



NEWSLETTER March 2014

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NEXT MEETING

at 7:30pm, Thursday 27 March

St Ninian's Uniting Church hall,
cnr Mouat and Brigalow Sts, LYNEHAM

Please also note in your diary that there will not be a regular meeting in April because of the confluence of Easter and Anzac day.

The next regular meeting will be held on 22 May.

Meetings are followed by refreshments and time for discussion.

Editorial

2014 Commission on Narcotic Drugs

This editorial follows from Ann Fordham's report later in this Newsletter "Sounding the drug war retreat." At time of writing only matters from the high level session were available. That includes the Ministerial Statement and presentations, explanations, and statements made at that session.

The 2014 Commission on Narcotic Drugs (CND) commenced on 13 March in Vienna, Austria. The high level segment, where ministers came together to share experience and sign off on a consensus joint ministerial statement, took place on 13 and 14 March.

Starting on March 17 there will be a normal segment. This will be in preparation for the 2016 UN General Assembly Special Session (UNGASS) on Drugs. Member states, ie countries that are party to the conventions, are to negotiate 12 resolutions in a committee of the whole that are to be agreed by consensus.

The total CND 2014 will run for 2 weeks. Progress can be followed on www.cndblog.org.

Ministerial statement

The full version of the ministerial statement can be found at this address: <http://bit.ly/1qRnRPH>

The ministerial statement, as would be expected by any document that is prepared and agreed by consensus, is one that can be interpreted in many ways.

.. the world drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation and demands an integrated, multidisciplinary, mutually reinforcing, balanced and comprehensive approach to supply and demand reduction strategies, and [we] reaffirm

our unwavering commitment to ensuring that all aspects of demand reduction, supply reduction and international cooperation are addressed in full conformity with the purposes and the principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States.

It could mean that member states need to try harder to create a drug free world - recall the UNGASS in 1998 under the official slogan "A Drug Free World: We Can Do It". 2008 came and went but we are yet to see any indication there will ever be a drug free world

[we] reaffirm our determination to tackle the world drug problem and to actively promote a society free of drug abuse in order to ensure that all people can live in health, dignity and peace, with security and prosperity.

Coupled with this view are statements that claim progress is being made and those involved are to be praised for it.

[we] welcome the ongoing efforts to strengthen cooperation in combating illicit trafficking in drugs, addressing supply, demand and the diversion of precursor chemicals, undertaken by regional organizations and transregional initiatives such as the members of the Commonwealth of Independent States, the Triangular Initiative, the Shanghai Cooperation Organization, the Economic Cooperation Organization, ...[you get the idea].

There are also statements that recognise that drug addiction needs to be addressed as a health issue, that human rights need to be observed and that evidence should be used as a basis.

[we] consider as main challenges ... the need to increase focus on ... drug-related health effects, taking into account the specific challenges faced by vulnerable groups, such as children, adolescents, vulnerable youth, women, including pregnant women, people with medical and psychiatric comorbidities, ethnic minorities and socially marginalized individuals, and to further promote and strengthen effective national drug control strategies based on scientific evidence, with components for drug demand reduction that include primary prevention, early intervention, treatment, care, rehabilitation, recovery and social reintegration, as well as measures aimed at minimizing the public health and social consequences of drug abuse;

Speaking at a press conference about the ministerial statement, Yuri Fedotov, UNODC Executive Director, said, "The provisions

of the conventions indeed are flexible, human rights based, and founded on the protection of health. I would like particularly to stress the need of strengthening the public health in a comprehensive, balanced, scientific evidence-based approach, that is very important, and fully consistent with human rights standards."

There are the elements that for the UN bodies are self-serving.

[we] reaffirm the principal role of the Commission on Narcotic Drugs as the policymaking body of the United Nations with prime responsibility for drug control matters, also reaffirm our support and appreciation for the efforts of the United Nations, in particular those of the United Nations Office on Drugs and Crime as the leading entity in the United Nations system for countering the world drug problem, and further reaffirm the treaty-mandated roles of the International Narcotics Control Board and the World Health Organization

Other statements at high level session

Of particular note is the statement of Dr Michel Kazatchkine, UN Secretary General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia. He made interalia the following points:

- *Incarceration of people who use drugs increases their vulnerability to HepC and HIV*
- *We need to stop incarcerating people who use drugs for minor non-violent drug offences.*
- *Compulsory centres for drug users are ineffective, inhumane and need to be closed.*
- *We need to reform all laws and policies that hinder access to harm reduction.*

In other statements: NZ outlined its legislation for regulation of synthetic drugs; despite evidence to the contrary, Japan was concerned about harm reduction because it claimed it increases drug use; Latin American governments called for an end to the drug war; The Netherlands promoted evidence based approach to demand reduction rooted in health, human rights and harm reduction; Queen Sylvia of Sweden was the first to mention zero tolerance; Harm Reduction International says that 10% of funds currently invested in law enforcement should be redirected to harm reduction; Iran and a number of other countries believed that the death penalty is a deterrent to drug trafficking. Oh, and Australia reconfirmed its commitment to realising the aims of the three international drug control conventions.

