



## **Civil Society Task Force Recommendations for the “Zero Draft” of the Outcome Document for UNGASS 2016**

The Civil Society Task Force for UNGASS 2016<sup>1</sup> respectfully submits the following recommendations and priority areas for inclusion in the UNGASS outcome document. These recommendations are based on a preliminary compilation of the results the Global Civil Society Survey,<sup>2</sup> which was distributed to NGOs all over the world, as well as on prior civil society collaborations including Civil Society Hearings and the Declaration adopted in connection with Beyond 2008.

Other issues considered important by civil society for UNGASS and its preparations, concrete outcome expectations of civil society for UNGASS, and thoughts from civil society on how to define success and the long-term impact of UNGASS 2016, follow the recommendations.

Additional information and recommendations will be finalised after 1) the report on the survey is finalised and 2) the ongoing global regional and thematic consultations are completed and the results consolidated, later in 2015.

### **Recommendations and Top Priorities to be addressed in the UNGASS Outcome document**

Recommendations and top priorities are organised below in regards to the five thematic areas for the 2016 UNGASS: drugs and health, drugs and crime, human rights, women, children, and communities, new challenges, and alternative development.

#### **I. Drugs and Health**

##### ***a. The need for evidence-based or evidence-informed drug prevention***

There is a need for greater discussion about the importance of world-wide evidence-based drug prevention initiatives, particularly for youth. Drug prevention should include environmental prevention strategies as well as early intervention with youth and adults who are engaging in risky behaviours in order to avoid the use of drugs and the escalation of use into dependence. Civil society organisations highlight that drug prevention should also provide accurate information about the effects of different substances on the body and the risks associated with use. This is particularly important because many

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<sup>1</sup> More information about the CSTF is available at [http://vngoc.org/details.php?id\\_cat=28&id\\_cnt=108](http://vngoc.org/details.php?id_cat=28&id_cnt=108).

<sup>2</sup> The Global Civil Society Survey is a web-based survey which was circulated via email and social media throughout the networks of the Civil Society Task Force, the UNODC Civil Society Team, and the Field Office network, between April 21<sup>st</sup> and July 31<sup>st</sup> 2015 (for more information see [http://vngoc.org/details.php?id\\_cat=28&id\\_cnt=107](http://vngoc.org/details.php?id_cat=28&id_cnt=107)). The preliminary report summarised data (where available) only from the English, Chinese, Vietnamese, Portuguese, Italian, Persian, Turkish and some Spanish surveys, as translations from Arabic, French, Russian and some Spanish were not yet available at the time it was written. A full report on the survey results will be distributed in the coming months.

youth around the world do not have access to good quality information on drugs and drug use in order to make educated decisions about drug use. Many civil society groups think that prevention is an area that has not received adequate attention and the UNGASS process must help to highlight this issue.

*“In Afghanistan, we certainly need technical and professional assistance of international agencies to expand drug treatment capacity and improve the coverage network for community based prevention programs. UNGASS 2016 will be a good opportunity to reach our goals (Alternative development organisation, Asia)*

*“Public health - with a focus on prevention, early intervention and the social determinants of drug use” (Policy advocacy organisation, Europe)*

***b. The widespread adoption and availability of harm reduction***

Harm reduction is a key priority for the majority of civil society organisations working in the field of drugs. Harm reduction services should be widely available and freely accessible to all people who use drugs, regardless of nationality, race/ethnicity, age, gender, class, or any other demographic characteristic. Sterile syringes and injecting paraphernalia should be available to all people who use drugs, including incarcerated persons. The availability of naloxone overdose fatality prevention has been identified as crucial, and greater resources and efforts are needed to ensure this. In regions with high use of amphetamine type substances (ATS) there is a need to address the lack of harm reduction for people who use ATS and to seek to engage people who use ATS, to use appropriate harm reduction services. Governments and UN agencies (in particular UNODC) should address legal, policy and ideological barriers to harm reduction. This is reflected in the priority areas identified by civil society organisations below:

*“Promoting harm reduction as a global response to drug use.” (Professional association, North America)*

*“Expansion of harm reduction measures, such as safer injection sites, needle and syringe exchange programs in prisons, accessible confidential drug testing, etc.” (Member-based organisation, Europe)*

