

IDPC Briefing - ECOSOC side event
‘From Vienna to Geneva to New York – Reconciling UN Mandates with
Regard to the Response to Illicit Drugs’
Geneva, 7th July 2009

The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organisations about particular drug-related matters, and offers expert consultancy services to policymakers and officials around the world.

On Tuesday 7th July 2009, IDPC held a side event in the margins of the High-level Segment of the annual meeting of the Economic and Social Council (ECOSOC) in Geneva. The event drew attention to the lack of coherence within the UN system on the issue of drug policy, with particular reference to HIV prevention for people who inject drugs. IDPC was very fortunate to have three excellent panellists in Michel Sidibe, Executive Director of UNAIDS, Michel Kazatchkine, Executive Director of the Global Fund, and Damon Barrett, Human Rights Analyst at IHRA. Mike Trace, Chair of IDPC, chaired the discussion. The event was co-sponsored by Human Rights Watch and IHRA.

This ECOSOC meeting is an opportune time to raise this issue for two reasons. Firstly, the theme of the annual ministerial review was ‘implementing the internationally agreed goals and commitments in regard to global public health’ and secondly, the adoption of the report from the 2009 Commission on Narcotic Drugs (CND) is tabled for adoption at the end of the ECOSOC meeting on the 30th July.

The CND report includes a consensus declaration on the future of the international drug control system. The declaration renews the commitment of the international community to policies and strategies that are focused largely on security and punishment. These policies have had little effect on reducing the demand for and supply of illicit drugs and their enforcement have resulted in serious adverse consequences. One of the most serious being the undermining of effective HIV prevention, treatment and care for people who use drugs.

In fact, divergent policies and perspectives continue to confuse international and national responses to illicit drugs. Member States, and UN commissions and agencies, remain divided on the best way to balance law enforcement approaches to tackling drug markets, with the need to protect and promote the health and human rights, and social and cultural development, of some of the most marginalised and stigmatised communities. At present, there is no system-

wide UN drug control strategy that balances these different mandates in a coherent fashion: to implement the international drug control regime while promoting the realization and protection of human rights, including health and development.

Mike Trace opened the discussion by outlining the need for the UN to 'speak as one' on the issue of harm reduction. The lack of harmonization between the UN agencies on this issue undermines a public health and human rights based approach to drug policy and can be used by national governments and agencies to justify the marginalisation and stigmatisation of whole communities.

Michel Sidibe began his remarks by noting that there is a great need to continue to engage and mobilize others who are still outside of this movement. He reaffirmed that harm reduction is a key component of HIV prevention and is well established in numerous international agreements. The term 'harm reduction' itself is useful and adequate to describe what is required for effective HIV prevention. This is not about legalizing drugs but about ensuring access to services for a vulnerable sector of society. The evidence illustrates that there is poor coverage to both prevention and treatment for people who inject drugs. Mr Sidibe reminded those present that this is a human rights issue and it is morally incorrect to do anything less than fight for increased coverage.

Mr Sidibe then outlined four strategies to take this issue forward. Firstly, we have to continue to disseminate the evidence that shows harm reduction works and is cost-effective. The space has to be created in Vienna and we have to continue to work there. Even at the CND meeting, those who we know to support us on this issue were not as vocal as they could have been. Secondly, more international institutions must speak out in favour of harm reduction and advocate for access to such services. Thirdly, we must stop the criminalisation of drug users. We have to make sure these issues are discussed in a coherent and organised way. Finally, it is imperative that we scale up harm reduction programmes at the national level. He reiterated that UNAIDS will continue to advocate strongly for this issue and all issues relating to minority groups, as a matter of social justice and human rights.

Michel Kazatchkine then took the floor. He too began by highlighting the need to strategise how to break the circle beyond those who are already supportive of this issue. He expressed his gratitude to IDPC for organising this event at the ECOSOC meeting. There is no better platform for raising this issue – it is critical that we discuss drug policy through a public health lens and not a law enforcement one. He thanked Mr Sidibe for his remarks. It is important for UNAIDS and the Global Fund to keep raising this issue together and be fully aligned – particularly when other bodies are not fully aligned.

