

## UNGASS 2016: Recommendations to Canada for Promoting Smart Policy on Drugs

In April 2016, the UN General Assembly Special Session on the World Drug Problem (UNGASS) presents an opportunity for real change in how “the world drug problem” is framed and how countries implement their own national responses to drugs. The foundational treaty of the current international drug control system was signed more than 50 years ago. Since then, ample scientific evidence has emerged on effective ways of preventing drug-related harms and supporting people with problematic substance use. The evidence also continues to mount of how the “war on drugs” has failed to reduce the use of illegal drugs and wasted extraordinary amounts of public funds on prosecuting and incarcerating people (including millions of people punished for non-violent drug offences). And finally, the evidence indicates drug prohibition has damaged public health (including fuelling the spread of epidemics such as HIV and hepatitis C) and led to systematic, ongoing violations of human rights.

Despite the continued intransigence of many governments, the case for reform of the current system is overwhelming — and a growing number of states and political leaders are acknowledging this. UNGASS is a significant opportunity for Canada, in collaboration with other UN Member States, specialized UN agencies and civil society organizations from around the world, to:

- engage in an open, honest discussion about how the international drug control system is — and is not — working;
- to explore the rationale for considering alternative approaches; and
- to promote the development and implementation of more effective responses to “the world drug problem” that are based on scientific evidence, public health principles, and respect for human rights.

In February 2016, the National UNGASS Working Group (supported by the Canadian Drug Policy Coalition and Canadian HIV/AIDS Legal Network) delivered [a brief to Canada’s federal government](#), outlining **10 priority recommendations** to inform the ongoing negotiations at the UN in the lead-up to the UNGASS in April. This will include negotiations at the upcoming session of the UN Commission on Narcotic Drugs (CND) (March 14–22, 2016 in Vienna). Beyond the UNGASS in April, it is expected that UN Member States will continue deliberations toward the adoption of a new global Political Declaration in 2019. These global debates at the UN are connected to what countries such as Canada are willing and able to do in moving toward more sensible drug policies at the domestic level.

The 10 recommendations of the Working Group are summarized below. We are asking Canadian civil society organizations with a stake in reforming drug policy, both globally and domestically, to lend their voices to the growing call for reform by endorsing the following recommendations to the Government of Canada.

### 1. Promote and implement a public health approach to drugs, based on evidence and human rights

A public health approach means treating problematic drug use as a health issue, requiring health promotion strategies and programs, psycho-social support and health services, rather than as a matter primarily for prohibition and punishment. A public health approach must also be inclusive, comprehensive, strategic, accountable, evidence-based, and rooted in human rights, as laid out by the Canadian Public Health Association

in its recent position paper, *A New Approach* (2014), and more recently by UNAIDS in its recommendations to UN Member States in *A Public Health and Rights Approach to Drugs* (2015). **In all its negotiations at the UN, we urge Canada to support adoption of a holistic public health approach to guide a reformed global system, including supporting the UNAIDS recommendations.**

## **2. Support harm reduction as a key component of a comprehensive response to drugs**

Historically, Canada was a global leader in scaling up harm reduction interventions such as opioid substitution treatment and needle and syringe programs, as well as exploring innovations such as supervised consumption services. But in recent years, this leadership has suffered; Canada moved away from facilitating dialogue and building consensus internationally towards comprehensive public health responses to substance use. **We urge Canada to resume its leadership role, and strongly advocate for evidence-based harm reduction policies, practices and programs as a key component of any public health approach to addressing drug-related harms.**

## **3. Pursue the decriminalization of possession of drugs for personal use**

The continued criminalization of people who use drugs undermines efforts to address the health needs of people struggling with problematic drug use, and thereby undermines public health more broadly. **We urge Canada to emphasize that decriminalization of drug possession for personal use is a key component of implementing a comprehensive public health approach to drugs.**

## **4. Support countries' flexibility to experiment with alternative, health-oriented approaches to drugs**

Now is the time to consider alternative, evidence-informed approaches to addressing drug-related problems, so as to better protect human rights and improve public health. Canada's commitment to legalizing and regulating access to cannabis within a public health framework is an example of such leadership in policy experimentation — and there are lessons to be learned from the handful of other jurisdictions (including some US states) that have recently implemented such approaches. **We urge Canada to recognize the failure of criminal prohibition to end the demand for and supply of drugs; instead, Canada should support flexibility for Member States to experiment with and adopt different, evidence-informed policy and programmatic approaches to address the "world drug problem."**