***c. Funding concerns for treatment, prevention, and other services for people who use drugs***

Globally there is a clear lack of adequate funding available for harm reduction programmes, drug treatment services and evidence-based prevention programmes. Financial constraints limit the availability and accessibility of these health-based services for people who use drugs. Some civil society actors have proposed solutions to this funding issue by reallocating funds from other activities towards health services. This sentiment is detailed in the two quotes below in response to suggestions about what is needed:

*“Migration of resources spent on law enforcement, adjudication and incarceration to harm reduction measures” (Policy advocacy organisation, North America)*

*“Redeployment of resources away from enforcement to awareness and treatment” (Youth services organisation, Australia and Oceania)*

Governments and UN agencies (in particular UNODC) should be encouraged to examine the proportional resources going to prevention, harm reduction and treatment responses to the drug issues in the context of and in comparison with expenditure on supply reduction measures.

***d. Universally available evidence-based and culturally-appropriate drug dependence treatment***

It is crucial that substance dependence treatment is grounded in evidence and is culturally appropriate. Such treatment should be accessible, affordable or free for those who seek it. Treatment should also include the provision of medical and mental health treatment for people who use drugs who have more complex needs, as well as the possibility to include families in this care (particularly for youth). Drug dependence treatment should allow for a variety of treatment approaches and outcomes, including services to support abstinence goals as well as options for harm reduction such as the expansion of opiate substitution treatment (OST). OST (methadone or buprenorphine) is deemed by many civil society organisations working in the drugs field as being essential, especially in countries where it is currently unavailable and, in some cases, illegal. Examples – *Needed*:

*“Respect the regional and country specific best practices for prevention, treatment and rehabilitation”* (Health advocacy organisation, Asia)

*“Scaling-up Opiate Substitution Treatment in Central, Eastern and South-Eastern Europe”*  
(Research organisation, Europe)

*“Tradition, culture and identity should be considered when the formulation of policies and the methodologies of intervention introduced.”* (Research organisation, Asia)

Governments and UN agencies are urged to ensure that treatment services are available in all countries and that the UNODC, in particular, should continue efforts to make evidence-based information available to member states. CND and the UNGASS should encourage the adoption of practices that have been found to be successful; allowing each member state to clarify the best and most appropriate responses in this context.

***e. The need for a health response to drug use***

Civil society have clearly expressed the need for a public health response to the problems associated with drug use.

*Needed*:

*“Address drug-related health issues while removing criminal persecution of social/ mental health dysfunction”* (Non-profit organisation, Australia and Oceania)

*Protection of public health as the key objective of the international drug control system* (Non-governmental organisation, Europe)

*“A Public Health [approach] to Drugs (including social determinants, alternatives to incarceration and the right to rehabilitation)”* (Policy advocacy organisation, Europe)

There is a view from some civil society groups that the criminalisation of people who use drugs has had negative consequences for the health of those individuals and society at large. Many civil society actors advocate for the decriminalisation or depenalisation of people who use drugs with the possibility of referral to treatment for rehabilitation and promoting access to harm reduction as well. Some civil society actors support the legalisation and regulation of drug markets as a means to improve the overall health of people who use drugs through quality control and safer markets while others stand firmly behind a traditional interpretation of the conventions.

*“Criminalisation and marginalisation of drug users [act] as a driver of the worldwide HIV and the worldwide HCV-epidemic”* (Health advocacy organisation, Europe)

Governments and UN agencies (in particular UNODC) should ensure that public health considerations are given priority in the discussion and debates leading up to and including UNGASS 2016.

