

Letter of 9 February 2015 from the State Secretary for Health, Welfare and Sport, the Minister of Security and Justice, the Minister of Foreign Affairs and the Minister for Foreign Trade and Development Cooperation to the House of Representatives on the Netherlands' aims regarding the Special Session of the United Nations General Assembly (UNGASS) on the World Drug Problem.

Background to UNGASS 2016

On the basis of a proposal submitted by Mexico and Guatemala, in 2012 the General Assembly decided to convene a Special Session of the United Nations General Assembly on the world drug problem. The UNGASS will be held in 2016; the precise date has not yet been set. The previous UNGASS on drugs was held in 1998.

The UN drug control system is based on three international instruments: the Single Convention on Narcotics (1961), the Convention on Psychotropic Substances (1971) and the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). 184 countries are party to the 1961 convention and 189 are party to the 1988 convention.

In a number of countries there is dissatisfaction about the way in which the conventions are interpreted. The states that initiated this UNGASS (mainly Central and South American countries) have indicated that it is not their intention to talk about amending the instruments but rather to discuss the possibility of allowing greater flexibility in interpreting them in order to create scope for innovative approaches to regional problems.

Various aspects of the drug control system are at issue. The practice of strictly monitoring compliance with the 50-year-old treaties impedes efforts to find solutions to drug problems that countries face today. For example, restrictions limit access to and the availability of essential medicines such as morphine (for pain control) and prohibit preventive interventions (such as providing drug education at schools) because the topic of drugs is taboo due to complete criminalisation.

Within the international context of drugs policy, there is growing debate about the effectiveness of the current criminal-law approach (i.e. the 'war on drugs'), which often has socially disruptive effects in production and transit countries. At the same time, there is a growing interest in measures to protect health and limit the social harm that accompanies drug use.

Provisional programme for UNGASS 2016

The programme for UNGASS 2016 has not yet been finalised, and no date has been set for the meeting. Negotiations are currently ongoing. The annual meeting of the Commission on Narcotic Drugs will take place in Vienna in March 2015. Normally, attendees of this conference discuss international developments and challenges regarding drugs. This year the conference will be extended by several days to accommodate decision-making on the programme and preparations for UNGASS 2016.

The Netherlands' aims

Internationally, the discussion is moving away from repressive measures and towards harm reduction, access to medication and the decriminalisation of drug use. Given the desire of many countries to shift the focus of the worldwide debate on drugs towards health issues, the government believes that UNGASS 2016 is an opportunity for the Netherlands to present its experiences and tried-and-tested interventions. A commitment to harm reduction is part of that and is likely to be a key topic of discussion at the Special Session. In addition, it is important to draw attention to the issue of access to necessary medicines, in particular pain control medication. Finally, there is the human rights perspective. The Netherlands needs to draw attention to the importance of decriminalising drug use so that users have full access to information on prevention, treatment and harm-reduction measures. This is currently not the case in many UN member states.

a) Drugs policy from a public health perspective

The Netherlands has years of experience with drugs policy that focuses primarily on the public health aspect. This policy is based on five principles:

1. Preventing use

The first principle is, of course, to prevent people from using drugs in the first place. To this end, various public education and prevention programmes have been developed over the years. These programmes target young people and their parents.

2. Preventing health incidents among users

Some people decide to take drugs despite efforts to prevent use, so it is important to provide them with detailed information about risks to their health and their ability to function in

society. This is a unique approach: in most countries this type of information cannot be provided to the public because drugs and drug use have been criminalised.

3. Early detection and brief interventions to prevent people from developing an addiction

These measures mainly target groups of people who are at high risk of developing an addiction (for example, children whose parents who have a substance abuse problem).

4. Treating people with an addiction

It is important to provide accessible, good-quality addiction care so that people who develop an addiction can receive treatment and assistance.

