ga/77/resolutions.shtml.

¹⁹ www.vlada.cz/assets/ppov/protidrogova-politika/Focused-2022_Czech-National-Policy-on-Addictions-and-Priorities-of-CZ-PRES-.pdf.

²⁰ www.drogy-info.cz/data/obj_files/4593/651/2009_coordination.pdf.

²¹ www.vlada.cz/en/ppov/protidrogova-politika/government-council-for-the-coordination-of-addiction-policy-196563/.

²² www.vlada.cz/assets/ppov/protidrogova-politika/GCDPC_information_1.pdf.

²³ www.drogy-info.cz/data/obj_files/33017/1045/National_strategy_2019_2027_fin_rev3.pdf.

C. ROLE OF CIVIL SOCIETY AT THE CND

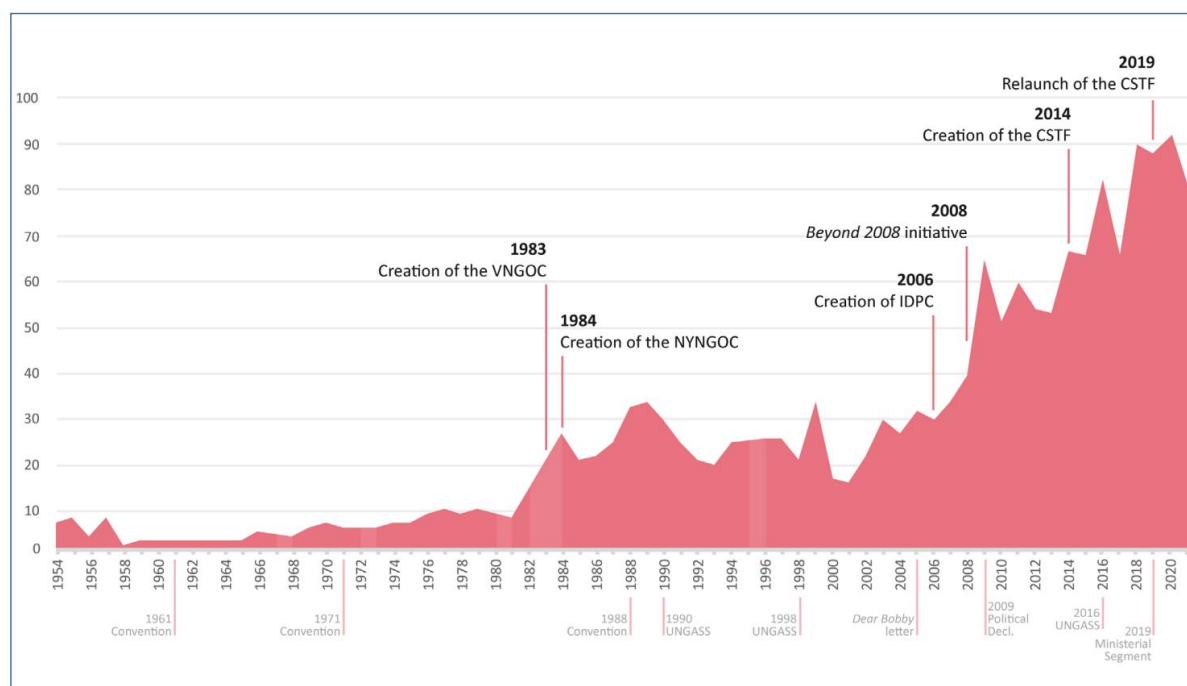
“RECOGNISING the need to promote and encourage the active and meaningful participation and involvement of civil society, including non-governmental organisations, young persons, people who use drugs, persons in recovery, users of drug-related health and social services, the scientific community, academia and other experts, in the development and implementation of drug policies”

Council Conclusions, December 2022

The active engagement of civil society experts from around the world has become a central part of the CND over recent decades. Indeed, the CND represents one of the few occasions that civil society representatives have the opportunity to meet with senior government officials and policymakers – and vice versa.²⁴ Indeed, NGO engagement in international drug control can be traced as far back as the deliberations of the League of Nations, to only a handful of civil society groups attending CND sessions in the 1950s, to the exponential growth of NGOs participating and following these processes since the turn of the century (figure 1).²⁵

Figure 1

The number of NGOs participating in CND sessions between 1954 and 2021



Credit: International Drug Policy Consortium (IDPC)²⁶

Notes: NYNGOC – New York NGO Committee on Drugs; CSTF – Civil Society Task Force.