Poland supported human rights pointing out that violations of human rights includes:

- *Denial of harm reduction services (e.g. Needle and Syringe Programs, Opioid Substitution Treatment),*
- *Deprivation of treatment,*
- *Coercion in the guise of treatment / incarceration for treatment,*
- *Deadly drug penalties.*

Youth at CND spoke out against criminalizing drug users saying it was counterproductive.

And Aram Barra from Transform Drug Policy Foundation had a clearer vision than many at CND:

- *Beyond this long term failure, supply reduction efforts have additionally been associated with a range of what the UNODC*

has described as negative 'unintended consequences'. These include severe environmental and health harms associated with aerial crop eradication, and the displacement of already impoverished and vulnerable populations involved in drug crop production. Furthermore, supply reduction efforts have often led to increases in drug market related violence – demonstrated most graphically by the more than 100,000 drug market related killings in Mexico since the 2006 'crack down'

- *Drug enforcement interventions have also frequently been associated with human rights abuses committed by enforcers themselves – and a lack of accountability for such abuses amongst enforcement agencies*
- *In this historic context of demonstrably ineffective and counterproductive supply reduction efforts, talk of 'rebalancing' demand and supply reduction efforts are meaningless. Supply reduction has never, and can never achieve its stated long term goals.*

The flavour of the CND so far holds out a slim hope for change. But so far the root cause has not been addressed nor has the term "harm reduction" been allowed to be used in the official documents. Most references have been made to the drug conventions and the need to keep and conform with them. There is little recognition that they are more the problem than the solution.

There are still some days to go and it will be interesting to see if that elephant is spotted and mentioned. Even if it is, one might be hard pressed to find a reference to it in the 12 consensus resolutions CND 2014.

High Level Segment - Statement of Switzerland

<http://www.cndblog.org/2014/03/statement-of-switzerland-to-high-level.html>, 14 March 2014

Mr. Chairman, Excellencies, Ladies and Gentlemen,

The international community is facing unprecedented challenges in the fight against drugs. Markets and patterns of consumption are changing ever more rapidly. Meanwhile progress in reducing supply and demand is limited.

The Member States have negotiated very hard to come to a consensus on the text we have in front of us today. Switzerland

is aware of all the efforts that have been made. Nevertheless, my country is left feeling that some issues might have deserved more attention. In this regard we would like to highlight the following:

1. We are particularly concerned about the fact that individuals are being deprived of their lives for drug offences. Switzerland unequivocally rejects the concept that a person may be killed in the name of justice. Capital punishment has no place in the modern world.
2. We are also concerned about practices that go on in the name of "therapy" or "rehabilitation": practices such as forced detention, forced labour, and physical or psychological abuse that contravene states' human rights obligations. There is no evidence that such practices are effective, and we call for their abolition.
3. According to UNAIDS the global goal of halving HIV infections among people who inject drugs by 2015 will not

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be reached. Criminalization, stigma and discrimination deter people with HIV from seeking health-care and social services. Countries that implemented harm reduction and public health strategies early have experienced consistently low rates of HIV transmission among people who inject drugs. We therefore encourage improving access to sterile syringes and other harm reduction measures that are scientifically proven to be effective in reducing the transmission of HIV and other blood-borne infections.

4. It is our obligation to apply the most appropriate means of protecting public health, public safety and safeguarding people's welfare. That is why pilot projects and new approaches developed in their specific contexts as well as their scientific evaluation are so important in improving the efficacy and efficiency of our interventions in the field. Therefore, Switzerland actively supports harm reduction activities and considers them to be within the scope and the spirit of the three UN drug conventions.

5. We are concerned by the tragedy of the inadequate availability of opioid analgesics. The WHO estimates that millions of people annually fail to receive adequate treatment for moderate to severe pain. We need to recognize their suffering as an unintended and unacceptable side-effect of drug control. We are responsible for ensuring the availability of internationally controlled substances for medical and scientific purposes, and we urgently need to address this challenge.

