INFORMAL DRUG POLICY DIALOGUE

An initiative by the
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and the Transnational Institute (TNI)

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REPORT

Introduction

The first dialogue meeting of the informal drug policy dialogue, an initiative of the Andreas G. Papandreou Foundation (APF) and the Transnational Institute (TNI) took place in June 2004 at the Orthodox Academy of Crete.[1] On Friday 21 and Saturday 22 October 2005 the second meeting was held in Budapest, where the Department for Drug Strategic Affairs of the Ministry of Youth, Family, Social Affairs and Equal Opportunities generously provided hospitality and logistical support.

As in 2004, the meeting was of an informal nature. The two-day dialogue was focused on three themes: (1) harm reduction developments at the regional and UN level; (2) alternative development: dilemmas around coca and opium reduction efforts; and (3) preparations for the 2008 UNGASS review. Participants had the opportunity to exchange information and make comments from their own perspective on developments in these policy areas. The aim was to come to workable suggestions and ideas that could be used in the ongoing debate.

The meeting was guided by 'Chatham House Rules', used to encourage both a free exchange of thoughts and confidentiality at meetings. Individual contributors therefore remain anonymous and some tactical discussion points have been left out. Besides being informal, the format of the meeting was also as interactive as possible. For each section a number of people had been asked to provide inputs. They did not deliver full speeches, but rather a few introductory remarks to spark off the round-table discussion. Most of the time was devoted to an open discussion between all participants.

Session I (a): *harm reduction – international developments*
Session I (b): *harm reduction – looking forward*

Session II: *alternative development - dilemmas around coca and opium reduction efforts in the Andean Region, Afghanistan and Burma.*

Session III (a): *2008 UNGASS review – ideas for an agenda and procedure*
Session III (b): *2008 UNGASS review – looking forward*

[1] The report on the 2004 Crete meeting can be downloaded at www.tni.org/acts/crete-e.pdf (in English) or www.tni.org/acts/crete-s.pdf (in Spanish).

Session I (a): harm reduction – international developments.

In the course of 2005 crucial developments have taken place relating to the concept and practices of harm reduction measures around the world. Evidence of the effectiveness of needle exchange and of substitution therapy has facilitated the acceptance of harm reduction within public health policy on drug use, especially in Eastern Europe and Asia, which face severe HIV/AIDS epidemics. Controversy over their legitimacy became a tense issue at the UN Commission on Narcotic Drugs (CND) in March 2005 in Vienna, where both the European Union and GRULAC presented a common position on the issue. It did not lead to a consensus, however; agreement was not found for a resolution that would clearly ratify the inclusion of harm reduction and the human rights of drug users as approved elements of UN drug policy. Guidance for UNODC to operate in this field thus remains ambiguous. At the end of June, a consensus was reached after difficult negotiations at the meeting of the UNAIDS Programme Coordinating Board (PCB). The approved language includes "the implementation of harm reduction measures" under "essential programmatic actions for HIV prevention". "Such an approach must be based on promoting, protecting and respecting the human rights of drug users." In this session the participants looked back at the outcomes of regional and UN meetings in 2005, examined current developments regarding the spread of harm reduction practices in several regions, and looked ahead to next year's CND where the issue is likely to re-appear on the agenda.

European Union

The new EU Drug Strategy (2005-2012), adopted during the Dutch presidency, includes the phrase harm reduction. It addresses treatment practices that deal with blood-borne diseases such as hepatitis and HIV/AIDS. The strategy was translated into an Action Plan (2005-2008), approved by the Council in June 2005, which is quite advanced in terms of harm reduction, and calls for appropriate facilities to be made available for drug users, including the provision of harm reduction services in prisons. The fact that the strategy has been backed by all 25 EU member states represents a considerable step forward. The European Commission is openly supportive of harm reduction now, and supports a harm reduction project in Myanmar. It also intends to support a project in Iran run exclusively by NGOs that will have elements of harm reduction.

At the CND in March 2005 the EU presented a common position supportive of harm reduction measures. The EU has also engaged in direct discussion with the US on this issue. At the next meeting of the Commission on Narcotic Drugs in March 2006, a resolution will again be tabled with the aim of giving UNODC a clear mandate in this field. The current attitude of the Bush administration causes concern on the EU side about whether a positive result on the issue of harm reduction at the next CND can be achieved.

