

## Western Europe

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Regional representatives Fay Watson (EURAD) and Ann Fordham (IDPC) conducted a series of consultations to gather the views of civil society in Western Europe as part of the UNGASS Civil Society Consultation Process.

### Best practices

- ✓ A strong, pragmatic public-health and evidence based approach to drug policy
- ✓ The United Nations Conventions provide sufficient flexibility at national and regional level for public health and human rights based policies (although this flexibility does not include legal regulation which is outside the scope of the treaties)

### Main challenges

- Tackling New Psychoactive Substances through different kinds of legislation
- Addressing the use of the internet related to drug supply and distribution
- The need to fund harm reduction, evidence-based drug treatment and rehabilitation programmes as funding for these services is being cut across Europe
- Access to adequate and joined up drug treatment services that support people through the recovery journey
- The continued over-reliance in many countries on punishing, stigmatising and discriminating against people who use drugs which undermines their health outcomes
- An abundance of evidence on what works but it is not always implemented consistently in all countries
- How the EU delegation can advocate against the use of the death penalty in international fora
- Ensuring the meaningful and constructive engagement of civil society in the development of policies and programmes



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### Action-orientated recommendations for the UNGASS roundtables:

#### Drugs and Health

- ✓ That prevention and harm reduction should be the main paradigm of drug policies
- ✓ That drug prevention programmes should include the collaboration of parents, schools, the welfare state, workplaces and youth
- ✓ Greater need for funding across all the range of interventions including prevention, harm reduction, treatment and care, recovery and rehabilitation
- ✓ To ensure adequate provision of funding to support people through the entire recovery journey, especially as funding for high quality rehabilitation is currently being reduced across Europe
- ✓ To acknowledge the global deficit for sustainable funding of harm reduction programmes and support a reconfiguration of resourcing away from punitive responses towards proven harm reduction interventions

- ✓ To provide a comprehensive approach to drug issues, not just provision of single interventions
- ✓ To improve the quality and standards of public health interventions through the promotion of the EU Council recommendations on minimum quality standards in demand reduction
- ✓ To ensure that public health interventions receive equal emphasis and resource allocation as supply reduction initiatives
- ✓ That specific provision needs to be allocated to: HIV prevention, treatment and care, services designed for women as well as to housing and other wider social issues faced by people with drug use problems
- ✓ To ensure provision of support services for families and friends of drug users
- ✓ To acknowledge the position of the UN OHCHR and UN Special Rapporteur on the Right to Health that punishment and criminalisation of drug use represents a violation of the fundamental right to health as outlined in the UN Charter, and endorse the standpoint that people who use drugs must not be subject to punishment such as criminal penalties (and the stigma of a criminal record), police harassment, incarceration or other forms of repression

### Drugs and Crime

- ✓ To prioritise large criminal networks, rather than a focus on low-level non-violent drug offenders, and to sufficiently tackle governmental corruption
- ✓ To consider alternatives to criminalisation as well as alternatives to incarceration, including the provision of rehabilitation in lieu of prison where appropriate and the re-balancing of funding between the justice and rehabilitation sectors
- ✓ To ensure proportionate sentencing related to drug offences by developing an agreed definition of 'proportionality', building upon established EU jurisprudence and referencing the recommendations of the INCB

### Cross-cutting issues: drugs and human rights, youth, women, children and communities

- ✓ To advocate for the abolishment of the death penalty for drug related offences
- ✓ To advocate for adequate access to controlled medicines, so that global provision can be improved and that there is sufficient availability for those who need it
- ✓ That the UNGASS 2016 process should draw reference to the right to life, the right to the highest attainable standard of health, the right to non-discrimination, the right to a fair trial, indigenous rights and the right of children to be protected from the drug trade as well as drug supply
- ✓ That drug policies should be sensitive to the needs of women and girls, ethnic minorities, indigenous groups and children
- ✓ That Member States should provide conditional external aid funding, where the recipient country has due respect for fundamental and human rights (in particular to ensure that EU funding is not complicit in facilitating the use of the death penalty in drug offences or abusive forms of treatment and rehabilitation)
- ✓ To request UNODC to conduct an annual review of the implementation of its human rights guidance

### New Challenges

- ✓ To implement innovative ways to tackle New Psychoactive Substances (NPS) in a timely manner, ensuring equal emphasis on research and promotion of best practice in reducing NPS related health and social harm
- ✓ To address the use of the internet related to drug supply and distribution
- ✓ To address changes happening outside of the UN conventions (such as cannabis legalisation) and explore mechanisms to address these tensions with the current treaty regime looking forward to 2019
- ✓ For the EU delegation at UNGASS to speak with one common voice based on fundamental rights and with a spirit of consensus

## Alternative development

- ✓ Alternative Development should emerge as a key theme from the UNGASS 2016 process and that AD should have a stronger role in drug policy in the future
- ✓ That drug policy needs to be better integrated into overall development strategies
- ✓ That AD programmes be developed with the needs of the local community in mind (for example, tackling local obstacles such as lack of effective infrastructure, health services and education facilities)
- ✓ That communities should be supported to move up the value chain in licit commodities from production, to packaging, to trade and finally international distribution
- ✓ That AD programmes should focus on the three stage process of: survival, sufficiency and sustainability and that they should be long-term in nature
- ✓ Promote development indicators in UNODC metrics and ensure that the UNDP plays a more enhanced role in international drug policy
- ✓ That further research is conducted on the effectiveness of AD programmes so that policy makers can better identify what works.