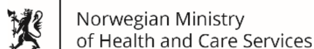


This report summarises the discussions and conclusions of the meeting, but does not reflect the institutional positions of the co-hosting parties

REPORT

4TH BRANDENBURG FORUM ON DRUGS AND DEVELOPMENT POLICIES

"LOOKING AHEAD TO THE NEXT DECADE OF DRUG POLICIES"

The 4th Brandenburg Forum on Drugs and Development Policies took place from 11th to 13th February 2019 in Liebenberg, Germany. The Forum was organised within the framework of the Global Partnership on Drug Policies and Development (GPDPD).[1] GPDPD is commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) and implemented under political patronage of the German Federal Government's Drug Commissioner. The meeting was co-hosted by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of BMZ, the Drug Commissioner of the Federal Government of Germany, the Ministry of Foreign Affairs of the Netherlands, the Norwegian Ministry of Health and Care Services, the International Drug Policy Consortium (IDPC) and the Transnational Institute (TNI).

The Forum brought together 47 expert participants, including government representatives from Austria, Brazil, Canada, Colombia, France, Germany, Jamaica, Mexico, the Netherlands, Nigeria, Norway, Peru, Portugal, Romania, Spain, Sudan, Switzerland, Thailand and the United Kingdom. The Forum was also attended by representatives from the United Nations Office on Drugs and Crime (UNODC), the International Narcotics Control Board (INCB), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), and the Council of the European Union, as well as several leading civil society organisations and representatives of the affected populations. In order to promote open dialogue, the discussions were conducted under 'Chatham House Rule' whereby the contents can be shared and used, but neither the identity nor the affiliation of any participants may be revealed.[2]

Part 1: Setting the Scene

After welcoming remarks from senior representatives of BMZ, the Office of the Drug Commissioner of the Federal Government of Germany, the Ministry of Foreign Affairs of the Netherlands and IDPC, participants were provided with an introduction to, and a recap of, the Global Partnership on Drug Policies and Development (GPDPD) – an ambitious programme aiming to enhance evidence-based development and public health-oriented approaches to drug policy. The Partnership was recently renewed for a second three-year phase of work, including ongoing dialogues under the Brandenburg Forum branding.

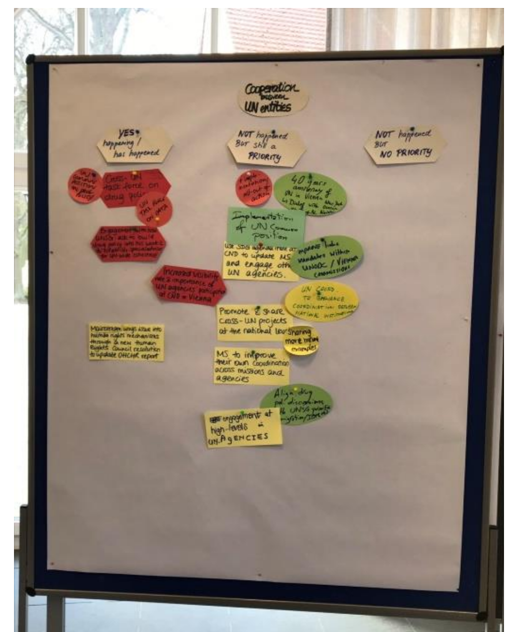
[1] For more information on the Partnership, please visit www.gpdpd.org
[2] https://www.chathamhouse.org/about/chatham-house-rule

Participants were then divided into groups and invited to engage with four thematic ‘information stations’ – each providing a recap of the recommendations and actions discussed at the previous Brandenburg Forum (February 2018),[3] and asking participants to reflect on what has been achieved in the last year, what remains a priority going forward, and what may be less of a priority now.

- **Alternative development:** Participants felt that the proposed actions from 2018 remained priorities – although progress was only reported on a few of them. For example, the ongoing efforts to modernise UNODC’s Annual Reports Questionnaire was felt to be a step towards “key performance indicators” for development, while it was also felt that alternative development was becoming better integrated into the broader Sustainable Development Goals (SDGs) framework although more work is clearly needed.