Mr Kazatchkine expressed his disappointment with the declaration from the CND meeting in Vienna. Evidence of the failure of the system has been ignored. Through the AIDS movement, the principles of public health have changed. There was a time when public health was about quarantining people and isolating them, but HIV prevention is underpinned by the notions of shared responsibility, inclusion and accountability.

The Vienna process has reincarnated 100 years of failed policy and did not adequately review progress over the last 10 years. Mr Kazatchkine restated the numerous failings of international

drug control and called the 'war on drugs' an abject failure. We cannot accept a document that fails to adopt a harm reduction approach and that does not acknowledge that drug policies have made controlling HIV amongst drug users so much harder. He called on ECOSOC to recognise the dissonance between the UN's drug control apparatus and the rest of the UN system and take measures to reconcile them.

He concluded by calling for advocates to ensure this happens before another 10 years pass. We must continue to promote the evidence for harm reduction and protecting human rights. We must support those countries that are moving with the times. And we must remind those whose positions are based on ideology rather than facts that the consequences of current policies will continue to be measured - not in terms of reduced drug use or fewer coca crops - but lives lost.

The final speaker, Damon Barrett, gave a presentation reframing the drug policy debate in terms of the three pillars of the UN – human security, human development and human rights. He also highlighted the adverse consequences that have resulted from pursuing 'fanciful idea of a drug free world' and called for UNODC to stop referring to such consequences as 'unintended' as we are now fully aware of them. Further harms must now be seen as either intended, reckless or caused by negligence.

The world has changed since the birth of drug control 100 years ago this year. Drug control has become self-justifying which is a dangerous position. Accountability and participation are absent from international drug policy and admission of the policy harms was severely lacking during the recent review process. Mr Barrett argued that individual and communities must be placed at the centre of drug policy in line with human security, human development and human rights. We must begin to count the costs and assess the benefits of any policies and strategies that are pursued and revisit the aims in line with the UN Charter. The drug control system can no longer operate in isolation. He concluded by calling for UN system-wide efforts towards bringing drug control in line with the central pillars of the UN.

Mike Trace thanked the three speakers for their comments and thanked Mr Sidibe and Mr Kazatchine for their leadership on this issue. He raised a pertinent point regarding Africa and the urgent need to engage with drug policy in this region. Although historically the prevalence of injecting drug use in this region has been quite low, it is increasing and coupled with the other issues of development, HIV, urbanisation and social exclusion experienced in the region, the problem could be explosive in the coming years. It has been a struggle to bring this issue to the attention of governments and multi-lateral institutions in this region. Mr Trace predicted that in 10 years time, Africa may be our main concern with respect to drug policy.

Main points raised in the question and answer session that followed included:

- A strategy to deal with ideological debates
We have won the scientific debate yet how can the dogma of prohibition be challenged. The evidence is concrete for harm reduction but this has not convinced those who argue from a moral or ideological perspective. One strategy would be to stop talking only about drugs and talk about what really matters such as health policy, or crime reduction policy. It is a cross cutting issue.

- The tension between public health and human rights
It was pointed out that there is an inherent tension between public health and human rights with respect to drug control which could be compromising some of our efforts. Public health arguments that may be used in China and Iran to provide harm reduction interventions are not necessarily in line with human rights commitments. Both public health and human rights principles are critical to effective harm reduction and both should be used where appropriate. Sometimes, one argument might work better than another to get the message across but ultimately one principle should not be compromised in favour of another.
- Reconciling the UN mandate
The point about engaging others beyond those who are supportive was raised as a critical action. We need to re-gather the UN and there are a number of frameworks that can be used. Public health is the landscape where this should be played out. We can use the framework of the Millennium Development Goals and Universal Access to call for a cohesive policy that does not undermine the health of an entire community. Drug users themselves are beginning to mobilise and come up with creative solutions to this issue. The momentum is gathering pace and there are growing calls for drug policy reform. The UN agencies must work together more closely and coherently on this issue.
- The adoption of the CND report at ECOSOC
There was some discussion of whether to call for ECOSOC not to adopt the report but this was seen as not feasible politically. The best option to open up space for continuing the debate at the UN level would be for ECOSOC to note that there was not a consensus in Vienna on the issue of harm reduction and put a footnote in the official proceedings report when the CND report is adopted. It was agreed that this approach would be taken forward by IDPC in the coming weeks.