Latin America

In South America a number of countries have introduced harm reduction practices in collaboration with the International Harm Reduction Association (IHRA) and its Latin American branch, RELARD, which is compiling a data base with all harm reduction projects in Latin America. Anti-retroviral therapy is now provided for IDUs in Brazil, Chile, Uruguay and also in Argentina, which is currently debating legislation to prevent the criminalisation of drug use. Uruguay does not penalize possession for personal drug use. Paraguay has flexible norms, such that the Ministry of Health can decide whether possession is for personal use or trafficking. Chile, on the other hand, has recently approved very rigid norms to its current drug legislation. NGOs in Colombia have done strong advocacy work to prevent the criminalisation of drug users, although the law does provide for criminal sanctions. User groups have been set up in Argentina, Paraguay and Brazil. Argentina has been running a

pilot study providing buprenorphine as a treatment substitute for heroin. Uruguay places its primary focus on alcohol. A harm reduction project in Brazil has been set up along the borders with Paraguay, Bolivia and Peru. Bolivia is conducting a pilot study in which a coca product is substituted for cocaine snorting.

The greatest changes have come in Brazil, where since 1 July 2005, a new regulation from the Health Ministry defines what is meant by harm reduction. Extra funding has been provided, and is linked to government outpatient treatment centres. For the year 2005-2006, two million dollars have been allocated for harm reduction and outreach workers, while there is a budget of 23 million dollars for drug treatment centres.

The Brazilian authorities will continue to lobby on behalf of the resolution on harm reduction presented at the 2005 CND in order to have it passed in 2006. Coordination between the GRULAC and the EU countries supporting the resolution will be essential if it is to pass. Costa Rica, which holds the GRULAC chair, should be encouraged to prepare for this now.

Asia

If considerable progress and activity are the hallmarks of the harm reduction movement in the EU and Latin America, the same cannot yet be said for Asia. It is unclear how the agenda is being taken forward, in or outside the UN, and there is a conspicuous lack of leadership. At best only five per cent of IDUs who need help are being reached by harm reduction efforts, while for Asian heads of state it is almost non-existent in practical terms. National governments in the region devote few funds to harm reduction. This is all the more lamentable given that the two major opium poppy cultivation areas, the Golden Triangle and the Golden Crescent, are both in Asia, and that the region has a two hundred year old history of drug use. Opioids are the main problem – over time there has been a crackdown on opium smoking but a corresponding growth of heroin use and also of amphetamines and pharmaceuticals. Glue sniffing is a growing problem among young people. Government policies are largely repressive, despite lip service paid to the principles of harm reduction. Prevalence rates of HIV among IDUs are high and in some countries have continued to be around 50 per cent for over a decade. Attempts to reduce risk behaviour are hampered by the stigma associated with HIV, and by the tendency to criminalise drug users. A million and a half new cases of HIV per annum are predicted for the Asia Pacific region in the next few years.

Some progress was made in Iran under the last administration, where methadone and ARV are provided in prison to drug users. In Tehran, government-run methadone service provision and the number of Drop in Centers are increasing. In Pakistan, harm reduction is being scaled up to state level, with a number of large-scale projects now starting in Punjab State. There will be a gradual phasing out of World Bank funding and phasing in of government funding. Some progress has also been made in Myanmar, where it has been possible to open more DICs and needle exchanges. Indonesia has an HIV epidemic relating to injection drug use, especially involving young people living at home, but there has been a move towards pilots in methadone maintenance and needle exchanges. The country faces a significant challenge in terms of the timely scaling up of services to adequate coverage levels. In Vietnam, national HIV/AIDS policies address harm reduction, and government support for needle exchange services is increasing. Access to methadone is still controversial, with the first pilot due to start in January 2006. India and Vietnam have integrated harm reduction into HIV/AIDS policies, but not into drug policies.

Thailand has received a two million USD grant for harm reduction from the Global Fund which has not gone to the Thai government, but is being implemented by the Thai Drug User Network in partnership with NGOs. The Australian, Canadian and Dutch governments have also given harm reduction aid to the region. The UK government has given 50 million USD to Indonesia in the form of a basket funding operation called the Partnership Fund. This is primarily controlled by two international NGOs, resulting in significant overhead/management costs. Local NGOs do not have direct access; for the most part they will need to work under subcontracts. The political pressure on USAID to remove harm reduction from policy documents and project partnerships has meant that Indonesia has been forced to cease funding a number of projects.

Given that 60 per cent of the world population lives in Asia, the problem is an urgent one. The vital needs are, essentially, a) supportive leadership and backing for harm reduction programmes and policy development that move beyond 'boutique' projects; b) a move away from a stigmatising, criminalising approach to drug users that includes addressing the contradictions between HIV/AIDS and drug policies and c) greater attention to the issues of poverty and lack of education, the main drivers for epidemics.