Such participation of civil society organizations is enshrined in the *Rules of Procedure of the Functional Commissions of the Economic and Social Council (ECOSOC)*,²⁷ in ECOSOC Resolution 1996/31, and even in the United Nations Charter itself. NGOs in consultative status with ECOSOC may send delegations to every formal CND meeting, can make oral or written statements, can host side events, and can participate in the full range of meetings and dialogues hosted by the

²⁴ www.psychologie-aktuell.com/fileadmin/download/rausch/3-4-2020_20210409/rausch2020-3-4_S112-122.pdf.

²⁵ <https://idpc.net/publications/2021/08/turning-the-tide-growth-visibility-and-impact-of-the-civil-society-drug-policy-reform-movement-at-the-un>.

²⁶ <https://idpc.net/publications/2021/08/turning-the-tide-growth-visibility-and-impact-of-the-civil-society-drug-policy-reform-movement-at-the-un>.

²⁷ <https://digitallibrary.un.org/record/50230?ln=en>.

VNGOC. This is important to recall and reinforce in the build up to the 2024 midterm review of the 2019 Ministerial Declaration, where broad and dynamic civil society participation will once again be important.

However, across the UN and elsewhere, there is a worrying trend of shrinking civic space through state interference, insufficient funding and legal protection, or restrictions on participation in key policy forums – to the extent that nine out of ten people live in countries where civic freedoms are severely restricted.²⁸ While the strong levels of engagement at CND are enshrined for those organizations with formal accredited status from ECOSOC, research has shown a concerning trend of organizations being blocked from obtaining this status – often for overtly political reasons and across a range of different sectors – which is essentially a denial of access for these partners.²⁹

Box 2: The Contributions from Civil Society to CND’s Workplan 2019–2023

In order to follow-up on the commitments of the 2019 Ministerial Declaration, the CND agreed a multi-year workplan with a series of thematic intersessional meetings to further explore the issues identified as “persistent and emerging challenges”.³⁰ As a further demonstration of the value afforded to civil society engagement, this workplan included guaranteed space for NGO interventions and panellists at each session, to be coordinated by the VNGOC through a well-established, open application process.³¹ As a further demonstration of the unique and crucial perspectives that civil society provide, over the last four years a series of NGO statements has covered a huge range of issues and helped to bring grassroots issues, lived experience and essential expertise to the forefront of these UN debates.

Across 11 sessions, 55 civil society spaces were filled by 51 different organizations ranging from networks of people who use drugs, to local service providers, to larger international networks and think tanks. The speakers came from 31 different countries around the world, selected from hundreds of applications received by the VNGOC. Ten interventions were delivered in person, with the remainder by video message or online – a reflection of the adaptations made during the COVID-19 pandemic. The breadth of topics spanned analysis of drug markets, aerial crop eradication, access to opioid medicines, decriminalization, therapeutic communities, documenting human rights violations, cybercrime, community-based harm reduction, cannabis regulation policies, and of course the role of civil society itself, especially at the national level (see Annex 1: List of civil society interventions at CND thematic intersessional meetings, 2019–2022).

D. CONCLUSION AND RECOMMENDATIONS

Recent experiences at CND demonstrate the added value and unique perspectives that civil society engagement provides for member states as part of interactive, inclusive dialogues. Civil society participation at CND has been pivotal in promoting more humane, health- and rights-based approaches to drug policy – which sit in line with the priorities of the Czech Republic and the recent *Council Conclusions on Human Rights-Based Approaches in Drug Policies* at the end of 2022.³² The fast-approaching mid-term review of the 2019 Ministerial Declaration, scheduled for 2024, presents another opportunity for the meaningful engagement of civil society and the promotion of human rights oriented drug policies.

²⁸ <https://findings2021.monitor.civicus.org/rating-changes.html#global-press-release>.

²⁹ <https://idpc.net/publications/2022/03/a-captured-gatekeeper-an-evaluation-of-drug-ngo-access-to-ecosoc-accreditation-and-the-un-committee-on-ngos>.