Here in Vienna we have the opportunity to review progress made with an open mind and a spirit of shared responsibility. It is time for an approach that includes all UN agencies that deal with the effects of the world drug problem. It is also time to consider drug policies that take people's health and safety into account. Respecting and fostering the human rights of all people, including those who use drugs is an imperative.

Mr. Chairman, thank you.

Sounding the drug war retreat

Ann Fordham, NZ Drug Foundation, 28 Feb 2014

There are clear signs that the global consensus on drugs is becoming increasingly fractured, writes Ann Fordham, who says the last 18 months have seen several exciting watershed moments on the long road towards a rational and less damaging approach to the control of drugs.

Today, at last, we can talk of real, actual legal reforms that are outside the prohibitionist paradigm that has been dominant for so long.

In December 2013, Uruguay became the first country to make cannabis available to adults for recreational use, with the government regulating cannabis production, trade and sale. Two states in the USA, Washington and Colorado, have voted to create legally regulated cannabis markets, and Colorado began cannabis sales through licensed shops on 1 January 2014.

Demand for legal recreational cannabis in Colorado was so high in the first week of the year that many shops allegedly ran out of stock – although this is likely to calm down after the initial rush.

In New Zealand, Parliament approved the Psychoactive Substances Act 2013, which came into force last July to regulate and control less harmful new psychoactive substances rather

than blanket ban all new 'legal highs', placing an emphasis on limiting harms to users while meeting demand. This was a brave and innovative step that acknowledged the inevitable futility of indiscriminately scheduling all new substances and criminalising their production, trade and use – a strategy that has not deterred users or those seeking to make lucrative profits from the drug trade by introducing ever-evolving new, and potentially more harmful, 'legal highs'.

These developments are unparalleled in terms of how progressive and bold policy makers have been in breaking away from the global consensus on punitive prohibition, and it seems certain now that the positive trend is irreversible – in particular, with respect to cannabis.

These changes 'on the ground' provide a dynamic new backdrop to the global debates on drug policy that are happening at the United Nations (UN). The next UN General Assembly Special Session (UNGASS) on drugs will now take place in 2016 – 3 years earlier than originally planned, at the behest of Colombia, Guatemala and Mexico (supported by 95 other member states through a UN resolution). A UN special session is the biggest international governmental forum for discussing issues of concern to the global community.

The impetus for pushing for an earlier UNGASS on drugs followed growing calls for reform from across Latin America at the highest political level. Many Latin American countries have paid a high price for enforcing the war on drugs, spending millions of dollars trying to stem the flow of drugs out of the region but to no avail and with devastating consequences in terms of security, human rights, development and public health.

In 2012, frustrated with the high economic and human costs of these largely ineffective efforts, Colombia's Juan Manuel Santos and Guatemala's Otto Pérez Molina, both sitting presidents, openly questioned the underlying premise of the dominant approach to international drug control and called for a debate on alternatives. This unprecedented development not only led to the rescheduling of the UNGASS but also the release of a groundbreaking report from the Organization of American States (OAS) in May 2013. The OAS report highlights the need for a serious rethink of drug policy and outlines options for the full decriminalisation of drug use and the legal regulation of cannabis.

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The OAS process set the wheels in motion for taking this debate beyond the hemisphere. At the UN General Assembly in October last year, President Enrique Peña Nieto of Mexico and President Laura Chinchilla of Costa Rica added their voices to those of Santos and Pérez Molina by calling for more effective responses to drug trafficking based on promoting public health, respect for human rights and harm reduction. All four presidents united in calling for an open and wide-ranging debate leading up to the 2016 UNGASS.

While it's clear the existing consensus is breaking and there is a growing desire to find viable alternatives to the War on Drugs, there are still powerful countries who are staunchly opposed to any kind of reform. The stark reality of these tensions will be played out next month in Vienna (the UN seat of international drug policy) when there will be a special high-level meeting (just before the annual meeting of the Commission on Narcotic

Drugs). This meeting is the culmination of a mid-term review of progress against the last international agreement on drug control – the 2009 Political Declaration and Plan of Action on the world drug problem. The review process began some months ago with the negotiation of a Joint Ministerial Statement that will be adopted in March. This statement will set the scene for the upcoming UNGASS, so the final debate in Vienna on 13–14 March will be interesting.

An early draft of the statement was leaked to the press in November, and the divisions between those governments supporting more progressive approaches and those opposing change were apparent. For those working in the field of drug policy, the political lines were predictable – many European Union countries, Switzerland and some Latin American governments promote progress towards reform while China, Pakistan and the Russia Federation argue fiercely for the status quo and a strong reaffirmation of the existing commitment to the achievement of a drug-free world.