***f. The need to address stigma, discrimination, and reintegration for drug user health and well-being***

There is great concern about the wider societal impact of stigmatisation on the health and well-being of people who use drugs. People who use drugs are often viewed as immoral, as criminals, or as both. Many civil society actors have highlighted that this stigma has health consequences for people who use drugs as they may avoid accessing health services and/or suffer ill-treatment by health care providers, thereby increasing health disparities. Unfortunately the stigma of drug use leads to discrimination against people who use drugs which some people then view as justified. Furthermore, there is a need to increase support for former users to reintegrate into society. This is reflected in the following quotes responding to what is needed:

*“Integration and employment of the people who have successfully completed rehab programmes”* (Treatment agency, Europe)

*“Tackling the stigma of drug dependency and addiction”* (Member-based organisation, Europe)

*“To facilitate the access to the health system given the drug user difficulties. It is because of they are discriminated and fail to treatment, often by prejudice of the employees.”* (Volunteer organisation, South America, translated from Portuguese)

Governments and UN agencies should continue efforts to ensure that the right of all people to health care is recognised, and that all efforts are directed at ensuring that discrimination against people who use drugs does not prevent the fulfilment of this fundamental human right.

***g. Access to controlled medicines***

The need to scale up access to controlled medicines for the relief of pain and for opioid dependence treatment in more than 83% of the world, must be central to any serious multilateral discussion of the world drug problem. CND, UNODC, the INCB, and the UNGA have not given this public health issue the attention it deserves. Countries’ failure to ensure access to controlled essential medicines for severe pain, palliative care, and dependence treatment, is a violation of their citizens’ rights to the highest attainable standard of physical and mental health. The UNGASS on the World Drug Problem will be a pivotal moment to address this “other”, largely unrecognised world drug problem of lack of access to

opioid analgesics for medical and scientific purposes. Responses seeking opinion about what is needed included:

*“Ensuring countries give adequate attention to the issue of access to controlled medicines”*  
(Health Advocacy organisation, Australia and Oceania)

*“We would like the UNGASS to commit to a concerted UN-wide effort, including UNODC, INCB, WHO and UNDP, to close the gap in availability of and access to controlled substances for medical use while reinforcing efforts to prevent their diversion and misuse where relevant.”*  
(Health advocacy organisation, Asia)

*“Availability of opioids for the treatment of severe pain”* (Health advocacy organisation, South Africa)

CND, UNODC, the INCB, and the UN General Assembly should now address this issue as a priority, especially recognising its priority as stated in the 1961 Single Convention: *“Recognizing that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes.”*<sup>3</sup>

## **II. Drugs and crime**

### ***a. Concerns about the unequal enforcement of policies and sentencing***

Members of Civil Society have expressed concern for the disparities in arrest and sentencing for drug charges, as well as the proportionality of punishment for drug offences. It is these disparities that have contributed to concerns about the fairness of the current regime in their countries of origin. There is a need for this issue to be discussed in the preparations for the UNGASS, as it is a concern in many regions of the world. Examples -

*Needed:*

*“Consistent, fair penalties”* (Educational institution, Europe)

*“Incarceration/sentencing reform”* (Treatment facility, North America)

*Concern:*

*“Disproportional punishment for drug offenses”* (Research institution, Central America)

### ***b. The harms of trafficking and its associated violence and exploitation***

In the context of international security, civil society groups are concerned about trafficking and violence. Civil Society recognises the potential complementarity of trafficking in drugs with trafficking in people and arms. There is a sense that the successful and profitable networks engaged in drug trafficking have expanded; also that this masks human trafficking with a linked concern that these developments have

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<sup>3</sup> Preamble, *Single Convention on Narcotic Drugs, 1961*. New York, United Nations.

begun to fund various forms of political terrorism. There is support for this issue to be discussed at the UNGASS and during its preparatory meetings.

*Mentions and emphasis in respondent answers:*

*“Priority for law enforcement [to] limit[ing] drugs trafficking.”* (Non-government organisation, Central Asia/Middle East- translated from Persian)

*“Drug issues as they relate to human trafficking and sex trafficking”* (Consulting firm, North America)

*“Drugs as a contributing factor to crime and insecurity in the globe”* (Health organisation, Africa)

*“Marijuana and crime; drug cartels, drug gangs (both inside America and in the Narco-Nations of Latin America and Mexico”* (Advocacy organisation, North America)

*Some broader concerned comments include:*

*“How prohibition policy funds organised crime and terrorism.”* (Member-based organisation, Europe)

***c. An evaluation of whether the current system is cost-effective and making society safer***

Many members of civil society see a need for large scale research and evaluation on the impact of global drug policies on crime. The following quote summarises the concerns of some that there are costs to the current regime which must be identified and then evaluated:

*“Economic analyses of current drug prevention approaches that include the societal and indirect costs of mass incarceration, turning users of less addictive drugs, such as cannabis, into felons excluded from civil society”* (Research organisation, North America)

*“Ensuring that both successes and failing[s] of global drug control are reviewed and discussed - and that policy is evaluated in line with UN priorities of health, human rights, development and security.”* (Policy advocacy organisation, Europe)

These quotes highlight a perceived need from some civil society actors for the collection of data which will allow the evaluation of drug policies. Civil Society groups wish the UN, through its various instruments, to collect and utilise data that could support informed and balanced discussions, grounded in facts and evidence for both the UNGASS and its preparatory meetings.

***d. Allowing for greater policy experimentation by member states***

There are a number of civil society actors who have called for adequate attention at the UNGASS and its preparatory meetings to discuss the importance of nations having the right to determine which drug-related policies to implement based on their own individual circumstances, cultures, needs, and priorities. Many noted that there is considerable flexibility within the current conventions to allow for experimentation; such as decriminalisation.

*Civil Society responses initiated the following suggestions that were unprompted in the survey:*

*“Autonomy for developing countries to seek their own solution”* (Policy advocacy organisation, Africa)

*“The policies [need] to respect the traditional values and socioeconomic conditions of the countries”* (Treatment organisation, Asia)

*“Allowances for experimentation by member states of new drug policies within the context of the treaties”* (Policy Advocacy organisation, North America)

Some effort is needed by the UN instruments including UNODC and the INCB, operating in conjunction with/through CND to clarify the range of interpretations of the meaning of the current Conventions with regard to the opportunities for member states to trial and test responses that are consistent with their own cultures and needs; without being seen to operate outside the Conventions. Consideration should be given to developing a summary of the variations that are currently available or recently tried and the countries adopting alternative responses should be encouraged to share their experience and any research findings about the consequences of these interpretations so that this can be monitored and made available to other countries/member states.

### **III. Human rights, women, children, and communities**

#### ***a. The elimination of the death penalty for drug offenses***

Outrage over the continued use of the death penalty for drug-related offenses has been expressed by numerous civil society organisations around the world, who feel that the death penalty is an extreme punishment which is disproportionate to the harms of drug possession or drug trafficking and is a violation of the right to life. Although there are many areas of disagreement for the upcoming UNGASS, this issue should be one that garners international consensus. This issue should be highlighted during preparations for UNGASS over the next several months and the CSTF calls on the CND and UNGASS to ensure that it receives adequate attention at the UNGASS event.

*Concern about: “Death penalty for drugs in Southeast Asia”* (Health advocacy organisation, Asia)

*[Insistence on the] “Abolition of the death penalty for drug offences”* (Advocacy organisation, Europe)

#### ***b. Human rights violations***

One of the main priorities of civil society is the need to acknowledge the human rights of people who use drugs and to understand that they deserve to be treated with respect. Drug users should be entitled to programs to improve their health and wellbeing, access to their basic necessities for livelihood, fair legal trials, proportionate sentences, and freedom from torture or mistreatment.

*Concerns:*

*“How prohibition policy ignores human rights of people suffering dependency.”* (Member-based organisation, Europe)

*“Human rights violations due to current policies and law.”* (Health care organisation, Africa)

Civil society seems clear in calling for human rights to be paramount in considering responses to drug use by individuals and asks that the CND and the UNGASS forum recognise this and take account of the implications of this when considering responses to drug use and associated concerns.

