

UN Common Position on drug policy - Consolidating system-wide coherence

By Martin Jelsma¹

Key points / Executive summary

- Achieving more UN system-wide coherence and alignment with the overarching Sustainable Development Goals (SDG) framework has been a particularly difficult challenge in the area of drug policy.
- From the very start, Member States recognised the risk that discrepancies within the UN system might appear, which was the reason why the Economic and Social Council (ECOSOC) in 1946 mandated the UN Secretary-General to establish a co-ordination mechanism.
- Early attempts to strengthen inter-agency collaboration in the 1990s failed, resulting in a Vienna drugs and crime monopoly and a siloed culture that was only broken with the 2016 UN General Assembly Special Session (UNGASS) on drugs.
- Due to the escalation of the ‘war on drugs’ in the 1990s, UN entities focused on health, human rights, peacebuilding and development distanced themselves from the increasingly controversial drug control agenda and the hardening debate in Vienna; or – in the case of the World Health Organization (WHO) – were arm-wrestled into silence.
- The General Assembly provided all UN agencies with a clear mandate, deciding in Resolution 69/201 that the 2016 UNGASS ‘shall have an inclusive preparatory process that includes extensive substantive consultations, allowing organs, entities and specialized agencies of the United Nations system, relevant international and regional organizations, civil society and other relevant stakeholders to fully contribute to the process’.
- The UNGASS process was an opportunity to widen the discussion and include UN entities that approach the drugs issue from health, sustainable development, human rights, and peacebuilding perspectives, and to promote UN system-wide coherence with respect to global drug control strategies.
- The UN System Common Position on drug policy, adopted in November 2018 by the UN System Chief Executives Board for Coordination (CEB), commits to ‘supporting Member States in developing and implementing truly balanced, comprehensive, integrated, evidence-based, human rights-based, development-oriented, and sustainable responses to the world drug problem, within the framework of the 2030 Agenda for Sustainable Development’.
- The Common Position is based on a strong mandate given by the General Assembly to the CEB and the Secretary-General to improve UN system-wide coherence, and incorporates many elements from the 2016 UNGASS, the SDG framework and human rights instruments that have all been adopted by Member States.
- The Vienna consensus is broken, tensions are on the rise and contradictions are becoming more apparent between certain drug control practices and the overarching aims of health promotion, social justice, sustainable development, human rights protection and peacebuilding – some of which are rooted in incompatible objectives between the UN drug control system and the UN human rights regime.
- The UN Common Position and the Task Team are hard-won achievements that provide unprecedented authoritative guidance for UN entities and can help guide the current international drug control system into the 21st century, on the ground through the new resident coordinator system and at global level to overcome the siloed approach.

- Member States need to support the work of the Task Team, promote the inclusion of drug-related issues on the agenda of other UN forums, including the General Assembly, ECOSOC, the World Health Assembly (WHA) and the Human Rights Council (HRC); and ensure that all relevant UN entities – including the UN Office on Drugs and Crime (UNODC) – actively promote the UN Common Position.

Introduction

In November 2018, the UN System CEB adopted the ‘UN system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration’ (see Annex 1), expressing the shared drug policy principles of all UN organisations and committing them to speak with one voice.² The CEB is the highest-level coordination forum of the UN system, convening biannual meetings of the heads of all UN agencies, programmes and related institutions, chaired by the UN Secretary-General.³ The CEB’s mandate dates back to the early days of the formation of the UN system, when ECOSOC in 1946 requested the UN Secretary-General to establish a standing committee to coordinate the activities of the multiple specialised entities of the UN system.⁴ The resolution led to the establishment of the Administrative Committee on Coordination (ACC), the predecessor of today’s CEB.

The 2000 Millennium Summit represented the first significant streamlining of inter-agency structures, away from individual programme areas, and focusing on cross-sectoral policy objectives, such as sustainable development and gender mainstreaming. It marked ‘the beginning of a new phase, where the organizations of the system now have, in the United Nations Millennium Declaration, a single overarching policy framework, to which they are individually and collectively committed’.⁵ The CEB, the new name given to the ACC in 2001, ‘intended to reflect this new state of play and this collective commitment’: ‘The expression “Chief Executives Board” rather than *Committee* is meant to reflect the transition from a collection of organizations that come together to “compare notes”, to a collegial body whose participants share a collective responsibility for nurturing the new reality that the system has come to represent’.⁶

The subsequent 2005 World Summit Outcome Document called for ‘stronger system-wide coherence’ by strengthening linkages between the normative work of the UN system and its operational activities, and invited the UN Secretary-General ‘to launch work to further strengthen the management and coordination of United Nations operational activities so that they

‘A new system-wide culture must emerge, based on systematic policy consultations, effective decentralization, full respect of each other’s mandates and competencies, and a common appreciation of the challenges ahead and of the respective strengths of the various organizations of the system in meeting them’.⁷

UN Secretary General Kofi Annan, 1997.