- **Public health:** More progress was reported in this area over the past year, through initiatives such as: the CND resolutions on hepatitis C (2019), mother-to-child HIV transmission (2018), and HIV funding (2018);[4] UN agency engagement and convening roles at the national level; new resource documents and guidance on harm reduction for stimulant drug use; and the WHO ECDD review of cannabis, tramadol and fentanyl. Many of the other proposed actions from 2018 remain priorities for action in the coming years – such as greater funding for harm reduction, and developing a framework for the robust evaluation of emerging medical and regulated cannabis markets.

- **Human rights:** Participants cited the new International Guidelines on Human Rights and Drug Policy[5] as one example of progress made in the past year – as this was chosen as the first priority in this area at last year’s Forum. Progress was also reported at the Human Rights Council, where a follow-up resolution on drug policy was adopted in 2018 leading to a new report from the Office of the High Commissioner on Human Rights (OHCHR).[6] The proposed idea of a Memorandum of Understanding between OHCHR and UNODC was felt to be less of a priority than in 2018, although OHCHR engagement in Vienna was flagged as a continuing priority.



- **UN systemwide coherence:** The previous recommendation for greater cross-UN coherence has been taken up by the new ‘UN System Coordination Task Team on the Implementation of the UN System Common Position on drug-related matters’, which has also helped to engage the UN Secretary-General and his office. The 2018 OHCHR report on drug policy (see above) was also cited by participants as progress in this area. The other recommendations from the 2018 Brandenburg Forum were deemed to remain as priorities – alongside the implementation of the UN System Common Position.[7]

Part 2: Information on the UN Ministerial Segment and CND initiatives

Continuing a tradition from previous Brandenburg Forums, a representative of the current CND Chair (Sudan) updated the participants with the latest information regarding the CND meeting in one month’s time – aided on this occasion by a representative of the CND Facilitator (Nigeria). Discussions centred on the Ministerial

[3] https://www.gpdpd.org/wAssets/docs/3rd-Brandenburg-Forum-Meeting-Report-FINAL.pdf
[4] https://www.unodc.org/unodc/en/commissions/CND/Resolutions_Decisions/Resolutions-Decisions_2010-2019.html
[5] https://www.humanrights-drugpolicy.org/
[6] https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session39/Documents/A_HRC_39_39.docx
[7] https://www.unsceb.org/CEBPublicFiles/CEB-2018-2-SoD.pdf (Annex 1)

Declaration,[8] which was still being drafted at the time of the Forum and would eventually be adopted at the opening of the Ministerial Segment in March.

Participants discussed that, while there were many areas of agreement between member states, there remained several areas where it was harder to achieve consensus during the negotiations. These included how to reflect the 2009 targets to "eliminate or reduce significantly and measurably" drug use, production, etc – or how to replace these. Achieving a global consensus on this document was seen as important, but some participants also highlighted the possibilities for members states or regional groups to deliver 'expressions of position' if the consensus-based process failed to adequately cover certain topics and issues. When a question was posed about what would happen if there was no consensus on the final declaration, a number of participants felt that this was not an option for the CND and would be a negative outcome for all member states. However, others expressed the need to weigh-up whether no consensus would be a worse outcome than a weak declaration.

Other areas that were cited as important to include in the Declaration were operative references to civil society engagement, stronger references to the SDGs and to access to palliative care, human rights, the need for greater inter-agency efforts to implement the UNGASS recommendations, and acknowledgement of the harms and marginalisation caused by some current policy approaches. CND resolutions following the Ministerial Declaration could be an effective mechanism to further elaborate on specific issues where needed.

There was also a discussion on lead role of the CND, and the disconnect perceived by some between the discussions in Vienna and the situation on the ground. The current negotiations, for example, are largely taking place in closed meetings and without the participation of many member states who do not have a permanent diplomatic presence in Vienna. It was also reiterated that this political document should highlight progress that has been made, but must also reflect the experienced realities – especially when 'taking stock' of the preceding decade of drug control. Several participants also commented on the need for member states to reach greater coherence in their own political positions at the various UN fora in Vienna, New York and Geneva – the failure to agree on the term 'harm reduction' at the CND was offered as one example of this, as it is agreed language at the General Assembly, the UNAIDS Programme Coordinating Board and the World Health Assembly.

