

60TH SESSION CND  
SIDE EVENT ON CIVIL SOCIETY AND DRUG POLICY IN THE CONTEXT OF AGENDA 2030  
TOPIC: "CIVIL SOCIETY AND UN MEMBER STATES – EQUAL PARTNERS FOR  
IMPLEMENTING SDGs RELATED TO DRUG POLICY THROUGH THE HEALTH  
PERSPECTIVE"

Several specific SDGs and their targets are related to drug policy and health. I will focus my talk on them.

It is generally known that a country can only effectively operate when civil society has a strong voice and acts as an equal partner. Moreover, civil society organizations are set up to meet peoples' needs that are not profitable for businesses and that governments fail to meet. However, civil society organizations are not only service providers to the disadvantaged; they are also professional policy, think tank and watch-dog organizations with strong expertise, uninhibited by inconvenient issues and unconstrained by bureaucracy and political "house of cards".

An equal partnership of governments and civil society organisations is crucial in implementing SDGs and monitoring the process. Still existing cases of random, irregular and reluctant inclusion of civil society into policy processes is no longer acceptable if we are to achieve the end of HIV epidemic by 2030 and implement SDGs. Particularly, when it concerns health issues of those especially disadvantaged. Too often do we still hear that planning is a matter of "state decisions". Interaction with NGOs is too often seen by states and international agencies as burdensome, confusing and, thus, unwelcome. It has long been time to unite the capacity of governments and NGOs and reach for human rights and a health care oriented drug policy. Both governments and NGOs have to make additional efforts to work together.

Each UN member state must take proactive steps in planning and implementing actions to reach SDGs. Civil society should be proactively included in the process from the very start. On their own account NGOs should make an effort to be prepared to discuss issues on policy level. If fact, there is no need to invent new mechanisms of partnerships - there already exist a variety of such mechanisms and, if utilized, they actually work.

**Successful examples:**

Here are a few suggestions of civil society's involvement with the state to implement specific targets of SD Goal 3, target 3.5.: "Strengthen the prevention and treatment of substance abuse, including narcotic abuse." This target covers the prevention of overdose, access to evidence-based drug treatment and proven harm reduction services for people who use drugs.

For example, in Lithuania, civil society was actively involved in public consultations and proposed specific measures on mental health care and drug policy for the new government's action plan. It is also taking the initiative to review the current drug dependence treatment system and propose to the government specific and comprehensive solutions to making treatment available.

The Lithuanian state is making a significant progress in collaboration with civil society. The Drug, Tobacco and Alcohol Control Department has established a formal civil society cooperation platform on the policies related to psychoactive substances and the civil society has been acting as an important ally in shaping drug policy through the platform and through a number of other interactions with government bodies – both through formalized participation mechanisms and established working relations. Inclusion of an NGO representative into the state delegation to CND is a good example.

Target 3.3: “By 2030, end epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis.”

This target covers the need to depenalize drug use and strengthen harm reduction programs as HIV and hepatitis prevention for people who use drugs. Through a formal partnership with Drug, Tobacco and Alcohol Control Department, we will take a lead and join different stakeholders in order to review current Lithuanian drug policy and prepare an action plan for developing an evidence-based, public health oriented, non-criminalizing and SDG-compliant drug policy in Lithuania. A similar initiative is also taking place in other Baltic countries through a EU-funded project. The civil society will contribute by developing the methodology of drug policy impact assessment – hard to believe that this has not been done so far - and will pilot it in the three Baltic states.

An obvious example is the provision of specific services by NGOs in order to reduce drug-related harm, including rapid HIV testing, needle and syringe exchange programmes as well as overdose prevention. Unfortunately, a number of these services provided by NGOs still rely on foreign donor funding and not on state funding.

### **Challenging examples:**

We’ve also had failures in addressing some particular drug-related health issues when a conversation between NGOs and the state has yet to yield results. In Lithuania, a particularly worrisome situation exists in prison settings: drug use is wide-spread and over 32% of all new HIV cases were diagnosed there in 2016. This clearly indicates that the prevention of blood-borne infections among people who inject drugs does not function effectively in prison settings. None of the evidence-based prevention measures are implemented in custodial places, except for HIV testing. This issue has been on the agenda of the civil society and international organizations for almost two decades in Lithuania. NGOs utilized such rather sophisticated advocacy measures as statements at the UN human rights committees, succeeding in securing specific UN recommendations to the state. We have challenged the state in court, including at the European Human Rights Court, on denial of drug treatment services in prison. Regretfully, the UN recommendations to the state remain completely ignored and a 7-year-long litigation process is still in process. The prospect of ending the HIV epidemics by 2030 seems ever so unattainable.

We call for the UN and EU agencies to be more proactive in monitoring the implementation of key policy aspects by member states, especially in the context of high vulnerability, health and human rights. Civil society is prepared to assist in this.

### **Conclusions**

Few opportunities exist to build the capacity of NGOs in countries with a shorter history of democracy. In this light, states have a positive responsibility to create an enabling environment for the civil society and ensure transparent and feasible ways for NGOs to interact with state decision makers. Civil society should be proactively informed about the process of implementation SDG in their countries; then can civil society and vulnerable groups participate in it. UNGASS outcome document quite explicitly recognizes the role of civil society and the need to enable them to participate in policy making and implementation.