The rapidly increasing drug problem in Russia should not be forgotten. There may be around three million IDUs in the country, but methadone has been prohibited. A law adopted in 2003 introduced harm reduction procedures that would not be punishable, but these were not defined. In Ukraine around one per cent of the population is HIV positive, but highly negative attitudes towards drug addicts mean the infection is concealed, making them a particularly high risk sector of the population. Contacts have recently been established between the EMCDDA and Russia on demand reduction, and the Centre has been asked to set up an exchange of know how. A delegation is expected to visit Lisbon in the future as a result of an EU-Russia summit in October 2005.

A new situation has arisen in Libya, where would-be immigrants to the EU buy heroin from Nigerian dealers, which they sell to pay for their journey. Needles are hard to find in Libya and dealers inject users on the streets with dirty needles. Some 50 per cent of heroin users are now HIV positive, but little is being done about this. Drug problems are also increasing in the Gulf States, due to the trafficking of heroin from Afghanistan through Iraq and Iran. In Saudi Arabia, four new hospitals have been built to deal with drug-related illnesses in recent years. WHO is taking the initiative to start harm reduction in the Gulf area, while the World Bank is also hoping to start sub-regional meetings in the region. The World Bank should not be under-estimated as a partner in this area, and should be invited to participate in future meetings of the informal drug policy dialogue.

Session I (b) harm reduction – looking forward

The anti-harm reduction campaign of the US government and Congress was discussed. The evidence base is lacking but the US is trying to manufacture scientific certainty, and small studies will be pitted against larger ones to undermine the arguments in favour of harm reduction. Within the US administration, on the one hand there are experts with extensive experience and scientific knowledge, and on the other, those who base their position on moral principles and faith. Their view is that harm reduction implies giving up on people, and that abstinence is the only morally acceptable goal. To counter this, the evidence base for harm reduction should be consolidated to make the arguments as strong as possible. Some participants felt that the moral position adopted by the US was a major roadblock to progress,

while others held the view that one should not rely entirely on science, and that drugs are a very complex issue involving religion and tradition.

The question arose of how to de-politicise the term harm reduction, which has become a major obstacle in discussions. The UK is funding a project in Russia which is based on harm reduction but the term itself is not allowed to be used. Sweden is nervous as the term has connotations of legalisation, but it has approved the operation of needle exchanges. In the US the religious right is fanatically opposed to harm reduction. Under US law methadone maintenance is acceptable on the grounds that it is a licit activity, unlike needle exchanges which are seen as illicit. Some felt that the endless discussion of terms deviates attention from the real issues, and that harm reduction should simply be dropped if it has become so inflammatory. Others felt that it would be inappropriate to abandon the term just as it was becoming more widely accepted. If it appears in EU, GRULAC, WHO and UNAIDS documents then it should be acceptable to CND. It was noted that UNAIDS has commissioned a paper from the US Institute of Public Health to review evidence on harm reduction, and that the choice of an American institute was an interesting one. UNODC has been in an awkward position over harm reduction since March 2005 but, as a co-sponsor of UNAIDS, it should be able to move forwards on the basis of the *Joint UNAIDS statement on HIV prevention and care strategies for drug users*[2] of June 2005 and the UNAIDS policy position paper *Intensifying HIV prevention*[3] approved at the PCB meeting also in June 2005.

It was argued that there was no point in rewriting policies to omit the term if opposition to implementing harm reduction practices remains. The crux of the matter is the philosophical and practical distinction between the acceptance of continuing use that characterises harm reduction, and the principles behind an abstinence-based philosophy. The difference between creating circumstances where use doesn't happen, or aiming to manage the use towards better outcomes, is an important one. Drug policy reformers might consider re-introducing the term regulation in order to refute accusations of legalisation.

Several suggestions and recommendations were made with respect to policy priorities and to what is needed to move the harm reduction agenda forward:

The UN seems to be overly focused on Africa as regards HIV related activities, whereas 30 per cent of new HIV infections outside Africa are now due to drug injection. Central and SE Asia are not being given sufficient attention. It should also be remembered that injection is not just about syringes but also other drug paraphernalia. There is insufficient focus on this aspect, and on blood-borne infections such as hepatititis C. Much more attention should be given to efforts to change modes of drug use, and one can achieve successes here.

There is too much rhetoric on harm reduction and too little effort to scale up programmes, which should reach 60 per cent of users 60 per cent of the time if they are to be effective. Harm reduction programmes are excessively vulnerable and have to be sustained; pilot projects that are successful are often not followed up, and other priorities take over, such as security. Particular attention should be paid to areas of transhipment and trafficking. In Tajikistan very young children are now using heroin because it is widely available. Specific recommendations must focus on strategic planning and better coordination, for example in training and education. Experience has taught that harm reduction can only work when law enforcement and criminal justice sectors are supportive.