[8] https://www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf

One key question posed was 'How can we keep the UNGASS alive beyond 2019?' Reflecting on the 'way forward', participants noted that many UN agencies, member states and regional groups are already working on the implementation of the UNGASS recommendations from 2016.[9] The recent CND inter-sessional dialogues were cited as an example of mechanisms for member states to exchange information on core issues and move forward in their collective understanding – including on topics such as human rights, and with the contributions of all relevant UN agencies and civil society.

Part 3: Latest developments and upcoming initiatives

In this final segment of the Forum, a series of expert inputs highlighted key developments and opportunities across four areas: development, public health, human rights, and 'new trends and developments'.[10] For each of these four topics, parallel group discussions were then held for participants to reflect on the presentations, and to agree and elaborate a series of recommendations and priorities. After the findings of the four group discussions were presented back in plenary, participants were invited to 'vote' by placing coloured stickers on the recommendations which they felt were the most important for our collective work over the coming years.

a: Development

The first expert input concerned the CND resolution on "Promoting alternative development as a development-oriented drug control strategy", which has been submitted by Peru in collaboration with Germany and Thailand for consideration by the CND in March.[11] This is the latest in a series of resolutions which aim to evolve the language on this issue each year, and it seeks to acknowledge the outcomes of the most recent Expert Group Meeting (EGM) on alternative development as part of the GPDPD project in July 2018. One ongoing challenge raised is the continued focus on measuring hectares of crops eradicated or replaced, versus the well-being of those people affected.

The second expert input was from UNODC concerning the preliminary results of research on farmers receiving alternative development support. The research aims to measure the number of households involved in illicit cultivation by combining socio-economic surveys with satellite information, etc. The research focuses on those who continue to grow illicit crops, as well as those who do not – and seeks to find out how many households have beneficiated from alternative development projects. This report is filling a gap in the evidence base for alternative development projects, and should support the international debate and funding for these programmes.

PARTICIPANTS' FEEDBACK

Evaluation forms were completed by 40 of the participants (an 85 percent return rate) and, as with previous years, the feedback was overwhelmingly positive – especially regarding the meeting logistics, venue and structure.

Most participants reported that the meeting content and networking opportunities were their main reasons for attending. Reassuringly, all the respondents agreed that the meeting content had been useful, and 90 percent said that they will use new ideas from the Forum in their future work.

When asked what the most beneficial aspects of the meeting had been, common responses included the CND preparations (described by one participant as "spiritual oxygen" ahead of the Vienna negotiations), the open-minded discussions, and the diversity of participants.

The third expert input concerned the launch of the Journal on Illicit Economies and Development (JIED),[12] in response to the calls for more evidence, better data and more robust sources of information in this field. The Journal, coordinated by the London School of Economics, is open access, available online, peer reviewed, and

[9] https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

[10] Following feedback on the four pillars of work adopted at previous Brandenburg Forums, it was decided for 2019 to replace "UN systemwide coherence" with "new trends and developments" – reflecting the fact that UN system engagement cuts across all areas of the GPDPD's work.

[11] https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2019/CND_Resolution_62_3.pdf

[12] https://jied.lse.ac.uk/

cross disciplinary. It focuses on illicit markets and the cross-issue areas that surround illicit economies, and submissions from participants were strongly encouraged.