## **5. Respect, protect and promote human rights**

Member States have explicitly directed that drug control efforts comply with standards of international human rights. But the use of compulsory drug detention centres (replete with accounts of torture and other abusive treatment) and the application of the death penalty for drug offences are human rights violations of great concern, among many others. **We urge Canada to join with other Member States, UN and international agencies, and civil society organizations in opposing the use of drug detention centres and the egregious use of the death penalty for drug-related offences, and to work toward ending these human rights abuses.**

## **6. Ensure full access to essential medicines**

Ensuring the availability of controlled substances for medical and scientific purposes is a fundamental objective of the UN drug conventions and a human rights obligation of Member States. However, to date, few countries have achieved this objective, creating a global inequity exacerbated by the international drug control system. Billions of people globally lack access to opioids for basic pain treatment, including during surgery and palliative care. **We urge Canada to press for a concerted UN-wide effort to close the gap in the availability of and access to controlled substances for medical use.** This should include reinforcing the leading role of the

World Health Organization (WHO) as the primary specialized agency for health within the UN system, and insisting that the International Narcotics Control Board (INCB) must do more to live up to its oft-neglected mandate to support countries in ensuring the availability of controlled substances for medical and scientific purposes.

### **7. Ensure diverse representation at key international meetings on drugs**

The participation of civil society organizations in drug policy debates is vital to the success of efforts to address drug issues; this includes those organizations representing people who use drugs and those providing front-line services. Indigenous peoples, including in Canada, are often disproportionately affected by punitive drug laws that contribute to inadequate access to health services and higher rates of incarceration. So, too, are young people heavily affected by drug prohibition. Finally, municipal governments often must deal with the front-line of delivering services and responding to drug-related problems; they also have often led policy experimentation with how best to respond. **We therefore urge Canada to include and support the participation of local governments, indigenous peoples, and civil society (including youth as well as people who use drugs) on the official Canadian delegation to key international drug policy meetings, including annual sessions of the CND and the upcoming UNGASS.**

### **8. Reject ill-conceived and unrealistic demands for a “drug-free world”**

Almost twenty years ago, at the last UNGASS on drugs, UN Member States declared their goal of achieving a “drug-free world.” This notion has been demonstrated to be hopeless and absurd. Such simplistic notions undermine efforts to address harms that can be associated with drug use (keeping in mind that the large majority of use of currently illegal drugs does not result in dependence or other harm). Furthermore, the goal of being “drug-free” has been used to “justify” mass incarceration and various draconian laws and policing practices that violate human rights. **We urge Canada to oppose the insertion of “drug-free world” language within UN documents as unrealistic and counter-productive.**

### **9. Promote and adopt more comprehensive, sophisticated indicators to evaluate drug policy**

Currently, “success” in responding to drugs too often involves documenting quantities of drugs seized and numbers of those prosecuted and incarcerated. [Expanding the set of drug policy indicators](#) to include those that measure the impacts of drugs and drug policies on health, peace and security, development, and human rights, at the local, national, regional, and international levels, would enable governments to develop and implement smarter policies and interventions, that yield better outcomes and make better use of public funds. **We urge Canada to support a formal revision of the metrics used to evaluate drug control policies, and to prioritize indicators that provide specific evidence on the aforementioned impacts of drugs and drug policies.**

### **10. Establish a post-UNGASS mechanism for review: an Expert Advisory Group**

Two submissions of note for a review mechanism have been put forward in the UNGASS process. Uruguay has called for establishing a Consultative Group of Experts to develop operational recommendations to improve the functioning and harmony of the drug control system in the UN. The International Drug Policy Consortium has called for an Expert Advisory Group to address new challenges and tensions within the UN system. Such groups can bring some independent expertise to global drug policy discussions going forward. **We urge Canada to support the creation of such a mechanism or mechanisms that could facilitate an informed discussion as Member States work towards a new Political Declaration of the General Assembly in 2019.**

Together with the Canadian Drug Policy Coalition (CDPC) and the Canadian HIV/AIDS Legal Network, the undersigned organizations endorse these recommendations, and urge Canada to take strong leadership in

working with Member States, specialized UN agencies and civil society organizations toward the goal of reforming the current international system and approach to the “world drug problem.”