[2] http://www.unaids.org/Unaids/EN/In+focus/Topic+areas/Injecting+drug+use.asp
[3] http://www.unaids.org/html/pub/governance/pcb04/pcb_17_05_03_en_pdf.pdf

Improved strategic engagement on the issue of harm reduction could come about by:
1. Consolidating scientific consensus and promulgating scientific decisions, for example the decision by WHO to add buprenorphine and methadone to the list of essential drugs. The UN should be urged to give this more political weight.
2. Professional associations making their voices heard more clearly. Efforts should also be made to have more NGOs registered with ECOSOC in order to provide more advocacy at CND sessions for harm reduction on behalf of HIV/AIDS sufferers.
3. Recapturing the moral high ground from the faith-based populists. The message should be that not to take harm reduction measures is to give up on people, not the other way around.

Despite the regressive interpretation given to the conventions by INCB, they could in fact be used to empower the harm reduction movement if one focuses on the declared aim of reducing human suffering. The political declaration approved at the 1998 UNGASS was a further step towards this. INCB's objections to certain practices are always selective and it never protests at the infringement of human rights, as when Colombian authorities spray harmful chemicals on agricultural crops.

The outcome of the UNAIDS policy coordinating board was very encouraging and allows for movement by multilateral agencies. It also gives a mandate for action, yet no action plan has been developed. Three things are necessary:
1. Leadership. Country leaders will not take risks unless they are being pressurized.
2. Training. It is vital to go out and train health and law enforcement professionals.
3. Activities must be scaled up. UNODC is hosting a technical level meeting in November 2005, but it is not clear what will emerge from this.

Neither the Global Fund nor UNODC nor UNAIDS have started to introduce HIV/AIDS prevention programmes based on harm reduction. Having fought to get the language of harm reduction accepted, countries such as the UK, Canada, the Netherlands and others should intervene and help other countries to benefit from the positive experiences in their own. The EU could also be involved, given that the new EU action plan recommends that the Commission take the lead.

The real issue is how to mobilise political leadership, and as long as the UNODC position remains ambiguous, this will be a problem. Donor dependence and the balance of donations is another. UNODC's funding process is inherently unstable. Some 90 per cent of its money is earmarked, and its activities are defined by member state interests and commitment. The result is a form of privatisation of UNODC by a small number of major donors. Only nine per cent of funding comes out of the regular budget, thus not only projects but salaries and jobs are dependent on major donors.

High profile figures who command respect should be co-opted into the harm reduction debate as well as the media, because they can influence governments. There should be more public debate to raise the profile of harm reduction, putting credible, respectable people forward to define and defend the cause. Money will be spent if public opinion forces governments to act.

Session II: alternative development dilemmas around coca and opium reduction efforts in the Andean Region, Afghanistan and Burma.

A global thematic evaluation on alternative development was undertaken and presented to the CND in March. Key conclusions and recommendations of the evaluation include:

- *Once growers of illicit crops agree to participate in AD projects, they need to be allowed a transition period until AD activities (on- or off-farm) prove to be suitable for their agro-ecological environment and local knowledge, and start to generate an income that contributes to an overall improvement in the quality of their lives.*
- *AD requires an appropriate policy-legal framework, one that allows illicit-crop growers to be treated first as candidates for development rather than as criminals.*
- *Drug-crop eradication on farms that lack viable alternatives undermines development.*
- *Elimination of illicit crops should be made conditional on improvements in the lives and livelihoods of households, and not a prerequisite for development assistance.*

These principles seem to be at odds with on-the-ground realities in the main coca and opium producing countries. Current supply reduction efforts in Afghanistan, Burma and Colombia seem to be guided by a reverse sequencing of first forcing farmers out of illicit cultivation before ensuring other income opportunities, and this has a profound impact on the livelihoods of millions of people. In this session the lessons that can be drawn from the thematic evaluation were discussed, along with other suggested approaches such as the potential of expanded licit uses of coca and opiates, indigenous rights to traditional consumption including the right of cultivation, and the exemption of small producers from forced eradication and punishment on the basis of the right to an "existence worthy of human dignity" as laid down in the *Universal Declaration of Human Rights.*

The EU is currently discussing the issue of alternative development. A document for discussion was prepared by the European Commission which includes, among the strategic choices to be made, the following key principles:

1. Non criminalisation of farmers;
2. Concentration on the interdiction of traffickers;
3. Emphasis on voluntary eradication;
4. The notion that AD is a long-term strategy that seeks to lay the foundations for sustainable development and independence from illicit drug cultivation in the long term.
5. The recognition that eradication will fail unless farmers have alternative livelihoods.

The EU's concerns about forced eradication are pragmatic rather than ideological. If alternatives are not available, forced eradication tends to generate violence and displace crops to more inaccessible areas, and it is unlikely to succeed in the long term. Although EU member states differ on the issue, the EU does not impose explicit conditionality since it shows mistrust of donors regarding the actions of beneficiary farmers and is difficult to enforce in practical terms.