‘The United Nations system [has] a critical role to play as knowledge broker to help Member States in better assessing the risks and benefits of various approaches to drug problems and in pursuing science-based and evidence-based policy decisions for the effective implementation of comprehensive and integrated measures’.⁸

UN Secretary-General António Guterres, 2018.

can make an even more effective contribution to the achievement of the internationally agreed development goals, including the Millennium Development Goals’.⁹ In response, UN Secretary-General Kofi Annan set up the High-level Panel on UN System-wide Coherence, which published its report with recommendations in November 2006 under the title ‘Delivery as One’, focusing on the areas of development, humanitarian assistance and the environment. The work of the UN ‘is often fragmented and weak’ and, according to the Panel: ‘Inefficient and ineffective governance and unpredictable funding have contributed to policy incoherence, duplication and operational ineffectiveness across the system. Cooperation between organizations has been hindered by competition for funding, mission creep and by outdated business practices’.¹⁰ The Panel also called on the CEB to review its functions ‘with a view to improving its performance and accountability for system-wide coherence’, because although the CEB ‘has led to some improvement in inter-agency coordination [...] the Board’s potential has been underexploited and its decision-making role has been underused’.¹¹

The transition from the ‘Millennium’ to the ‘Sustainable’ Development Goals in 2015 was accompanied by a policy review of operational activities for development in the UN system, because ‘the integrated nature of the 2030 Agenda for Sustainable Development requires a United Nations development system that works in a coordinated and coherent manner’.¹² The General Assembly also requested the UN Secretary-General to present proposals to improve the collective support of the UN development system for the implementation of the 2030 Agenda, including through a more robust Resident Coordinator system.¹³

Referring to the Secretary-General's 'overall vision to focus on root causes and the prevention of crises and vulnerabilities across all pillars', Deputy Secretary-General Amina Mohammed 'emphasized that tangible results achieved on the ground benefitting the people that the United Nations system served would be the true test of the reform efforts'.¹⁴ She underscored that the UN system 'would have to embrace change in order to live up to the ambition set by Member States through the 2030 Agenda and other commitments' and that 'a common understanding of the direction of change was emerging towards a better coordinated, integrated and coherent country presence, with real accountability for system-wide results'.¹⁵

Within this broader UN reform context, and following up on the outcomes of the 2016 UNGASS, the drugs issue came to the agenda of the CEB as one of the cross-cutting issues for which a more coherent approach needed to be developed. The resulting UN System Common Position on drug policy, released in January 2019, commits to 'supporting Member States in developing and implementing truly balanced, comprehensive, integrated, evidence-based, human rights-based, development-oriented, and sustainable responses to the world drug problem, within the framework of the 2030 Agenda for Sustainable Development'. It supports 'policies that put people, health and human rights at the centre' and promotes 'measures aimed at minimizing the adverse public health consequences of drug abuse, by some referred to as harm reduction', 'sustainable livelihoods through adequately-sequenced, well-funded and long-term development-oriented drug policies in rural and urban areas affected by illicit drug activities', and 'alternatives to conviction and punishment in appropriate cases, including the decriminalization of drug possession for personal use'. It also calls 'for changes in laws, policies and practices that threaten the health and human rights of people' and 'to cooperate to ensure human rights-based drug control and address impunity for serious human rights violations in the context of drug control efforts'. The CEB members also committed to stepping up their joint efforts to 'provide Member States with a necessary evidence base to make informed policy decisions and to better understand the risks and benefits of new approaches to drug control, including those relating to cannabis'.

The CEB Common Position – not a binding document for Member States but a powerful instrument to harmonise the voice and activities of all UN entities – represents a significant step towards improving UN system-wide coherence and can guide the global drug policy debate towards a more health, development and human rights-based approach. Crucially, to

ensure that the Common Position does not simply remain a piece of paper, a UN system coordination Task Team has been established to ensure that coherent efforts are undertaken to realise its commitments,¹⁶ and it will serve as an authoritative policy directive to UN Resident Coordinators for implementing drug-related programmes on the ground and assisting Member States in policy development.

Achieving more system-wide coherence under the banner of 'Delivering as One' or 'One UN', and aligning with the overarching SDG framework has been a particularly difficult challenge in the area of drug policy. This briefing paper reconstructs the long and troubled process that led to the adoption of this ground-breaking UN System Common Position.