The subsequent group discussions reflected on the growing political attention and support for alternative development at the international and national levels, fuelled by the UNGASS Outcome Document. Some participants also raised the possibility of licensing schemes for medical markets, such as opium and cannabis, that ensure that a certain percentage of products purchased by governments come from small-scale farmers in order to integrate them into the licit market. The group presented the following recommendations for the 'voting' exercise, with those with the greatest support among participants listed first:

1. **[25 votes] Bringing farmers from illicit to licit cannabis markets, including for medical, traditional and industrial uses.**
2. **[18] Ensure long-term funding and promote access to markets – including through private sector and social enterprise involvement, capacity building and long-term financial models.**
3. **[16] Enhance the evidence-base on the income of farmers before and after alternative development programmes, and calculate the investments per capita needed to overcome the financial rewards from illicit drug crops.**
4. [12] A compendium or hub to showcase recent best practices for "alternative development 2.0" that goes beyond the regular definition from 1998 which closely links development with crop eradication instead of socioeconomic indicators.
5. [8] Technical working groups on social and economic indicators for alternative development, including data from households and families – potentially led by the UNODC Research and Analysis Branch in the context of ongoing modernisation of the UNODC Annual Reports Questionnaire.
6. [7] An inter-governmental 'group of friends' for alternative development to regularly convene in Vienna to discuss political aspects, definitions, language, commitments, etc.
7. [2] Place alternative development under the umbrella of the SDGs, making the links more visible.
8. [0] Explore links between illicit crops and other criminal activities.

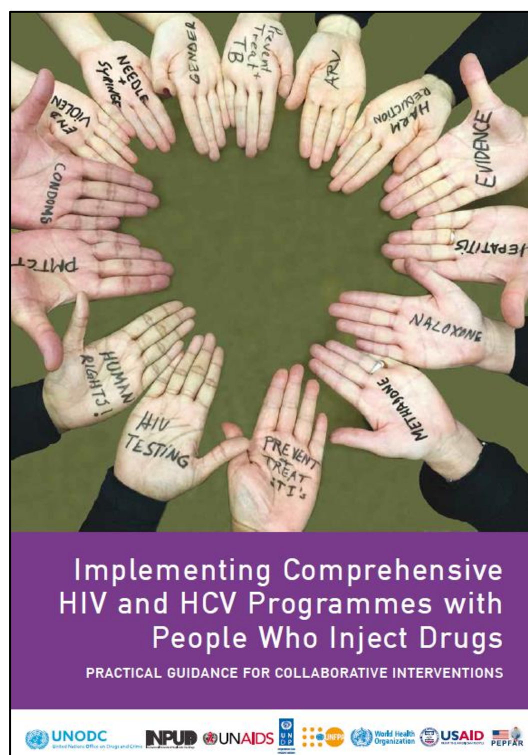
b: Public health

The first expert input drew attention to the first ever CND resolution on viral hepatitis, the latest in a series of public health resolutions submitted by the Government of Norway.[13] The 2017 World Drug Report stated that the number of deaths attributable to hepatitis C among people who use drugs is greater than the number of deaths from other causes related to drug use (such as HIV and overdose).[14] Research has also repeatedly shown that, globally, more than half of all people who inject drugs are living with hepatitis C. Yet, as the recently adopted WHO Global Health Sector Strategy on Viral Hepatitis 2016–2021 demonstrates, the prevention and treatment tools exist to eliminate hepatitis C as a global public health concern.[15] The resolution's key message was to underline the ongoing challenge of hepatitis C as it related to drug use, and encourage member states and UNODC to address these issues. Some participants asked for a data-based fact sheet on hepatitis C to be circulated, to support the negotiations at CND – and especially the anticipated push-back on the term "harm reduction" in the draft text.

The second expert input was from Harm Reduction International (HRI) regarding their flagship 'Global State of Harm Reduction 2018' report, released in December 2018.[16] The report demonstrates that harm reduction is not a sensitive outside of the UN debates in Vienna: 86 countries implement needle and syringe programmes, and 86 have opioid agonist therapy in place – although coverage and accessibility vary greatly between regions. People who use drugs continue to face huge levels of stigma and discrimination when accessing

[13] https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2019/CND_Resolution_62_7.pdf
[14] https://www.unodc.org/wdr2017/index.html
[15] https://www.who.int/hepatitis/strategy2016-2021/ghss-hep/en/
[16] https://www.hri.global/global-state-harm-reduction-2018

treatment, especially women who represent a third of all people who use drugs, and one fifth of people who inject drugs. The 2018 report also features drug consumption rooms and naloxone as futher harm reduction measures that have been proven to save lives. However, peer distribution schemes for naloxone (a WHO Essential Medicine that can reverse a pontentially-fatal opioid overdose) were only found in 12 countries. At the global level, the funding available for harm reduction falls far short – accounting for just 13 percent of the estimated need each year. This crisis is particularly acute in middle-income countries where most people who inject drugs live.