³⁰ www.unodc.org/documents/commissions/CND/2019/Follow-up_to_2019_Ministerial_Declaration/Intersessional_Meetings/CND_Workplan_2019-2023.pdf.

³¹ <https://vngoc.org/wp-content/uploads/2020/02/CSTF-Speaker-Selection-Guidelines-final-formatted.pdf>.

³² <https://data.consilium.europa.eu/doc/document/ST-15818-2022-INIT/en/pdf>.

To this end, the following recommendations are presented for member states to consider:

1. Building on the UNGASS Outcome Document, the 2019 Ministerial Declaration, the UN System Common Position, the *International Guidelines on Human Rights and Drug Policy*, and various other tools and normative guidance available, member States should ensure a rational and effective human rights-based approach to drug policies, including the measures outlined above.
2. As recommended by a broad range of UN agencies, UN human rights experts, and international standards, such as the *International Guidelines on Human Rights and Drug Policy*, member states can “Utilise the available flexibilities in the UN drug control conventions to decriminalise the possession, purchase, or cultivation of controlled substances for personal consumption”.³³
3. Member States should continue efforts to overcome the political impasse at CND when it comes to the harm reduction approach, in order to further promote this well-proven, life-saving component of a comprehensive response to drug use as a health and mental health issue – including as an emergency response to the global overdose crisis.
4. Member States should strongly oppose and, where applicable, sanction any violation of the international human rights law such as extrajudicial killings, unlawful confinement, and other crimes against humanity.
5. Member States should consider mainstreaming access to voluntary, evidence-based and gender-sensitive health and social services, including risk- and harm- reduction and drug treatment.³⁴
6. The CND should ensure the meaningful participation of civil society as partners throughout the midterm review process, as well as in the multi-year workplan that should follow, taking member States up to the Sustainable Development Goals target date of 2030. The same applies to other key partners as well – not least the high-level participation of other UN entities including OHCHR, WHO, the UN Development Programme and UNAIDS – building on the UN System Common Position.³⁵
7. Member States should continue to closely monitor and challenge restrictions on civil society organizations being granted accreditation with the UN, especially when these are driven by political or geopolitical motives at the level of ECOSOC.

³³ www.undp.org/publications/international-guidelines-human-rights-and-drug-policy.

³⁴ www.humanrights-drugpolicy.org/site/assets/files/1640/hrdp_guidelines_2020_english.pdf.

³⁵ <https://unsceb.org/united-nations-system-common-position-supporting-implementation-international-drug-control-policy>.

Annex 1: List of civil society interventions at CND thematic intersessional meetings, 2019–2022

The following list has been provided by the Vienna NGO Committee on Drugs (VNGOC), a global network of over 340 civil society organizations who serve as an established link between civil society and the UN agencies and processes in Vienna.³⁶ Through open calls for applications, the VNGOC selected the following interventions and organizations to speak at the CND thematic intersessional meetings that form the CND multi-year workplan 2019–2023:³⁷

- The expansion of the drug market in Europe (Turkish Green Crescent)
- Monitoring drug markets through drug-checking programmes (Asociación Bienestar y Desarrollo)
- The evolution of heroin markets in Eastern Africa (Global Initiative Against Transnational Organized Crime)
- Strengthening illicit markets research and developing new indicators (Instituto Latinoamericano de Seguridad y Democracia)
- Illicit cultivation, production, trafficking and use of precursor chemicals in Nigeria (Parent-Child Intervention Centre)
- Voluntary crop substitution: an alternative to reduce risks and damages in communities producing prohibited plants (Corporación Viso Mutop)
- The heroin coast and why the drug war in East Africa has failed (VOCAL-Kenya)
- Political economy of opium reduction (Myanmar Opium Farmers' Forum)
- Illicit drug markets and supply reduction (Fundamental Human Rights and Rural Development Association)
- Restricted access to legally prescribed opioid analgesics in the USA (Chronic Illness Advocacy and Awareness Group)
- Non-medical use of Tramadol (West Africa Drug Policy Network)
- The opioid crises and hitting SDG targets (International Association for Hospice and Palliative Care)
- Harm reduction and decriminalization (A New PATH)
- Opioid use, harms, regulation and treatment (Society for Development and Community Empowerment)
- The therapeutic community model (World Federation of Therapeutic Communities)
- Recommendations from a European perspective (EU Civil Society Forum on Drugs)
- Addressing the US treatment gap in the era of COVID-19 (Drug Free America Foundation)
- Treatment and health services falling short of needs in Pakistan (Karim Khan Afridi Welfare Foundation)
- Services for people who use drugs (Harm Reduction International)

³⁶ <https://vngoc.org/>.