The 1990s: UN coordination on the UNGASS agenda

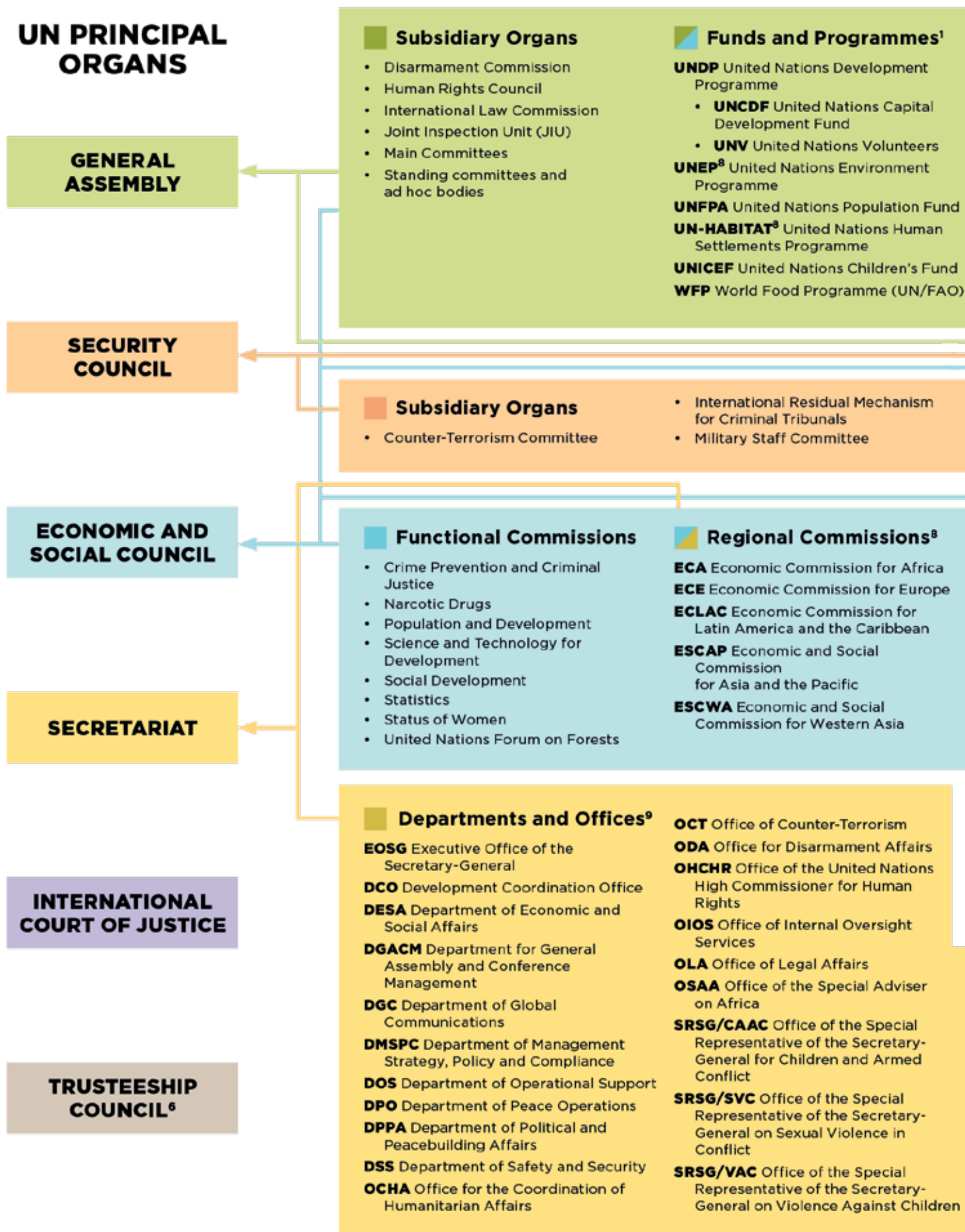
In 1990, the first UNGASS devoted to the drugs issue adopted a 100-point Global Program of Action concluding that the functioning of the UN drug control structure needed to be reviewed 'for the purpose of identifying alternative structural possibilities' and that attention should be given to 'coherence of actions within the United Nations drug-related units and coordination, complementarity and non-duplication of all drug-related activities across the United Nations system'.¹⁷ According to then UN Secretary-General Javier Pérez de Cuéllar, the 'new dimensions taken on by the drug menace would necessitate a more comprehensive approach to international drug control and a more coordinated structure in this field in order to enable the United Nations to play the central and greatly increased role necessary for countering this threat'.¹⁸

The General Assembly requested the UN Secretary-General to 'create a single drug control programme, to be called the United Nations International Drug Control Programme [UNDCP], based at Vienna, and to integrate fully therein the structures and functions of the Division on Narcotic Drugs of the secretariat, the secretariat of the International Narcotics Control Board [INCB] and the United Nations Fund for Drug Abuse Control [UNFDAC] with the objective of enhancing the effectiveness and efficiency of the United Nations structure for drug abuse control'.¹⁹ UNDCP was established in 1991, incorporating the secretariat of the Commission on Narcotic Drugs (CND), the principal policy making body operating under ECOSOC, and the secretariat of the INCB, the treaty body monitoring implementation of the 1961 and 1971 UN drug conventions. The operational re-arrangement also meant that the appropriation within the UN regular



The United Nations System

UN PRINCIPAL ORGANS



Research and Training

- UNIDIR** United Nations Institute for Disarmament Research
- UNITAR** United Nations Institute for Training and Research
- UNSSC** United Nations System Staff College
- UNU** United Nations University

Other Entities

- ITC** International Trade Centre (UN/WTO)
- UNCTAD^{1,8}** United Nations Conference on Trade and Development
- UNHCR¹** Office of the United Nations High Commissioner for Refugees
- UNOPS¹** United Nations Office for Project Services
- UNRWA¹** United Nations Relief and Works Agency for Palestine Refugees in the Near East
- UN-WOMEN¹** United Nations Entity for Gender Equality and the Empowerment of Women