The third expert input, from the International Network of People who Use Drugs (INPUD), highlighted the available guidance on 'Implementing Comprehensive HIV and HCV Programs with People who Inject Drugs' (also known as the 'IDUIT').[17] The document, co-produced alongside UNODC, WHO and others, seeks to provide practical support for programme implementers, and was developed with the active involvement of people who used drugs from the start. It builds on the UN's target setting guidance on harm reduction, and particularly focuses on the critical enablers and structural barriers such as stigma, poverty, violence and criminalisation. The tool has been translated and used in a series of implementation trainings in different settings.

The subsequent group discussions resulted in the following recommendations for the 'voting' exercise, with those with the greatest support among participants listed first:

1. **[25 votes] Further research on the economic impacts of drug policies, leading to an investment case for rights-based and public health approaches (including greater funding for harm reduction).**
2. **[15] Follow-up engagement with the WHO and the World Health Assembly to connect Geneva and Vienna stakeholders on the new action plan for SDG 3: Ensure healthy lives and promote well-being for all at all ages.**
3. **[13] Release guiding principles on a rights-based public health approach to drugs, in the frame of the SDG 3 targets.**
4. [12] Sustained support for the ongoing data collection and Annual Reports Questionnaire discussions, to ensure a strong focus on public health metrics and outcomes.
5. [9] In response to the opioid overdose crisis being experienced in certain countries, support existing initiatives by UNODC, WHO, INCB and governments to ensure a focus on public health responses – including harm reduction and access to medicines.
6. [6] A new CND resolution on palliative care and anesthesia.
7. [3] Awareness raising on access to essential medicines in conflict settings and fragile states, including seminars for humanitarian organisations.
8. [1] Engaging and utilising the new UN system common position and Task Team for future tasks and positions relating to public health – at the global and local levels.

[17] https://www.inpud.net/en/iduit-implementing-comprehensive-hiv-and-hcv-programmes-people-who-inject-drugs

c: Human rights

In the first expert input on human rights, a representative of the United Nations Development Programme (UNDP) presented on the ongoing efforts to communicate the links between human rights, drug policy and the SDGs. UNDP's priorities include HIV, health and development – and especially reducing the inequalities and social exclusion that drive HIV and poor health outcomes. UNDP convenes an independent Global Commission on HIV and the Law – whose recommendations include that "Rather than punishing people who use drugs… [governments] must offer them access to effective HIV and health services, including harm reduction", and "Decriminalise the possession of drugs for personal use, in recognition that the net impact of such sanctions is often harmful for society".[18] The SDGs are the blue print for this work, and their mantra to "Leave no one behind" means we have to focus first on those who are the furthest away.

The second expert input built on these ideas by presenting the new International Guidelines on Human Rights and Drug Policy – due for release at the CND in March 2019.[19] The Guidelines were developed by a coalition of member states, WHO, UNAIDS, UNDP and leading human rights and drug policy experts, with broad consultations including key populations, affected communities, civil society and governments. The Guidelines are a re-statement of existing international laws as they relate to drug control and drug policy, organised by the foundation principles and legal documentation. Once released, the implementation of the Guidelines should be promoted across the UN and at the regional and country levels – with the help of high-profile human rights activists and defenders. At the regional level, existing inter-governmental meetings and processes could be utilized to reach the intended audiences.