## **Signatories**

*Advocacy Initiative for Development (AID)*  
*Africans in Partnership Against AIDS (APAA)*  
*AIDS Coalition of Cape Breton*  
*AIDS Committee of Durham Region*  
*AIDS Committee of Ottawa / Le Comité du sida d'Ottawa*  
*AIDS Committee of Toronto*  
*AIDS Committee of Windsor*  
*AIDS Community Care Montreal (ACCM) / Sida Bénévoles Montréal*  
*AIDS Vancouver Island*  
*All Nations Hope Network*  
*Alliance for Public Health*  
*ANKORS, AIDS Network, Outreach & Support Society*  
*Association québécoise des centres d'intervention en dépendance*  
*BC Centre for Excellence in HIV/AIDS*  
*BC Civil Liberties Association*  
*BC Compassion Club Society*  
*Blood Ties Four Directions Centre*  
*Cactus Montréal*  
*Calgary 420 Cannabis Community*  
*Campaign for Safer Consumption Sites in Ottawa*  
*Canadian AIDS Society / Société canadienne du sida*  
*Canadian Association of Nurses in HIV/AIDS Care (CANAC) / L'Association canadienne des infirmières et infirmiers en VIH/sida (ACIS)*  
*Canadian Association of People Who use Drugs*  
*Canadian Drug Policy Coalition / Coalition canadienne des politiques sur les drogues*  
*Canadian Harm Reduction Network*  
*Canadian HIV/AIDS Legal Network / Réseau juridique canadien VIH/sida*  
*Canadian National Medical Marijuana Association*  
*Canadian Students for Sensible Drug Policy (CSSDP)*  
*Canadian Treatment Action Council*  
*Canadian Unitarians For Social Justice*  
*Canadian Working Group on HIV and Rehabilitation (CWGHR)*  
*Canna Relief Consulting Canada*  
*CATIE*  
*Centre ASPA*  
*Church of the Universe*  
*Coalition of Nurses and Nursing Students for Supervised Injection Services*  
*COUNTERfit Harm Reduction Program, South Riverdale CHC*  
*Dans la rue*  
*Drug User Resource Centre*  
*Drug Users Advocacy League (DUAL)*

*Educators for Sensible Drug Policy*  
*Fondation québécoise sida*  
*Gabor Mate Consulting Ltd.*  
*Gender & Sexual Health Initiative (GSHI)*  
*Grandmothers Advocacy Network*  
*GRIP Montréal*  
*Groupe d'intervention alternative par les pairs*  
*Health Officers Council of BC*  
*Health Research and Evaluation Consulting*  
*Heart Homes*  
*HIV & AIDS Legal Network Ontario (HALCO)*  
*HIV Network Society of Edmonton*  
*Institute for Sexual Minority Studies and Services, University of Alberta*  
*Interagency Coalition on AIDS and Development (ICAD)*  
*International Center for Ethnobotanical Education, Research & Service (ICEERS)*  
*International Centre for Science in Drug Policy*  
*Kenya AIDS NGOs Consortium (KANCO)*  
*Lightning Law Office*  
*Living Positive Resource Centre*  
*Mainline Needle Exchange*  
*Maison Dominique*  
*Maison Plein Coeur*  
*Méta d'Âme*  
*Mississauga Community Legal Services*  
*mumsDU-moms united and mandated to saving the lives of Drug Users*  
*National Cannabis Assembly of Canada*  
*National Organization for the Reform of Marijuana Laws in Canada*  
*Oasis unité mobile d'intervention*  
*Orenda Institute/MAPS*  
*Pacific AIDS Network Society*  
*Parkdale Community Health Centre*  
*Pivot Legal Society*  
*Plein Milieu*  
*Point de repères*  
*Positive Living Fraser Valley*  
*Positive Living North*  
*Positive Women's Network*  
*Réseau ACCESS Network*  
*REX Wellness Liberation*  
*Safe Works Access Program*  
*Sandy Hill Community Centre / Centre de santé communautaire Côte-de-Sable*  
*Scarborough Community Legal Services*  
*Sidaction Mauricie*  
*Sidalys*  
*South Riverdale Community Health Centre*  
*Stella*

*Streetworks*  
*Sunshine House*  
*Syme-Woolner Neighbourhood and Family Centre*  
*The Kettle Friendship Society*  
*Toronto Harm Reduction Alliance*  
*Toronto HIV/AIDS Network*  
*Toronto Public Health*  
*Transnational Institute (TNI)*  
*Turning Point*  
*School of Public Health, University of Alberta*  
*Vancouver Coastal Health Addiction Services*  
*Women Against Rape, Inc.*  
*Youth Volunteers Against Risky Behaviours (YOVARIBE)*