Related Organizations

- CTBTO PREPARATORY COMMISSION**
Preparatory Commission for the Comprehensive Nuclear-Test-Ban Treaty Organization
- IAEA^{1,3}** International Atomic Energy Agency
- ICC** International Criminal Court
- IOM¹** International Organization for Migration
- ISA** International Seabed Authority
- ITLOS** International Tribunal for the Law of the Sea
- OPCW³** Organization for the Prohibition of Chemical Weapons
- WTO^{1,4}** World Trade Organization

Peacebuilding Commission

HLPF
High-level Political Forum on Sustainable Development

- Peacekeeping operations and political missions
- Sanctions committees (ad hoc)
- Standing committees and ad hoc bodies

Specialized Agencies^{1,5}

- FAO** Food and Agriculture Organization of the United Nations
- ICAO** International Civil Aviation Organization
- IFAD** International Fund for Agricultural Development
- ILO** International Labour Organization
- IMF** International Monetary Fund
- IMO** International Maritime Organization
- ITU** International Telecommunication Union
- UNESCO** United Nations Educational, Scientific and Cultural Organization
- UNIDO** United Nations Industrial Development Organization
- UNWTO** World Tourism Organization
- UPU** Universal Postal Union
- WHO** World Health Organization
- WIPO** World Intellectual Property Organization
- WMO** World Meteorological Organization
- WORLD BANK GROUP⁷**
 - **IBRD** International Bank for Reconstruction and Development
 - **IDA** International Development Association
 - **IFC** International Finance Corporation

Other Bodies¹⁰

- Committee for Development Policy
 - Committee of Experts on Public Administration
 - Committee on Non-Governmental Organizations
 - Permanent Forum on Indigenous Issues
 - UNAIDS** Joint United Nations Programme on HIV/AIDS
 - UNEGN** United Nations Group of Experts on Geographical Names
 - UNGGIM** Committee of Experts on Global Geospatial Information Management
- ## Research and Training
- UNICRI** United Nations Interregional Crime and Justice Research Institute
 - UNRISD** United Nations Research Institute for Social Development

UNDRR United Nations Office for Disaster Risk Reduction

UNODC¹ United Nations Office on Drugs and Crime

UNOG United Nations Office at Geneva

UN-OHRLS Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States

UNON United Nations Office at Nairobi

UNOP² United Nations Office for Partnerships

UNOV United Nations Office at Vienna

Notes:

- Members of the United Nations System Chief Executives Board for Coordination (CEB).
- UN Office for Partnerships (UNOP) is the UN's focal point vis-a-vis the United Nations Foundation, Inc.
- IAEA and OPCW report to the Security Council and the General Assembly (GA).
- WTO has no reporting obligation to the GA, but contributes on an ad hoc basis to GA and Economic and Social Council (ECOSOC) work on, inter alia, finance and development issues.
- Specialized agencies are autonomous organizations whose work is coordinated through ECOSOC (intergovernmental level) and CEB (inter-secretariat level).
- The Trusteeship Council suspended operation on 1 November 1994, as on 1 October 1994 Palau, the last United Nations Trust Territory, became independent.
- International Centre for Settlement of Investment Disputes (ICSID) and Multilateral Investment Guarantee Agency (MIGA) are not specialized agencies in accordance with Articles 57 and 63 of the Charter, but are part of the World Bank Group.
- The secretariats of these organs are part of the UN Secretariat.
- The Secretariat also includes the following offices: The Ethics Office, United Nations Ombudsman and Mediation Services, and the Office of Administration of Justice.
- For a complete list of ECOSOC Subsidiary Bodies see un.org/ecosoc.

This Chart is a reflection of the functional organization of the United Nations System and for informational purposes only. It does not include all offices or entities of the United Nations System.

budget allocated to the CND and INCB secretariats was reallocated to UNDCP. In addition, the resources of UNFDAC for financing operational activities mainly in developing countries, primarily borne from voluntary contributions, were placed under the direct responsibility of UNDCP, which later merged with the Division for Crime Prevention and Criminal Justice into today's UNODC.

The strengthened and unified drug control structure in Vienna aimed to 'collaborate closely with the United Nations system of organizations, regional organizations, as well as governmental, intergovernmental and non-governmental organizations in the fulfilment of its responsibilities'.²⁰ In order to bring all existing UN mandates on board, the General Assembly had requested the elaboration of a UN System-Wide Action Plan on Drug Abuse Control (SWAP). An evaluation report in 1996 by UN Secretary-General Boutros-Boutros Ghali stated that the 'various exercises to develop and update such a plan proved inadequate, however, and served little useful purpose'.²¹ A special Subcommittee on Drug Control within the Secretary-General's high-level coordination mechanism, the Administrative Committee on Coordination (ACC), was therefore requested to step in and to try to transform the SWAP idea into a functioning operational model.²²

In 1997, a lively discussion ensued at the ACC subcommittee session in Vienna, from which 'a consensus emerged that SWAP was an important tool for retaining and improving inter-agency collaboration in drug control activities, but that it needed to be more realistic in terms of field operations so as to ensure that it acted to guide the programming process'.²³ At the same meeting, UNDCP offered to undertake an evaluation of the SWAP process, following the outcomes of the second UNGASS on drugs in 1998. At the 1998 UNGASS, the Group of 77 and China drew 'particular attention to the importance of strengthening coordination within the United Nations system'.²⁴ The Group of 77 also stated that 'additional effort also needs to be made to bring the System-wide Action Plan from being an effective mechanism of problem definition to one of coordination of activities'.²⁵