Participants also recommended that the International Guidelines be given a secondary launch in Vienna outside of the main CND session, where there is a lot going on. They could also be the subject of a future CND resolution. The subsequent group discussions resulted in the following recommendations for the 'voting' exercise, with those with the greatest support among participants listed first:

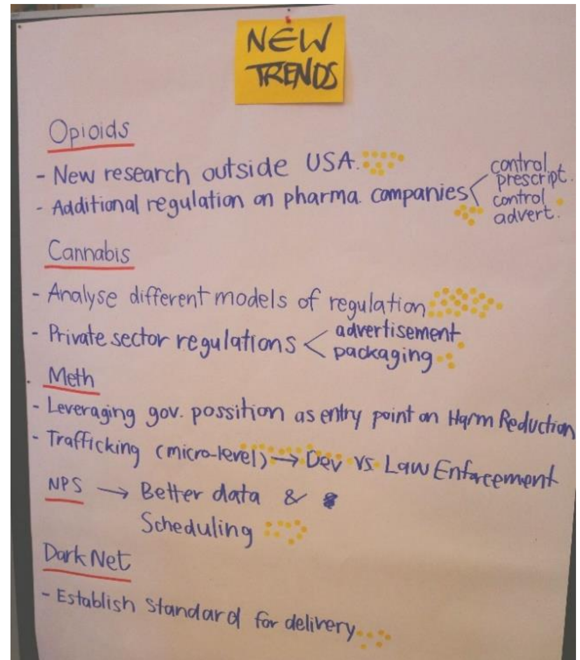
1. **[16] Fund and convene sub-regional dialogues on human rights and drug policy, with all relevant stakeholders including national human rights institutions.**
2. **[12] Institutionalise the OHCHR's presence at the CND to further embed the intersections of human rights and drug policy.**
3. **[14] UNODC, UNDP and others to develop a training course, including for law enforcement officials, on human rights and drug policy.**
4. [10] Building a Vienna-based coalition of member states and other stakeholders to promote the International Guidelines on Human Rights and Drug Policy.
5. [10] Dedicate a thematic chapter in the UNODC World Drug Report to the issue of human rights and drug policy.
6. [7] Encourage the inclusion of human rights experts into discussions on the reform of the UNODC Annual Reports Questionnaires.
7. [1] Develop a strategy to leverage the usage of the International Guidelines in the Human Rights Council's Universal Periodic Review process for civil society, member states and the OHCHR.
8. [0] Embed the International Guidelines into the Global Fund's strategy to overcome legal barriers to accessing health services, which will support their national implementation.
9. [0] Make use of existing regional fora on drug policy, public health and criminal justice reforms to introduce human rights approaches to drug policy.
10. [0] Incorporate the International Guidelines into the work of the Prevention Coalition that is convened by UNAIDS.
11. [0] Strategic engagement in Geneva to align the health and human rights discourses.

[18] https://hivlawcommission.org/report/
[19] https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/international-guidelines-on-human-rights-and-drug-policy.html

d: New trends and developments

The first expert input was a global overview from the Transnational Institute (TNI) – and any assessment of 'new trends' in drug policy cannot overlook the opioid overdose epidemic in North America and the cannabis regulation models being adopted in various jurisdictions. Opioid overdose deaths are being reported at unprecedented proportions: in 2017, more than 70,000 people died from drug overdoses in the USA, about 68 percent from opioids.[20] Complex root causes were given, including aggressive marketing and lobbying from pharmaceutical companies, interconnected trends of alcohol abuse and suicide, and the emergence of fentanils into the illicit supply. Responses that are being implemented include naloxone and drug consumption rooms in Canada, and heroin-assisted therapy (HAT) in some countries. On the issue of cannabis, it was mentioned that Canada has regulated its recreational use, and is the first country of the G7 to do so, and that such models may expand further in the coming years for both medical and recreational markets. It was argued that this could continue to build pressure within the international drug control system. The development of 'inter-se' agreements between groups of like-minded countries that modify the provisions of the treaties for these countries only was mentioned as an option to explore.[21] In subsequent discussions, however, some participants suggested that any moves away from multilateralism are not the best approaches. The experience of Bolivia, who withdrew and then reacceeded to the conventions over the issue of coca regulation, was also discussed.