5. Harm reduction

Many measures in this area, such as pill testing, needle exchange, methadone and heroin treatment, drug consumption facilities and targeted interventions aimed at preventing health incidents, have proven effective in preventing fatal overdoses and limiting damage to the health of drug users, particularly with regard to infectious diseases related to drug use, like HIV/AIDS. Because harm-reduction measures are not directly aimed at preventing or stopping drug use, they are controversial internationally. The Netherlands has a great deal of expertise on and experience with harm reduction as a component of health policy. This expertise is put to use in our development cooperation policy in a range of areas, including HIV/AIDS. In many countries, especially in Eastern Europe and Central Asia, intravenous drug use is the driving force behind the HIV/AIDS epidemic. Broader acceptance and implementation of harm-reduction measures is needed to stop the spread of the virus. Because our country has expertise and experience in this area and because there is a need for countries to embrace this approach, the Netherlands will focus attention on harm reduction in the run up to and during the UNGASS.

b) Guaranteeing access to medicine

In many countries, the implementation of drugs conventions has restricted access to and the availability of controlled medicines, such as morphine, for a number of reasons. Some countries cannot keep a sufficient supply of such drugs on hand due to an overly strict interpretation of the UN conventions. In other countries, complex import and export rules impede access to medication. In some cases, pain control medication is underprescribed for fear that recipients could become addicted. Better education and training are needed to

resolve these problems. The countries concerned would benefit from a discussion about ways to improve access to and use of medicine within the parameters of the conventions.

c) Decriminalising drug users

In and of itself, drug use is not prohibited in the Netherlands, but it is in many other countries. Prohibition may make users fearful of asking for help, which means the health risks are greater in those countries. In the international arena, a question being asked with increasing frequency is whether prosecuting people for using drugs is proportionate and effective. Human rights is an important component of this: not only human rights for users themselves (in some countries, 'treatment' practices in prisons and rehabilitation centres actually constitute serious human rights violations), but also for people whose lives and communities are devastated by cocaine and heroin production, trade and consumption or by disproportionate approaches to these problems. The Netherlands strongly advocates a humane drugs policy. As an opponent of the death penalty, the Netherlands will continue to raise this issue in all circumstances.

The Caribbean part of the Kingdom

There may also be implications for the Caribbean part of the Kingdom, primarily in terms of the spillover effects of international organised crime and drug trafficking. Changes in the approach to the drug problem in, for instance, Guatemala and Mexico could lead to changes in trafficking routes and drug-related crime, which could have repercussions for Aruba, Bonaire and Curaçao.¹

The role of the Netherlands and the role of the EU

The EU has a special status in the General Assembly. It has no vote, but its representatives may make interventions, submit proposals and amendments, and represent the EU bloc on matters for which the member states have conferred competence to the EU.

UNGASS will take place in the first half of 2016, when the Netherlands holds the presidency of the EU. In that capacity, the Netherlands will coordinate and express the EU's position during the Special Session. The Netherlands will play an important role in the EU's

¹ The document explaining the government's perspective on security policy in Central America and the Caribbean Region sets out the aims regarding the security aspects of drugs policy for this region.

preparations, which have already begun. With a view to carrying out its role in 2016 as effectively as possible, the government is committed to:

- ensuring the Netherlands' positions on the substantive issues are incorporated into the EU position to the greatest possible extent, and
- establishing a widely supported EU position on as many points as possible.

In the run-up to 2016, the Netherlands will need to consult with other holders of the EU presidency (Italy, Latvia and Luxembourg). The first meetings have already been held, and it was made clear that the Netherlands is expected to play a leading role.

The Netherlands will take steps in 2015 to assume this coordinating role by supporting the other presidencies and by talking to the most important global partners (Latin American countries, the United States, Norway and Switzerland). We will discuss the aims for UNGASS in bilateral talks with our fellow ministers within the EU.

The presidency will give the Netherlands the opportunity to put important issues on the agenda. However, where viewpoints diverge, compromises will have to be made. This could result in broadly worded texts or even compel some member states to go their own way. Drugs policy is, after all, a national competence of the member states.

The EU Drugs Strategy endorsed by the Council in 2013 will be the guiding document in this process.