

EU Civil Society Forum on Drugs

Submission to HDG December 2013 regarding the UNGASS 2016 and 2014 High Level Segment

1. Civil Society engagement in 2014 High Level Segment and UNGASS 2016 related processes

Civil society engagement around the UNGASS process through the civil society forum on drugs has been fairly strong; however suggestions for improvement to ensure a more coordinated and transparent process are detailed below.

EU and CSF engagement to date:

- Submission in July to Greek Permanent Representative outlining priorities of EU Civil society forum on drugs (EU CSF) in relation to UNGASS
- Submission to HDG in September outlining the priorities of the members of the EU CSF
- Participation in national coordinators meeting agenda item on UNGASS as a civil society observer

1. Specific language recommendations for EU position within Joint Ministerial Statement and other outcome documents at High Level Segment and CND 2014

Civil society involvement

Our recommendations are outlined in the sections below; however we would encourage the EU to continue to negotiate for strong language around civil society involvement throughout this process.

Harm reduction

We encourage the EU to continue to promote harm reduction and to advocate strongly for the inclusion of the phrase 'harm reduction' within the Joint Ministerial Statement and all outcome documents.

Innovative approaches

The EU should request that the Joint Ministerial Statement includes language that recognises the freedom of individual countries to experiment with innovative approaches, within the framework of the UN drug conventions, that address their own circumstances, and that the impact of these approaches should be evaluated.

Essential medicines

The emerging language in the text is welcome, but still underplays the enormity of the challenge of rebalancing work under the Conventions to make controlled drugs available for medical purposes. The EU should continue pushing for stronger commitments for member states and UN agencies to take action to increase access.

The impact of economic crisis in national drug policies

Although few studies exist on this subject, the financial crisis has likely affected both the trends of drug use and the development and implementation of drug policies themselves. Growing rates of unemployment and homelessness can result in the social marginalization of young people, increasing vulnerability to problem drug use.

Public health and social services are often the first to be subject to financial austerity measures, which can lead to the closure of service provision of otherwise cost-effective drug prevention, treatment, rehabilitation and harm reduction programs. It has also resulted in the creation of limited services, opening hours, and the dismissal of key staff members.

While there is growing demand for public health and social services in many member states the access to them has significantly decreased. For example, in Greece and Romania, the significant reduction of funding for harm reduction services had a grievous consequence of the rapid spread of HIV transmissions among injecting drug users in these previously low prevalence countries. Member states must take urgent actions to assess the impact of the financial crisis and to scale up services to tackle the problems.

The outcome document should stress the need for prioritization in the resource-restricted settings and that priority should be given to the approaches based on evidence with respect to human rights principles and balanced approach, thus giving best value for money in drug policy responses.

Measurable indicators

The EU should advocate for measurable indicators to ensure robust monitoring and evaluation

2. Civil Society Engagement

Specific recommendations from the CSF in September 2013

The CSF working group strongly recommends that the EU position within and during the UNGASS process commits to the meaningful engagement of civil society in line with the EU Drugs Strategy paragraph 24.5:

Promote and encourage the active and meaningful participation and involvement of civil society, including non-governmental organisations as well as young people, drug users and clients of drug-related services, in the development and implementation of drug policies, at national, EU and international level. Also to ensure the engagement with the EU Civil Society Forum on Drugs at EU and international level.

We specifically recommend:

Process-related recommendations

The meaningful engagement of civil society in the 2014 and 2016 UNGASS processes including speaking slots for NGOs at plenary sessions, and the ability to attend and make statements at the intersessional meetings that prepare the documents for the high level meetings.

1. The CSF recommends the implementation of a joint work plan with the EU Presidencies, in particular the troika, to develop a proposal for the implementation of a mechanism for joint work between the CSF and EU to shape and promote the EU position. This mechanism could particularly focus on encouraging a debate on the issues at the 2016 UNGASS as well as ensuring strong civil society engagement.
2. A more structured channel should be developed between the European Commission, as well as the EU Presidency and the CSF to feed into relevant statements/EU positions.
3. The CSF recommends formalised civil society engagement at the High Level Segment such as the establishment of a civil society hearing. This could be suggested by the EU at the reconvened CND session taking place on the 12th of December.
4. The EU should encourage member states to put civil society representatives on country delegations to relevant meetings.
5. The CSF recommends the development of tools and procedures to share the EU example of civil society engagement at national and regional levels with other countries and regions.
6. The EU should advocate for the development of a civil society task force, such as that put in place during the 2011 High Level Review of the Political Declaration on HIV/AIDS

7. We recommend the need for improved coordination between HDG representatives and Vienna representatives

Outcome documents-related recommendations

1. Referencing the importance of the direct involvement of organisations and representatives of people who use drugs in national, regional and international drug policy planning, implementation and monitoring and evaluation
2. Referencing the importance of the direct involvement of families and partners of drug users, children of drug users and former drug users in the planning, implementation and monitoring and evaluation of drug policy and programming.
3. Referencing the importance of meaningful civil society engagement in the planning, implementation and monitoring and evaluation of drug policy and programming
4. The EU should request that outcome documents contain a clear acknowledgment that although progress has been reported in some areas, a significant reduction in supply and demand is not being achieved, and that a broad range of options needs to be considered to improve results.
5. The EU should request that the outcome documents broaden the measures used to assess the success of drug control policy – not just reducing supply and demand, but reducing violence, crime drug related deaths, and infections, as well as measurable reduction of the demand for drugs, of drug dependence and of drug- related health and social risks and harms and promoting alternative livelihoods.
6. The EU should advocate that outcome documents should acknowledge that the UN General Assembly target to reduce HIV infections among people who inject drugs by 50% by 2015 has not been achieved.
7. The EU should advocate for greater involvement of other UN agencies in drug control structures, particularly the UNGASS 2016 process, for example WHO, UNAIDS, World Bank, ILO, UNDP, DPKO, UN Secretariat, UN Woman, UNICEF, and UN HCR.