The second expert input focused on the experience of Canada, where the rate of cannabis use has traditionally been very high, especially amongst young people, resulting in an over-burdened criminal justice system. The new national cannabis policy therefore seeks to address the acknowledged health risks associated with the drug. It introduces a public health approach to protect young people, inspired by the results of recent regulations on reducing tobacco use in Canada. The Cannabis Act was presented as a control framework that creates a safer supply, promotes education and awareness (including in native indigenous languages), creates new criminal offenses (such as for driving while intoxicated, or selling to young people), and sets clear rules for the industry. The legal age varies between territories, and comprehensive data collection has been prioritised before and after the policy change to evaluate what works best. It was underlined that Canada's position on international cannabis trafficking has not changed. In terms of the opioid crisis, over-prescription and contamination with illicit fentanils has prompted a four pillar approach with harm reduction (including drug consumption rooms) alongside prevention, treatment and enforcement (including legal changes allowing checks on packages less than 30 grams). It was highlighted that across the world, there has never been an opioid overdose death in a drug consumption room. The presentation argued that more needs to be done, including the further promotion of proportional opioid prescribing.



The third expert input was from Mexico, where previous 'war on drug' approaches were said to have led to disproportionate sentencing, military intervention, and widespread harms. The presentation described the new criminal justice focus that is targeting well-established criminal organizations, but also mentioned a greater recognition that law enforcement alone cannot overcome the challenges. A more comprehensive drug policy has developed, and the need to implement the SDGs and the UNGASS recommendations led to the

[20] https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates
[21] https://www.tni.org/en/publication/balancing-treaty-stability-and-change

creation of an inter-agency commission on drugs chaired by the Ministry of Foreign Affairs. In Mexico, the UNGASS brought opportunities and has obligated national agencies to report and answer to the recommendations. A new national bill recognises the therapeutic use of cannabis, while efforts are underway to improve public health, harm reduction and treatment programmes. The expert outlined future steps such as legalising cannabis for scientific, industrial and recreational use as well as medical use, and to address the high levels of incarceration among women.

The subsequent group work continued to discuss cannabis and opioid overdoses, but also added methamphetamine use (especially in Asia), 'new psychoactive drugs', poly-drug use, the non-medical use of opioids in Africa, and online drug trafficking via the 'dark net' to the list of 'new trends and developments'. Data collection was also emphasised as a key area of attention: governments agreed to more than 100 commitments in the UNGASS document, and the data is needed to assess delivery. Some participants also noted that there is very little research on what happens after an emerging substance is scheduled in terms of any impacts (or lack thereof) on use and supply, and any negative consequences on health. This was identified as a barrier to more informed, nuanced scheduling and policy responses at the national level – as well as a broader assessment of whether the current scheduling system is fit for purpose. Many participants believed that the data would support a more balanced, public health approach rather than one weighted more on law enforcement and control – including in response to the opioid crisis.

On the issue of methamphetamines, one possibility discussed was to allow milder substances on the market to promote less harmful alternatives (such as kratom, the ban on which in Thailand was lifted recently). On the issue of online drug markets, the potential of the 'dark net' to engage with people who use drugs and raise consumer awareness of the risks was also discussed – although it was also noted that this remains highly controversial given the current direction of government responses. Instead, the group presented the following recommendations for the 'voting' exercise, with those with the greatest support among participants listed first:

1. **[21] Analyse the different models emerging for the regulation for cannabis markets, including regulations on the private sector, supply, etc.**
2. **[15] Develop and promote a more development-oriented approach for low-level traffickers and urban micro-level trafficking issues, where need is a greater motivation that greed.**
3. **[10] Promote and conduct new research outside of the USA on the opioid overdose crisis.**
4. [9] Promote better data collection on 'new psychoactive substances' and the impact of scheduling decisions, to inform more effective responses.
5. [7] Promote additional regulation on opioids for pharameceutical companies – including greater prescription controls and advertising regulations.
6. [6] Establish standards and regulations to address the international shipping and delivery of drugs procured through the 'dark net'.
7. [4] Analyse and document good and bad practices on private sector regulations for cannabis markets, such as those on advertising and packaging, conscious of experiences with the private sector and tobacco.
8. [0] Leverage government interest and positions relating to methamphetamine as an entry point for developing more robust harm reduction responses for stimulants drugs.