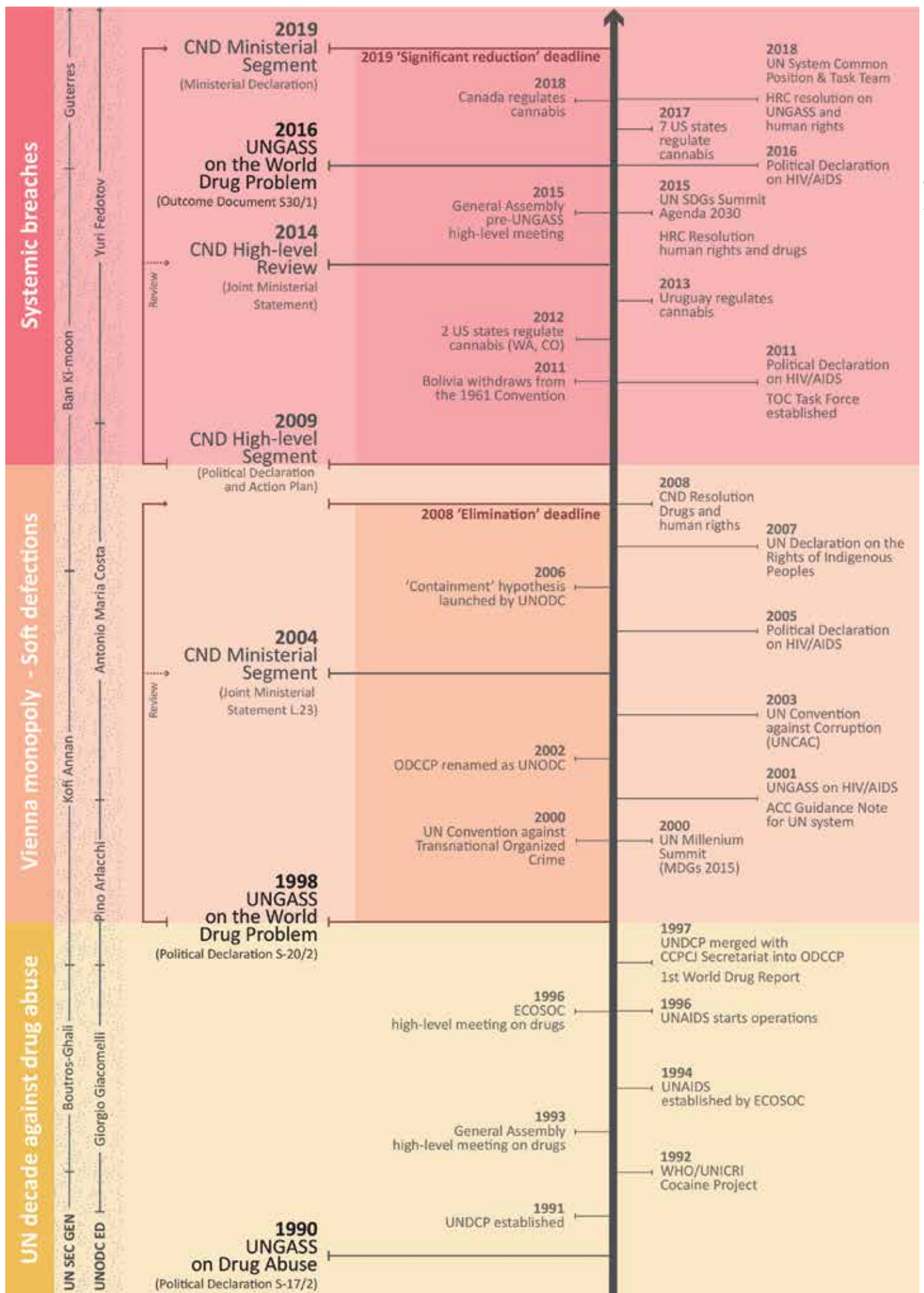
The ACC statement at the 1998 UNGASS concluded that, 'Given that the global and multifaceted nature of the drug problem necessitates a holistic and balanced approach, we firmly believe that the United Nations system is well placed to offer a wide range of expertise, which can be drawn upon to create synergies among our agencies'.²⁶ The post-UNGASS evaluation conducted by UNDCP was very critical about the 'failures to make a real strategic planning tool out of SWAP',²⁷ and also questioned the role of UNDCP itself, recommending

that it should 'contribute more to inter-agency collaboration' and ensure that drug issues are taken into account in UN coordination mechanisms.²⁸