**c. Drug-related issues which affect youth**

Preparations for the UNGASS should highlight issues which affect youth both directly and indirectly. “Youth” and “children” are priority areas for civil society for UNGASS. Civil society is concerned about the need for children to be protected from illicit drugs, criminality and the influence of the drug market, whether in their families or in their communities, in accordance with the Convention of the Rights of the Child. Some youth-serving organisations are concerned with the needs of young people who already use drugs- particularly for the provision of appropriate drug dependence treatment that is sensitive to their needs, and how to ensure they have a voice in the decisions which affect their lives. The following quotes highlight these youth-related concerns:

*“How prohibition policy puts our youth in direct danger of dealing with criminals.”* (Member-based organisation, Europe)

*“Develop guidelines on how to best implement the Rights of the Child to be protected against illicit drugs”* (Policy advocacy organisation, Africa)

*“Treatment courses for teenage substance abusers”* (Non-profit organisation, Europe, Translated from Italian)

*“Focusing on children and youths’ basic rights to freedom FROM drugs, both use and third-party damage”* (Youth advocacy organisation, Europe)

In this context the CSTF urges the CND and UNGASS to consider commissioning UNODC to develop specific guidelines for responding to young people affected by drugs that deliberately sets out to align with other UN instruments relating to the rights of children.

**d. Drug-related issues which affect women**

Civil society is concerned about the unequal access to treatment for women; there is a need for gender-sensitive services for women who use drugs. Many civil society organisations also mention the need to support pregnant women and women who use drugs and have children. There is also a wide spread view from the civil society that gender issues needs to be mainstreamed into all areas of drug policy, research, prevention, harm reduction and treatment. Some civil society organisations also raise concern about the impact of drug policies on women who use drugs or women who are romantically involved with partners who use drugs.

*Priorities:*

*“The [need for] inclusion of gender as a cross-cutting issue”* (Non-profit organisation, Europe)

*“Sexual reproductive health and rights amongst women who used drugs.”* (Member-based organisation, Asia)

*“To see statements from UN agencies on the need to add a human rights lens to the drug policy conversation; including a gender lens.”* (Secular civil non-profit organisation, North America)



*“the universality of rights, especially for women, the unequal treatment is a major obstacle to the progress of humanity”* (Non-profit organisation, Europe)

*“providing direct support and advice to pregnant women and parents”* (Secular civil non-profit organisation, North America)

*“...especially I fully hope that through UNGASS 2016, that all the women who use drugs will get a specific services for Women and will get more space or platform to address all our women issues in related with drugs issues and human right and health.”* (Users or ex-users organisation, Asia)

#### **e. Drug-related issues which affect other marginalised populations**

Many traditionally marginalised populations are also disproportionately impacted by drug policies. Civil society actors have highlighted that the UNGASS and its preparatory meetings must acknowledge the impact of current policies upon lesbian, gay, bisexual, and transgender (LGBT) individuals, sex workers, older adults, and people with chronic pain and health conditions.

*Priorities:*

*“Bring attention to the fact that older persons are not addressed regarding drugs and health”* (Non-profit organisation, North America)

*“Sex worker safety”* (Professional organisation, North America)

*“Greater promotion of the rights and citizenship of the population of transvestites, transsexuals, and transgender women, given that it is the population that most is murdered worldwide.”* (Human rights organisation, South America, translated from Portuguese)

*“Pay attention to extended palliative care and availability of other medications” [to all who need it; sometimes beyond those people who use illicit drugs]* (Policy advocacy organisation, North America)

### **IV. New challenges, threats and realities in addressing the world drug problem**

#### **a. New psychoactive substances (NPS)**

The use of new psychoactive substances is concerning, and greater services are needed for the populations who use them, as some of their needs are unique. Many civil society organisations are concerned with the issue of legality of NPS and see a need for legal action in this area; however their calls range from banning such substances to regulating them. It is expected that these NPS will be considered at the CND and UNGASS in 2016 and it is hoped that this can be focused to include an increase in knowledge, both on these drugs and their impacts.

*Respondents unprompted raising of NPS included: “Harm reduction in the field of new psychoactive substances”* (Treatment organisation, Europe)

*“Member to ban all synthetic analogues of drugs and to seek permission when someone wants to sell such substances.”*(Secular civil not for profit organisation, Europe)

### **b. Diverse views on the Conventions**

Members of civil society hold a range of views on the current Conventions along a continuum from complete preservation of the Conventions to exploring reinterpretation or revision of the Conventions. This diversity of views of civil society, as illustrated by the quotes below, should be taken into consideration by Member States at the UNGASS.