The beneficiary countries of EU assistance for alternative development cover all countries that are producers of coca or opium, with the exception of Myanmar. Afghanistan is now the principal beneficiary, although historically the EU did not support any projects there until after the fall of the Taleban.

Both harm reduction and alternative development are divisive issues. The one seeks to improve the capacities of farmers, the other to reduce the harm related to drugs. The notion that 'drugs are here to stay' is unacceptable to some, on the grounds that it represents a form of moral capitulation. It is argued that farmers should not be allowed to decide when and whether they stop growing an illicit crop. Evidence suggests that harm reduction practices do not lead to increased drug use, but it is more difficult to find evidence on behalf of alternative

development. The balloon effect is all too evident, and it is hard to prove that criminalising farmers is counter productive. One way forward is to put less emphasis on drugs and more on development. Thus even if the drugs were not present there would still be a strong justification for interventions to support development on governance and economic grounds.

A global thematic evaluation of alternative development was undertaken and presented to the CND in March 2005.[4] The thematic debate at the 2006 CND will be devoted to this issue. The evaluation, which was funded by the German government, was prepared as an independent activity with a steering group comprising members from different regions.

Not surprisingly, the evaluation showed that AD varies greatly from area to area. Access to alternative markets, access to state services and conflict resolution are all important considerations. In Peru, for example, conflict resolution was the most important sustainable impact. There is no blueprint for AD, but in every case it requires great flexibility, local knowledge, skills and culture. All stakeholders must participate and find consensus. Shared ownership and empowerment of local communities are vital, and activities must be capable of monitoring and evaluation. Political commitment implies long term financial commitment and sustainability, and this requires global partnership and mainstreaming with other development efforts. An appropriate legal and policy framework must be in place, with reasonable drug control laws and respect for human rights. Farmers should not be treated as criminals but as candidates for development. Improvements to livelihoods must be provided. Reverse conditioning should apply, not as at present, with supply reduction efforts apparently guided by the sequencing of forcing farmers out of illicit cultivation before ensuring other income opportunities.

Afghanistan prepared a counternarcotics strategy in May 2003. In December 2004, after the election of President Karzai, the Ministry of Counternarcotics was created, and in February 2005 a counternarcotics implementation plan was approved. It has eight strands: institution building; information campaign; alternative livelihoods; interdiction and law enforcement; criminal justice; eradication; demand reduction and treatment; and regional cooperation.

The dimensions of the problems in Afghanistan are unprecedented, with the opium economy equalling 60 per cent of official GDP. UNODC undertakes an annual surveillance of poppy cultivation and opium production, and also runs several projects, but is not involved in AD. The World Bank has become the main agency in pushing for a counternarcotics component in development strategy, and has contributed 300 million USD to Afghanistan. It has produced a paper outlining ideas on the sequencing of interventions, and has urged caution with regard to eradication, given the risks of further destabilisation. The Bank's approach initially targets traffickers and traders.

The EC is the second largest donor and is investing in programmes for stability and development as well as in a rural livelihoods agenda. At the policy level the Commission is also closely involved with the Afghan government. According to an agreement within the G8, the UK has the lead in helping the Afghan government to develop its drugs strategy, and has contributed 70 million UKP for the period 2003 -2006. Afghanistan donors have invested an estimated 2 billion dollars over the last three years but so far there has been no real success and the suffering of citizens has not been alleviated. It will probably take 15 years to make an impact. But 100 million USD spent on public health would probably save thousands of lives. Millions are being spent without tangible results.

[4] E/CN.7/2005/CRP.3. Alternative Development: A Global Thematic Evaluation, Final synthesis Report, 28 February 2005.

Despite the much vaunted 'success stories' provided for alternative development in Peru and Bolivia, the truth is that production has merely shifted across the border to Colombia. The products of AD do not seem to reach external markets, in comparison with those of the 'Fair Trade' association, with the exception of some products of AD in Colombia that are marketed by the supermarket chain Carrefour. But there is a paradox in that the EU supports AD projects and then puts up protectionist policies to prevent them coming in. The US gave a mere 150 million USD for AD in the period 2002-2004 in Colombia, in comparison to the huge sums given in military aid. Effectively farmers were given money to eradicate and not to replant, but there have been no long-term efforts towards sustainable development.