The inclusion of the words ‘harm reduction’ remains a contentious issue. In the negotiation of the 2009 Political Declaration, this was hard fought and unfortunately lost, although a coalition of 25 member states made it clear they would interpret the compromise language of ‘related support services’ to mean harm reduction. Human rights is another area that creates tension, with more inflexible governments still questioning the primacy of the human rights instruments over the implementation of the drug control conventions. Meanwhile, calls for an end to the use of the death penalty for drug offences are met with firm resistance from China.

Yet there is one important and definite difference between these negotiations and the preceding ones – the position of the US has fundamentally changed. No longer among the hardliners, the US has acknowledged, both at the UN but also more recently domestically, that the over-reliance on incarceration has failed. In August 2013, US Attorney General Eric Holder admitted that mandatory minimum sentences for drug offences were ‘draconian’ and that too many Americans had been imprisoned for too long for no good law enforcement justification. He made it clear that the status quo was unsustainable and damaging.

The domino effect of cannabis regulation at state level, with Alaska very likely to be next this year following Washington and Colorado (and several more states have concrete plans in the pipeline), makes the US less sure-footed of condemning other countries for not stringently adhering to a zero-tolerance approach. Cannabis regulation for recreational use is outside of the scope of the current UN treaty framework for drugs, which does create a technical problem for the US (although so far they have managed to avoid any real condemnation from other governments) and also for Uruguay. The International Narcotics Control Board, however, has weighed in on both developments and publicly chided the US and Uruguay for contravening the 1961 Single Convention on Narcotic Drugs, which lists cannabis in the same schedule as heroin and cocaine.

The status of cannabis within the UN treaty system is on the agenda of the next World Health Organization Expert Committee meeting later this year, after which there could be a recommendation to change its current place within the schedules. While wholesale revision of the UN conventions does not seem like an imminent possibility, it is an issue that is becoming more awkward. At the 56th Session of the Commission on Narcotic Drugs (CND), which took place in March 2013, Uruguay, Argentina, Guatemala and the Czech Republic alluded to the

need for treaty reform. One country has managed to renegotiate its terms of engagement with the treaty system – in 2013 Bolivia re-joined the 1961 convention with a reservation on the coca leaf, having withdrawn from the treaty a year earlier.

It is not yet clear what exactly can be expected from the UNGASS, but as we move towards 2016, the so-called ‘Vienna consensus’ on drugs will be no more. The divisions between governments on this issue have become too visible to ignore and the UNGASS is a perfect opportunity for an honest assessment of the evidence that reflects the changing tone of the drugs debate. At this juncture, it would be naïve to say the War on Drugs is over, but a retreat from some of the harmful and repressive aspects of this war has undoubtedly begun.

What is UNGASS 2016?

Open Society Foundations, March 2014

Over the last few decades, the international war on drugs has led to public health crises, mass incarceration, corruption, and black market-fueled violence. Governments have begun calling for a new approach, and reforms in some countries have spurred unprecedented momentum for change. Pressed by drug war-fatigued Latin American leaders, the UN General Assembly plans to hold a review of the drug control system in 2016.

The United Nations General Assembly Special Session, or UNGASS, is a meeting of UN member states to assess and debate global issues such as health, gender, or in this case, the world’s drug control priorities. The last time a special session on drugs was held, in 2009, its focus was the total elimination of drugs from the world. Today, political leaders and citizens are pushing to rethink that ineffective and dangerous approach.

Why does this summit matter?

International debates on drugs are rarely more than reaffirmations of the established system. But 2016 is different.

Never before have so many governments voiced displeasure with the international drug control regime. Never before, to this degree, have citizens put drug law reform on the agenda and passed regulatory proposals via referenda or by popular campaigns. Never before have the health benefits of harm reduction approaches—which prevent overdose and transmission of diseases like HIV—been clearer. For the first time, there is significant dissent at the local, national, and international levels.

UNGASS 2016 is an unparalleled opportunity to put an end to the horrors of the drug war and instead prioritize health, human rights, and safety.

But what does a UN meeting like this have to do with ordinary people’s lives?

The simple fact is that if your government wants to introduce drug policy reform, it may have to wrestle with the stewards of the drug control system in the UN.

If this event is slated for 2016, why are we talking about it now?

As with all UN summits, the preparatory work begins well in advance. The content, priorities, and strategies are determined months and years ahead of time. That’s why it’s time for people to speak out and tell their governments that the status quo is not acceptable. Change is possible, and the process is starting now.

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