*“Guidelines on better implementation of the three UN drug conventions.” (Policy advocacy organisation, Africa)*

*“Preservation of drug conventions and commitment to push back against efforts to normalize and legalize drugs.” (Policy advocacy organisation, North America)*

*“How the global drug control system, including the treaty framework, can be modernised to accommodate the growing calls for experiments with alternatives to criminalisation and prohibition - including legalisation and regulation of cannabis and other drugs” (Policy advocacy organisation, Europe)*

*“Open discussion about the fact that the highest authorities of public international jurisprudence confirm that the three cornerstone UN drug control treaties are open to interpretation and modernisation. Such flexible interpretations and best practices should be evidence based on innovative local, national, and regional strategies. As such they will address urgent public health needs and thereby advance the “health and welfare of mankind,” the stated aim of the Single Convention on Narcotic Drugs.” (Health advocacy organisation, Asia)*

*“Reevaluating the metrics of success of drug policy and including ones that measure impact on health, human rights and development.” (Policy advocacy organisation, North America)*

### **c. Diverse views on recent decriminalisation and regulation trends**

Civil society also sees drug policy reforms in parts of the world where regulation and decriminalisation are taking place as either a threat or as a positive development. Many of the NGOs are raising this issue from different angles:

*“Reduce the ‘popularity’ of the so-called ‘legalization’ of marijuana in local states, since it is a fallacy, marijuana will always be illegal as per the Conventions” (Training organisation, North America)*

*“decriminalizing substances to keep people out of jail/prison” (Treatment provider, North America)*

*“[We] also expect the UNGASS meeting to address the legalization of cannabis in some states in the US and in Uruguay which is a violation of the conventions. We see the legalization movement as a threat to the future of our youth and expect the international community to firmly take a stand against legalization in line with the three international drug conventions and the UN Action Plan on drugs 2009 – 2019.” (Research institution, Africa)*

Member States should take this diversity of views into consideration at the UNGASS.

## V. Drugs and (Alternative) Development

A significant number of civil society actors have identified development issues as one of their top three priority issues for the UNGASS preparation. The issues raised included:

- Request for the topic Drugs, Development, Poverty and Environment to be main priorities during the UNGASS debates linking Post UNGASS to development goals
- Focus on the needs of indigenous communities, traditional use, and sustainable community approaches
- Request for sustainable agricultural strategies to be a main priority during UNGASS and include access to finance for farmers to facilitate movement to production of licit products
- Request to end forced eradication without alternatives in place
- End human rights abuses against farmers and their families involved in cultivation of crops for illicit uses.

Civil society actors have emphasised the need to address the drugs market issues including development and crop control as well as human rights; including the rights of producers and farmers, their concerns and opportunities. Comments included:

*“Redefining global policies on drugs with a human focus and viable and sustainable options for those living in these production areas”* (Policy foundation, South America)

*“An imminent change in policies regarding illicit substances that respect Human Rights of consumers and producers”* (Cannabis growers organisation, South America)

*“Humanize current drug control policies and include drug crop farmers in future scenarios”* (Policy advocates, Europe)

Civil society organisations have expressed concerns for farmers and questioned the efficacy of alternative development approaches; while some want further examples of successful programmes. Halting chemical spraying has been identified as a priority for UNGASS.

*“Support for poor, rural farmers in Africa where international eradication policies destroy lives”* (Policy advocacy organisation, Africa)

*“A new policy on illicit crops that does not depend on either eradication or Alternative Development”* (Research institution, Asia)

*“End to forced eradication/farmers' rights and integrated development to diversify farmer incomes”* (Member-based organisation, South America)

*“Good examples of alternative development”* (Research organisation, Europe)

*“Objective Analysis of Alternative Development and Alternative Livelihoods concepts, which have not yet shown any success that makes AD & AL worthy enough to be pushed as a model.”* (Policy advocacy organisation, Europe)

*“Decisions that will lead to the elimination of the toxic spraying in Colombia”* (Human Rights organisation, South America)

There is also a need to respect traditional use and cultivation of plants;

*“Changes in the guidelines regarding the (...) cultivation of sacred plants”* (Local development not for profit organisation, South America)

## **Other Important Issues for UNGASS 2016 and its preparation**

As part of the Global Civil Society Survey, members of civil society from around the world identified the following priorities and recommendations for the UNGASS preparatory process and the event itself:

### ***Reduce barriers and increase civil society access to events***

Organisers and leaders should make more efforts to ensure that the UNGASS and its preparations are more accessible to civil society around the world. Members of civil society made the following constructive suggestions:

*“Translate all documents for non-English speakers”* (Research organisation, Europe)

*“There is a lack of Turkish sources such as invitation and mailings of these events, which is a great problem.”* (Non-profit organisation, Central Asia/Middle East, translated from Turkish)

*“Access to the event--language, broadcasting, modes of participating from afar.”* (Volunteer, North America)

*“Ensuring that civic society organisations timely access to all the relevant preparatory documents and that comments are included and recommendations for changes in language and procedure considered carefully”* (Non-profit organisation, Europe)

### ***Meaningfully include other UN agencies in the UNGASS***

The UNGASS preparations and event must allow for participation from other UN bodies who can provide expertise and guidance throughout the process.

*“Inclusion of other UN agencies outside of the UNODC”* (Policy advocacy organisation, North America)

*“Inclusion on an equal basis of all UN agencies – primarily UNAIDS, WHO, UNDP, with CND – in the formulation of evidence based drug policies that result in measurable and improved public health and human rights outcomes at the local, national, and regional levels. This procedural priority requires member states to be open to shifting their drug policy focus, including earmarked funding and training, from law enforcement to evidence based public health priorities, and joint/synergistic training within an overarching public health framework.”* (Health advocacy organisation, Asia)

### ***Support inclusion and communication amongst NGOs and member states***

Civil society must have a greater role in preparations and at the UNGASS event – not only to communicate with other NGOs from around the world to share expertise with one another, but also to communicate their concerns to key decision-makers.

*“Developing cooperation between countries and entities in order to transfer best practices and lesson learnt” (Non-profit organisation, Europe)*

*“Representation balanced from the continents including Africa” (Policy advocacy organisation, Africa)*

*“Unrestricted Participation of Civil Society” (Member-based organisation, Africa)*

*“Strengthen collaboration of all players on the issue” (Advocacy organisation, Africa)*

*“Confirming civil societies' own top priorities for drug policy reform; Determining the best ways to ensure civil society can meaningfully participate in the UNGASS forum; and Determining how civil society can best support its key messages from 'outside' the UNGASS forum” (Advocacy organisation, Australia and Oceania)*

## **Concrete outcomes expected from UNGASS 2016**

Members of civil society have articulated their expectations for concrete outcomes from UNGASS 2016 around several noteworthy themes including:

- harm reduction,
- the use of greater data in decision-making,
- re-evaluating indicators of policy success,
- the increased use of a health-based approach,
- improved access to controlled medicines, and
- greater civil society involvement.

Some of these expected concrete outcomes are reflected in the quotes below:

*“Harm reduction language incorporated into relevant international documents; a serious review of drug criminalization and an evidence-based analysis of what strategies work and do not work to address substance use around the world; a comprehensive review of negative health outcomes related to substance use and strategies for addressing them (e.g., overdose, viral hepatitis, HIV, soft tissue infections).” (Health advocacy organisation, North America)*

*“Member states to improve access to essential drugs including opioids to treat severe pain and remove all the barriers making such unavailable to eligible patients. Measures to prevent diversion of drugs should not lead to unnecessary suffering.” (Health advocacy organisation, South Africa)*

*“A commitment to putting in place a scientific process that informs future decisions on drug policies and prioritizes the creation of an interdisciplinary independent body to take this work on.” (Policy advocacy organisation, North America)*

*“New indicators of policy efficacy beyond drug production, seizures and prevalence.” (Charitable organisation, Europe)*

*“A commitment to change that speaks to specific objectives to be achieved and to the establishment of a realistic set of indicators that support the thematic areas/objectives agreed to.” (Health organisation, North America)*

*“1. Protect youth and children by developing and implementing and endorsing effective policies, 2. Respect and welcome country specific or region specific effective methods and methodologies for treatment and rehabilitation, 3. Given priority for right to health of drug users, 4. Highlight the importance of protecting drug users from unnecessary forces directing them to [take] use medicinal drugs.” (Scientific resource centre for alcohol tobacco and other drug prevention and treatment, Asia)*