A UNODC sustainable livelihood project has been operating since 1995 in the Wa special region in Myanmar. This area is outwith the control of central government, and is controlled by the Wa State Army. It is a multisectoral programme, and includes setting up health care facilities with projects aimed at eradicating leprosy and improving village infrastructure. An opium poppy cultivation ban was decided in 1995 and came into force in 2005. Funding for alternative development has been precarious, and operates in a very restricted framework, with project workers having access to only 18 per cent of the population. As the deadline came closer it was decided to bring in more partners, and two health NGOs were brought in to work on malaria and on general health. The opium poppy ban has been problematic since the average farmer has a 6-month rice deficit and uses opium to buy medicine, food and other essentials. The Wa had tried to introduce projects of their own but were not successful, and have received help, for example, in establishing terraced rice fields. The emphasis now is to help the most vulnerable. Many in the northern part of the region have had no access even to the most basic health care such as polio vaccine. Three million USD have been spent in Myanmar in the last three years, much of which has been food aid, and many thousands of people have been reached. Until 2004 the US was the principal donor to the project but five months before the ban was implemented it indicted eight Wa leaders. The indictments put in jeopardy the fragile framework for development that had been created, and almost caused the re-ignition of former conflicts. Should conflict re-occur the development project would simply collapse.

Several suggestions and recommendations were made with respect to policy priorities and to what is needed to move the alternative development agenda forward:

Mainstreaming has the highest potential to enhance development goals and is the only way forward, since illicit drugs cannot be dealt with outside reconstruction and development issues. However the imbalance between development and law enforcement goals can jeopardize the longer-term future.

Conditionality has become a favourite response, but there is no evidence that it works. The drivers for opium production are different across social and economic groups. UNODC Executive Director Antonio Costa is now insisting on conditionality in Afghanistan in every speech he makes, while many in the development community feel conditionality will not work there and that assistance should be extended, not withheld. Eradication alone is rarely effective and can be counter productive if there are no alternatives: it increases violence and hostility and displaces activity. Aerial eradication presents significant problems – in Afghanistan it is perceived as being a policy requirement of foreign donors. The Afghan government has in fact opposed it, and is to be supported. Attempts to quell conflict, encourage development and eradicate drugs at the same time, as in Colombia and Afghanistan, are destined to fail.

Parallels can be drawn between harm reduction and alternative development: in both cases people need help, cannot immediately cease the illicit activity and need a pragmatic and integrated approach. At a basic level, both drug users and farmers need jobs to do, thus both are candidates for development assistance. It was suggested that the 'alternative' should be taken out of AD, and that development should stand alone as the principal goal. AD should not be important because of drugs but because it is needed. Drugs should be a secondary issue in conditions of extreme poverty and need.

Session III (a): 2008 UNGASS review - ideas for agenda and procedure

In June 1998, at the UN 20th General Assembly Special Session (UNGASS) on drugs, the world committed itself to *"eliminating or significantly reducing the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2008"* and to *"achieving significant and measurable results in the field of demand reduction".* Implementation of the ambitious aims as laid down in the UNGASS Political Declaration was linked to two other key documents, the Declaration on the Guiding Principles of Drug Demand Reduction, and Measures to Enhance International Cooperation to Counter the World Drug Problem, comprising five areas for particular attention: the illicit manufacture of amphetamine-type stimulants (ATS) and their precursors; the control of precursors; judicial cooperation; money laundering; and international cooperation to eradicate illicit cultivation and to promote alternative development. How will the international community assess the progress achieved and difficulties encountered in meeting the UNGASS goals and targets? The mid-term review in 2003 was largely restricted to a process-oriented evaluation (how much has been done to achieve the goals) while outcome-oriented questions were adjourned to the review to be undertaken in 2008.

Important instruments to facilitate the assessment were put in place, such as the UNODC Illicit Crop Monitoring Programme and the Biennial Report Questionnaires, but so far no clear methodology has been established to measure progress towards the goals and targets for 2008. At the CND directly following the UNGASS, *"several representatives considered that the Commission should establish a common methodology, an agreed set of principles and indicators to monitor progress. In that regard, reference was made to the experience of the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) and of the European Monitoring Centre for Drugs and Drug Addiction. They could serve as models for other regions, and also provide valuable lessons for the Commission."* [E/CN.7/1999/15/Rev.1]
In order to have a genuine evaluation by 2008, a procedure and methodology should be agreed upon soon. In this session ideas for an agenda and an evaluation mechanism (how and who) have been discussed, including lessons that can be learned from other policy evaluation efforts in the recent past.

Although there were some positive aspects to the 1998 UNGASS, it had set unachievable goals and was an exorcism of reality. The inherent weakness of the Political Declaration lay in proclaiming the possibility of a drug-free society, and this denial of reality is a reason for mistrust. It is hard to predict the outcome of 2008. There are positive and negative indicators, both on the demand and the supply side. In terms of international cooperation, much has been done to promote good practice, especially in terms of treatment. Most countries now have legislation on precursors and money laundering but as regards the latter, detection levels are very low. Traffickers are increasingly using *hawala* and other systems that operate outside the traditional banking sector. It is difficult to assess the increasing use of psychotropic substances, and to determine the extent to which drug use and trafficking trends are influenced by policy interventions or by new factors that did not exist in 1998, such as events in Afghanistan or the increasing linkage between drugs and terrorism.