³⁷ Several interventions are still available to watch on the VNGOC YouTube channel: www.youtube.com/@theVNGOC/videos, and/or have been documented in the relevant sections of the CND Blog which is operated by IDPC: <https://cndblog.org/>.

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- COVID-19, substance use disorders, gender-based violence and trauma crisis interventions for street-based dwellers (Social Transformation Action Defined)
 - Homelessness, sexually transmitted infections and people who use drugs (Centro de Convivência É de Lei)
 - How the introduction of community-based harm reduction helped individuals stay healthy (Mozambican Network of People who Use Drugs)
 - New psychoactive substances: health harms, reducing demand (Dalgarno Institute)
 - Detecting and responding to new psychoactive substances: experiences of frontline health services in Canada (Centre on Drug Policy Evaluation)
 - Substance analysis and early warnings as part of risk and harm reduction strategies (Corporación Acción Técnica Social)
 - Regional changes in the drug scene pose new threats for the health of people who use drugs (Eurasian Harm Reduction Association)
 - Rising use of psychoactive substances and adverse mental health consequences among youth (Global Forum for Teacher Educators)
 - A multi-stakeholder model for opioid inequities (Universidad de La Sabana)
 - Using Schedule 1 drugs in medical research: the need to rethink current policies (Drug Science)
 - The development of palliative care in the Russian Federation and availability of opioid analgesics (Hospice Care Professionals Association)
 - National federation of people who use drugs and drug services promotes quality of life (Recovering Nepal)
 - Enhancing access to controlled pain medicine for children and adults living with life-limiting illness (Palliative Care Association of Uganda)
 - Pakistan's challenges as a transit for drug trafficking from Afghanistan (Centre for Governance Research)
 - Human trafficking in Indonesia and links to the narcotic trade (Women Working Group)
 - Active role of civil society in monitoring government action and raising awareness of security challenges in Colombia (Fundación Objetivo Cero)
 - Crime syndicates supplying synthetic drugs and policy implications (University College London)
 - Creating a cannabis industry free from all forms of modern slavery (Cannabis Education Guild)
 - Drug trafficking and other forms of organized crime (Global Initiative Against Transnational Organized Crime)
 - Transnational organized crime as a threat to national and international security and increasing involvement in cybercrime (Parent-Child Intervention Centre)
 - Seizure and public re-use of criminal assets, including to support civil society (Drug Policy Network South-East Europe)
 - Developing new investigative tools and strategies on cybercrime (South Asian Drugs and Addictions Research Council)
 - Academic work and evidence related to the misuse of ICT for illicit drug-related activities (Global Drug Policy Observatory)

- Cybercrime as a growing menace in Nigeria (Firoz Lalji Institute for Africa)
- Efforts to combat organized crime, and the right to privacy in digital communication (Knowmad Institut)
- How criminals are adapting and taking advantage of technologies (International Police Organization)
- Advocacy with the government to simplify the law and include palliative care in medical and nursing curricula (Pallium India)
- Current debates around cannabis regulation and obligations under the UN drugs treaties (Transform Drug Policy Foundation)
- Reconciling the law with achievable and agreeable objectives to reduce harms, violence and stigma (Law Enforcement Action Partnership, Europe)
- Legalisation trends for cannabis at national and sub-national levels (Turkish Green Crescent Society)
- Drug laws in West Africa failure to conform to UN conventions (West Africa Drug Policy Network)
- Submission to the UN Committee on Economic, Social and Cultural Rights in relation to local drug policies (Harm Reduction Australia)
- The need to prohibit aerial spraying of chemicals as a method to eradicate illicit crops (Dejusticia)
- Punitive drug policies have severe negative consequences for young people affected by the war on drugs (Youth RISE)
- Developing a common civil society position on drugs for the Asia-Pacific region (Associacao de Reabilitacao de Toxicodependentes de Macau)
- Recurring violations of the Right to Life in the context of punitive drug policies (Harm Reduction International)