Similarly, an expert group convened by UN Secretary-General Kofi Annan to advise on how to 'strengthen the United Nations machinery for international drug control' concluded in its 1999 final report that the SWAP 'had yielded few, if any, results' and that despite the attempts to expand the sphere of UN drug control activities throughout the system, most of the UN agencies tended 'to regard their participation in the System-wide Action Plan as giving them access to UNDCP funds for their drug control activities, rather than integrating drug control issues into their own programmes and budgets', specifying that at the time around 40% of UNDCP funds were provided to other UN agencies for drug control activities.²⁹ The report recommended that, on demand reduction issues, UNDCP should consult UNAIDS, UNICEF, the International Labour Organization (ILO), UNESCO and the WHO; that 'Member States ensure that the drug issue is regularly included in the agenda of the governing bodies of those agencies'; and that given the special role of the United Nations Development Programme (UNDP) as coordinator and catalyst within the UN system, 'a significant increase in cooperation between UNDCP and UNDP is indispensable for the success of drug control'.³⁰ That point was underscored in an ECOSOC resolution that called on UNDCP 'to increase its cooperation with United Nations agencies working in the field of development in implementing alternative development programmes', and to develop jointly with UNDP drug-related indicators for inclusion in the UNDP human development report.³¹

The ACC guidance notes

Immediately following the 1998 UNGASS, the ACC Subcommittee on Drug Control began outlining a business plan for inter-agency cooperation to implement its outcomes, particularly the two Action Plans, one on the 'Guiding Principles of Drug Demand Reduction' and the other on the 'Eradication of Illicit Drug Crops and on Alternative Development'. Collectively, the Subcommittee requested UNDCP to adjust the language in its draft text to reflect uniformity whenever referring to 'UNDCP' or 'UNDCP and other agencies' to read 'UNDCP in consultation and collaboration with other concerned entities, programmes and agencies of the United Nations system'.³² UNDCP indicated that 'the plan would inevitably entail a high degree of collaboration with the agencies', adding that 'an innovative, proactive, partnership approach had been taken in the plan'.³³ In addition, the Food and Agriculture Organization (FAO) 'highlighted the importance



Credit: Martin Jelsma. Design by Juan Fernandez Ochoa

of country-based thematic groups within the resident coordinator system, and of networking with all partners at the headquarters and field levels, as well as between regional and sectoral groups'.³⁴

An interim action plan was agreed for coordinated inter-agency support for national implementation of the 1998 UNGASS outcomes, 'assisting Member States draw up and implement national drug control strategies by putting at their disposal advice and technical support as required, according to the comparative advantage of each agency'.³⁵ A number of countries were selected to test out the new approach on a pilot basis. Reviewing the initial results a year later, the Subcommittee noted that 'some considerable progress had been achieved in terms of interagency collaboration at the field level' in at least a few of the pilot countries, and 'agreed that the exercise had been useful and that it should be retained and expanded to cover additional countries'.³⁶ It was agreed that an umbrella framework addressing global, regional and national needs should be developed, noting that 'there was ample scope for consolidated strategic and high-profile action on the part of the United Nations system'.³⁷

The whole process ended in two UN-system position papers, drafted mainly by UNDCP and adopted by the newly established High-Level Committee on Programmes (HLCP) at its first meeting in February 2001. The '*ACC guidance note for United Nations system activities to counter the world drug problem*' focused on the implementation of the 1998 UNGASS outcomes and addressed the 'need for the United Nations system to speak with one voice and to give clear messages to the outside world'.³⁸ The guidance largely repeated agreed UNGASS language, including that, within the scope of their specific mandates and their different roles, all agencies should 'endeavour to stress the need to adopt a balanced approach to countering the drug problem, addressing both the supply and demand aspects, and "to promote a society free of drug abuse, especially by emphasizing and facilitating healthy, productive and fulfilling alternatives to the consumption of illicit drugs, which must not become accepted as a way of life"', quoting directly from the 1998 Political Declaration. The guidance note specifically called on all organisations 'to keep their interventions within the terms of the international conventions', with the understanding that 'all overriding standards adopted by the United Nations remain valid and are to be respected' referring 'particularly to human rights and gender considerations, which are to be taken into account at all times'.³⁹ That was the only mention of human rights in the guidance note, an overall uninspiring document that seemed to reflect primarily UNDCP's position.

The other ACC document was a UN-system position paper on HIV prevention among people who use drugs – an important issue on which to get the UN system in line before the UNGASS on HIV/AIDS in 2001. The paper, rife with stigmatising language about 'drug abusers', omitted any mention of harm reduction – an omission that was questioned by UNAIDS and the WHO during ACC's Subcommittee meeting. UNDCP responded that, while 'the primary concern of UNAIDS and WHO was to reduce the risk of HIV transmission at all costs, UNDCP's mandate called for such action only within an overall drug demand reduction programme' and confirmed that the current draft 'contained nothing that was contrary to the international conventions on drug control'.⁴⁰ At least the paper stated that 'reviews of the effectiveness of syringe and needle exchange programmes have shown reductions in needle risk behaviours and HIV transmission and no evidence of increase into injecting drug use or other public health dangers in the communities served', and that a comprehensive package of interventions 'could include' access to sterile needles and syringes, and a variety of treatment options, including substitution treatment.⁴¹ The paper also mentioned the importance of human rights protection: 'People are more vulnerable to infection when their economic, health, social or cultural rights are not respected', and warned that a 'punitive approach may drive people most in need of prevention and care services underground'.⁴²

The release of these two documents represented the very final actions of the ACC, since a review of the ACC coordination mechanism itself led in October 2001 to the decision that 'all existing subsidiary bodies should cease to exist by the end of the year, and that the future inter-agency support requirements [...] would best be handled through ad hoc, time-bound, task-oriented arrangements, using a lead agency approach, or by addressing requests to existing inter-agency networks or expert groups'.⁴³ That same year, the ACC was renamed as today's Chief Executives Board for Coordination (CEB) and the previous model of 'permanent subsidiary bodies' was replaced by a more flexible and less bureaucratic model, resulting in the abrupt termination of the Subcommittee on Drug Control.