It is not clear what form of evaluation will be presented in 2008, and CND will have to decide what procedures should be followed. It is hoped that there will be an EU resolution to the

2006 CND asking for a genuine process of evaluation, and if so, this will have to be decided on in principle at the Horizontal Drug Group meeting by December 2005. At present, UNODC has no specific mandate from member states to carry out an evaluation, and it might be difficult to find a consensus to have this done and to define the scope. So far, most governments are not showing any signs of taking the 2008 review very seriously. There is a risk that the evaluation procedure in 2008 could be purely mechanical, as was the mid-term review, and be a review of processes, not of outcomes.

The EU could provide a model for evaluation, having recently completed a review of its previous Strategy and Action Plan (2000-2004). This was undertaken by the European Commission in cooperation with the EMCDDA and Europol. The evaluation combined data from Europol and EMCDDA as well as from questionnaires sent by the Commission to all 25 member states. The aim was to produce an independent evaluation free from member state pressure. Though the final evaluation was presented too late to have a significant impact on the new EU Strategy endorsed under Dutch Presidency in 2004, the results were taken into account by the Commission when it presented its proposal for a new Action Plan 2005-2008.

The weakness of the data produced by UNODC, based primarily on responses to questionnaires by government officials, remains a major problem. Within this process it often appears that governments with good monitoring procedures do badly, whereas governments that have little or no ability to monitor simply provide an opinion of trends that may actually indicate better results. Often those who fill in the questionnaires are not knowledgeable. More should be done to urge UNODC to produce methodologically sound data. Some work is being done on developing indices, which is positive, but this is only in the early stages and is problematic. The early release of the indices in the 2005 World Drug Report based on very shaky 'calculations' had triggered doubts and irritation among some Member States. Meetings are planned between UNODC and EMCDDA on issues of methodology. Canada could contribute as it also has experience in carrying out evaluation.

The continuing relevance of the conventions was discussed. There was criticism that conventions are outdated, in contradiction with one another, and incorrectly implemented. One solution might be to merge the three conventions into a single, updated treaty. This would give an opportunity to address traditional uses such as coca chewing, the position of the United States (rejected in 1925 but accepted in 1961) that considers all drug use to be abuse, and to end ambiguities around harm reduction. It is time to reconsider definitions of the conventions and to develop a new Single Convention. While there was some sympathy with this view, there was also a fear that if a new convention were drawn up, some might use the opportunity to put pressure to criminalise drug use *per se*, which is not currently the case. It might be preferable to reopen discussions in this area with the suggestions made by INCB on harmonisation of definitions between the 1961 Single and 1971 conventions, and to postpone for now discussion on fusing the conventions.

Session III (b): 2008 UNGASS Review – looking forward

There is a real challenge ahead to make 2008 a serious moment of global reflection, and more than a simple evaluation of progress towards the targets set in 1998. The aim should be a comprehensive review of long-term global options, which could take form of a two-phase review. A real drive to improve information flows must also be made: a sum in the area of 30 million USD could transform this capacity. It should be recognised that a perfect methodology based on perfect data is not possible but this should not be used as an excuse to avoid an evaluation. For some agenda items it will not have been possible to do an

evaluation, but 2008 will be the time to decide what steps will be necessary in the coming years to improve matters. Procedures for reviewing effectiveness should be put in place as soon as possible, taking care to distinguish processes from outcomes. UNODC should have a mandate to prepare this activity but it should involve other agencies such as EMCDDA, CICAD, WHO and UNAIDS, and should commission work on long-term options rather than carrying it out in-house. Some useful suggestions were made for inclusion in the 1998 UNGASS by INCB as early as 1994 that never made it on to the agenda. These could be re-presented in 2008. Alternatively, some have argued that a new UNGASS should be postponed until 2009, thereby giving a year for serious global reflection after the full 1998-2008 decade is concluded. It would also give more time to elaborate and implement a genuine review procedure.

The principal product to come out of 2008 (or 2009) should be a political declaration with a well-defined language, tone and approach. The language should be about facing challenges, and in particular policy challenges that have not been tackled. There should be no attempt to promote an uncritical acceptance of the validity of existing policies. There should be a move away from language such as 'eradicate', and 'significantly reduce', and towards concepts of management and containment. There should be some articulation of realistic objectives but it should not be too numbers oriented as this form of mechanistic approach is likely to fail. Objectives should be articulated in terms of reducing drug-related deaths and drug-related infections. There should be a clear recognition of the wide diversity of the nature of the challenge in different parts of the world and within regions. Conversely, there should be fewer references to a single global system with universal applicability. There should be a positive attitude on the part of the international community towards 'wiggle room' or room for manoeuvre, and this should be actively promoted – countries need flexibility.