*“based on the current situation and its outcome in the future, there should be a international coalition to talk and decide about the problem and how we can involve all stakeholders to be involved in the field.” (Volunteer organisation, Asia)*

*“A communique after the UNGASS 2016. Advocate for Adequate funds for Civil society in Africa on action against drugs. There should be online course drugs, prevention and treatment programme. National association platforms must be supported to increase awareness on drugs” (Secular not for profit organisation, Africa)*

*“We expect that at the end of the conference, UNGASS 2016 would be able to gather concrete and valuable information on substance use and abuse and its negative impact it has on the social, political, economic and other ramifications it has on developing countries especially those emerging out of civil crisis and poverty that will enable UNGASS adequately address this international social disaster.” (Secular not for profit organisation, Africa)*

*“Resolutions to be adopted by UN member countries on allegiance to the action points agreed on this must translate in a work plan and to be implemented by respective countries.” (Secular civil not for profit organisation, Africa)*

## **How to define success and the long-term impact for UNGASS 2016**

When asked in the Global Survey how they would define success after the UNGASS and the long-term impact of the meeting, members of civil society provided a wealth of indicators. One noteworthy theme which emerged was that participants can acknowledge that although consensus may not exist, this can still lead to future productive discussions about major points of disagreements. For others, the inclusion of health and human rights as the cornerstone of international drug policy would mark success. The possibility of revised metrics for drug policy success was also identified as a possible long-term impact to strive towards.

*“Success would mean that UNGASS has made it plain that no global drug policy consensus exists, and that the system will be in flux for the foreseeable future. Success would mean that next phase of the debate can occur in a more honest and realistic context, acknowledging the tensions that already exist, and understanding that governments should seek to manage drug problems, rather than continue to believe that drugs can be eliminated from society. Success at UNGASS would mean leaving behind objectives that are impossible to achieve, and shifting away from a fixation on strategies of prohibition, supply control, and punishment, and embracing*

*human rights, harm reduction, public health and safety.” (Advocacy organisation, North America)*

*“At a minimum: a demand that all countries end human rights abuses carried out in the name of drug control and drug law enforcement. At a middle: strong promotion of harm reduction approaches, including strong support of evidence based treatment such as medication assisted treatment for opioid users. Best case: allowing countries to decriminalize/legalize drugs and an end to the current scheduling regime.” (Professional organisation, North America)*

*“Success will be seeing that new UN (and other) voices are brought to the table, that there is an acceptance of the need to prioritize health, development and human rights and a new discourse from Member States. This success will certainly be needed to continue beyond 2016 and work on the new plan of 2019.” (Research institution, South America)*

*“Success would be in the setting up of a 4th Convention where success would be measured on health and human rights indicators, where the real success would be indicators showing a progress in HIV/HCV impact and other health and social consequences on People who Use drugs. This would imply replacing a repressive approach by a more humane approach. This would also imply a balance in funding of drugs project, with less budget on implementation of repressive approach, and more budget on health projects and respect of human rights.” (Health advocacy organisation, Africa)*

*“Allowing minority statements, of Member States and governing bodies, showing the lack of consensus and a cross-regional call for change, particularly addressing the need of reviewing and modifying the objectives and metrics of the world drug strategy and plan of action in 2019.” (Youth advocacy organisation, North America)*

*“UNGASS 2016 impact and success should be judged in terms of producing more effective and concerted policies that lead to significant drug demand and supply reduction worldwide together with more effective treatment and rehabilitation services for those already effected by substance use in different ways. UNGASS should set goals of progressive creation and expansion of "Drug Free Zones" and "Drug Free Regions" around the world to visibly and measurably demonstrate success of a renewed commitment in drug eradication (supply and demand) around the world.” (Other organisation, TRUST, Asia)*

The CSTF appreciates the opportunity to provide these recommendations, and looks forward to continuing to work with Member States and representatives of diverse civil society groups in consulting as widely as possible around the globe. We anticipate bringing a further summary of issues and recommendations forward following the regional and thematic consultations in the lead up to UNGASS 2016.