At its final meeting in 2001, the ACC recognised that 'Lead agency arrangements are an effective means of strengthening inter-agency consultative processes, instilling a greater sense of ownership, tapping the relevant competencies of the system, and enhancing the substantive content of inter-agency cooperation', while recognising 'the need for a number of inter-agency bodies to pursue their coordination work as expert bodies rather than as subsidiaries of ACC'.⁴⁴ In October 2001, in concluding this process, the CEB concluded that it:

‘considered that networking among agency specialists in different sectors had reached a sufficient level of maturity and that the two new High-level Committees on Programmes and on Management, had sufficiently consolidated their work, to make it possible to replace the rest of the inter-agency machinery – which had, until then, been organized as a hierarchic and somewhat rigid system of inter-agency committees and subcommittees – by a more flexible system of “networks” of specialists in different areas who would interact on a continuing basis utilizing modern information technology, and by ad hoc inter-agency groups that would meet, as required, around specific tasks, would often be facilitated by a lead agency, and would be disbanded when the task was accomplished. [...] This more decentralized system requires strengthened communications and information links that the consolidated CEB secretariat under the guidance of HLCP will help ensure. A key task of the secretariat will also be to ensure that CEB strategies, in response to overall intergovernmental policy directives, provide the connective tissue for the substantive work of the various networks, and that indications from their work that have implications for strategies of CEB are sifted and made to enrich its own work’.⁴⁵

In several other thematic areas, the new approach indeed brought about improvements, but in the case of UNDCP the lead agency arrangement clearly did not strengthen inter-agency consultative processes and collaboration in the field of drug policy – to the contrary. And it took more than a decade before new initiatives were taken from UN headquarters in New York to address the growing gap.

Joint UN programme on HIV/AIDS

Meanwhile, in response to the global HIV/AIDS epidemic, instead of a lead agency arrangement, another course of action was taken to ensure inter-agency coordination. Fifteen UN programmes and specialised agencies participated in meetings of an ‘Inter-Agency Advisory Group on AIDS’ for which the WHO served as the secretariat, where much of the groundwork was done for the creation of UNAIDS. In May 1993, the WHA adopted a resolution requesting the WHO Director-General to study the ‘feasibility and practicability’ of establishing a joint and cosponsored UN programme on HIV/AIDS, in close collaboration with the executive heads of UNDP, UNESCO, UNFPA, UNICEF and the World Bank.⁴⁶ The joint programme was subsequently established by ECOSOC resolution 1994/24 ‘on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility’ between the six initial co-sponsors who formed

a Committee of Co-sponsoring Organizations with a rotational chairmanship.⁴⁸ The co-sponsors contributed equally to the strategic direction of UNAIDS and received policy and technical guidance ‘to harmonize the HIV/AIDS activities of the co-sponsors’; and coordination of field-level activities would be undertaken through the UN resident coordinator system.⁴⁹ UNAIDS started operations in January 1996 and became ‘a model for United Nations reform and is the only cosponsored Joint Programme in the United Nations system’ – and the only UN entity with civil society represented on its governing body.⁵⁰

UNDCP already collaborated in a World Bank project in the mid-1990s for HIV prevention among people who inject drugs in ten priority countries, including by providing needle and syringe services.⁵¹ In April 1999, UNDCP was welcomed by UNAIDS as its seventh co-sponsoring organisation: ‘The joining of UNDCP and the implementation of the Political Declaration on Guiding Principles of Drug Demand Reduction adopted by the UN General Assembly in June 1998 were expected to enhance UNAIDS’ efforts in addressing HIV/AIDS and illicit drug use’.⁵¹ According to the UNAIDS Programme Coordinating Board (PCB), ‘[t]he move emphasized the importance of illicit drug use as a determinant of the HIV/AIDS epidemic in many countries’ while stressing that ‘UNAIDS should continue to focus on demand and harm reduction, identifying populations at risk so that efforts could be more accurately targeted’.⁵² Despite its ambivalent position on harm reduction, UNDCP became ‘the convening agency for all matters pertaining to injecting drug use as it relates to HIV/AIDS’.⁵³

In the Declaration of Commitment on HIV/AIDS, adopted at the 2001 UNGASS on HIV/AIDS, Member States committed to ensure ‘harm-reduction efforts related to drug use’ and that ‘HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings’.⁵⁴ The following year, and after difficult negotiations, the CND adopted its first resolution on HIV/AIDS, welcoming the participation of UNAIDS in the work of the Commission, and calling upon UNODC ‘to continue to cooperate with the Joint United Nations Programme and other relevant United Nations entities in introducing and strengthening programmes to address HIV/AIDS’.⁵⁵ Subsequently, in 2003, the CND requested UNODC to strengthen its role and cooperation with UNAIDS and the other co-sponsors, ‘including by establishing a specific programme on HIV/AIDS prevention’,⁵⁶ which led to the founding of the HIV/AIDS Unit within the Office.