The declaration should contain a robust commitment to the involvement of civil society. Civil society should start now to prepare for the kind of political declaration that it wishes to have accepted, and should actively engage with UNODC in the process. In fact, discussions are underway between UNODC and NGOs, and the current ED seems to be in favour of involving civil society more. Before the 2001 UNGASS on HIV/AIDS the UN hired an individual to coordinate civil society's involvement in the Assembly, and it was recommended that UNODC do this for the 2008/9 meeting. NGOs could also prepare and fund an alternative 'World Drug Report' to that of UNODC for presentation in 2008/9. The EC is organising a conference in January 2006 on how civil society can contribute to the EU drugs strategy, and national NGOs should also be speaking to their own governments over the next two years.

Member states do not appear to be taking the targets set in 1998 seriously and political developments of recent years might make it unlikely that UNODC will emerge as a strong multilateral body after the review of 2008. Looking at a worst-case scenario, the next drugs UNGASS could bring about a hardening of positions. Some will see the 2008 targets as having been missed, not because they were unrealistic but because countries did not try hard enough. The US may well push for stronger judicial cooperation with an extension of the principle of extraterritoriality. There could be increased pressure to introduce drug testing in schools and the workplace, and to apply military and technological developments to the 'war on drugs'. In 2006 new proposals will increase the overlap between crime and drugs to the detriment of health and development issues, and harm reduction might become even more marginalised. The US influence on UNODC has been underestimated and the stranglehold could become even tighter if the US wishes prevail over the appointment of a new executive director. A new American Under-Secretary General has already been appointed to oversee UN –including UNODC- management procedures. At a recent meeting on crime policy and

the Palermo convention the US made clear it wanted to switch from UN to bilateral management for countries under its influence. The outcome would be a reduction of the scope of UNODC, and more activities outside the scope of UNODC that will increasingly fall under US control. These developments can only be understood in the light of the agency's historical development: UNDCP (now merged with the Centre for International Crime Prevention, CICP, into UNODC) was created from the amalgamation of three bodies – the United Nations Fund for Drug Abuse Control (UNFDAC), which was exclusively donor funded; the Division of Narcotic Drugs (DND), funded from the Regular Budget and with exclusively normative functions; and the INCB Secretariat (see A/RES/45/179, 1990). The merging of the agencies under one umbrella has allowed the power of donors to creep into normative functions, with the result that the treaties and their interpretation have been subverted by a small group of donors.

Several suggestions and recommendations were made with respect to developments concerning the UNGASS evaluation in 2008:

Some of the suggestions made during the discussion were quite uncontroversial, but there is a confrontational mood around the UN at the moment, and tensions can easily cause a polarisation of aggressive and defensive positions that is not conducive to dialogue. A lesson could be drawn from the process of drug policy evaluation carried out by EU member states. Initial hostility to the process gradually gave way to a feeling of mutual understanding, and with it a sense of moving forward. NGOs would do well to take the heat out of discussions with the UN, as this would greatly improve the climate for discussion, and make progress more likely.

There needs to be a clear vision for UNODC, and 2008/9 would be a good moment to re-energize this. A recent independent evaluation of the agency's functioning criticized UNODC on the grounds that it had no long-term strategic vision, and this is now being worked on, together with the possibility of creating a new governing body for the different elements of UNODC. The outcome will be presented in January 2006. With luck, this will lead to a reduction in political interference whereby one donor dictates policy to UNODC without going through CND.

In the end it will be politicians who decide the future of UNODC, and they need slogans and a simple message. Some work should be done to find the right formula. The US administration will have changed by 2009, and this may bring policy changes, as indeed could occur in May 2006, when the mandate of the incumbent executive director of UNODC will expire (it has not yet been decided whether Mr. Costa will be granted a new four-year term).

Amid all the problems of recent years, UNODC's great potential is sometimes forgotten. Some good work is being done, for example in helping countries to frame laws, but this should be extended across the entire spectrum to include public health regulation, good practice guidelines and prevention. Collective experiences of good practices should be widely disseminated. One relatively low-cost project costing a million dollars resulted in a 2003 UNDCP publication of a treatment handbook on best practices. This is what the agency does best, and is exactly what it should be doing. UNODC should aspire to be a global body whose primary role is to be a repository of expertise and knowledge. But to do this it needs a clear mandate and objectives and clear financial planning, together with a strategic work plan and structure. These are the goals to be set in 2008/9.

Alison Jamieson, rapporteur, December 2005.