At the same time, UNAIDS had already declared that the ‘United Nations fully endorses the fundamental

principles of harm reduction',⁵⁷ but unfortunately in Vienna that has never been so straightforward. Initially, after becoming a cosponsor of UNAIDS, UNODC's position gravitated towards the growing acceptance of harm reduction practices that was emerging from the efforts to develop an effective and coordinated UN response to the HIV epidemic. Examples of that can be found in Executive Director Antonio Maria Costa's 2004 report to the CND on 'Strengthening strategies regarding the prevention of HIV/AIDS in the context of drug abuse',⁵⁸ and in the joint UNODC/WHO/UNAIDS position paper on opioid substitution treatment that same year.⁵⁹ But in the years thereafter, the political stance against harm reduction hardened once more in Vienna.

Threats of US funding cuts and fierce political battles at the CND pushed UNODC to backtrack on its position. In one of the lowest points in the troubled history of UN system-wide coherence on drug policy, both the INCB President Philip Emafo and the UNODC Executive Director Antonio Maria Costa questioned the legitimacy of harm reduction, even needle and syringe programmes.⁶⁰ It took the newly established HIV/AIDS Unit years to reconquer some terrain, aided by European political and donor support, and the Unit has struggled till today to get UNODC's senior management to firmly support its outspoken position on harm reduction. According to a recent open letter signed by over 300 NGOs, 'UNODC's position on harm reduction remains several years behind that of other UN entities and important opportunities to incorporate harm reduction into the UNODC's work and projects continue to be missed'.⁶¹

The 2000s: The Vienna drugs & crime monopoly

After the abolishment of the ACC Subcommittee on Drug Control, the CEB decided that 'coordination in the field of drug control and crime prevention will henceforth be undertaken by an inter-agency network of focal points in these areas [...] under the leadership of the Office for Drug Control and Crime Prevention' (ODCCP, the new umbrella office in Vienna, including UNDCP).⁶² The inter-agency network was meant 'to meet as and when necessary' and to 'strengthen consultations with other interested entities such as civil society and regional and sectoral organizations', but never came off the ground. Instead, UNDCP in its capacity as the designated lead agency asked its governing body, the CND, to provide guidance on how to proceed.⁶³

The consequences of this deferral of responsibility for system-wide coherence to UNDCP and the CND are perhaps best expressed in the 2000 report of the CND itself: 'The initiatives aimed at strengthening the framework for inter-agency cooperation and

coordination within the United Nations system were commended as a means of improving the funding position of UNDCP, as well as enhancing the work of the Commission and the International Narcotics Control Board, with a view to strengthening the United Nations machinery for drug control'.⁶⁴ In other words, all the efforts in the 1990s to broaden the global drug policy debate and design a UN system-wide strategy were narrowed down at the turn of the century to further strengthen the Vienna-based triangular drug control machinery of the CND, INCB and UNDCP.⁶⁵

Meanwhile, the escalation in the 1990s of the 'war on drugs' in terms of military operations, especially in Latin America, and the worldwide tightening of drug laws and sentences under the influence of the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substance, made the UN agencies focused on health, human rights, peace building and development more and more reluctant to be associated with the increasingly controversial drug control agenda. And those UN entities that had not already decided to distance themselves from the escalating 'war on drugs' and opt out of the hardening debate in Vienna were basically pushed away or, in the case of the WHO, arm-wrestled into silence. When, in the mid-1990s, the WHO started talking about harm reduction and initiated major studies about coca/cocaine and cannabis with outcomes that did not match the 'drug war' rhetoric, the USA threatened to cut all its funding – the coca/cocaine study was never published (see Box 1) and the WHO substance abuse programme was decimated.⁶⁶

At the 1998 UNGASS, UNDCP had campaigned for controversial language about a 'drug-free world' and the 'elimination of illicit narcotic crops' and had pushed for the inclusion, in the Political Declaration, of a 10-year target to eliminate or significantly reduce the global illicit drugs market.⁶⁷ In other corners of the UN, UNDCP's reluctance regarding collaboration and the biased and non-inspiring outcomes of the ACC guidance notes had led to frustrations. The dependence on voluntary contributions for most of its programme had given UNDCP's major donors – with the USA topping the list – significant influence over the drug policy positions taken by the Vienna bureaucracy, which ended up being increasingly at odds with other parts of the UN system.⁶⁸

In the context of broader UN organisational reforms, moreover, UNDCP merged in 1997 with the secretariat of the UN Commission on Crime Prevention and Criminal Justice (CCPCJ, also based in Vienna) under the umbrella of the Office for Drug Control and Crime Prevention (ODCCP), which was renamed in 2002 as

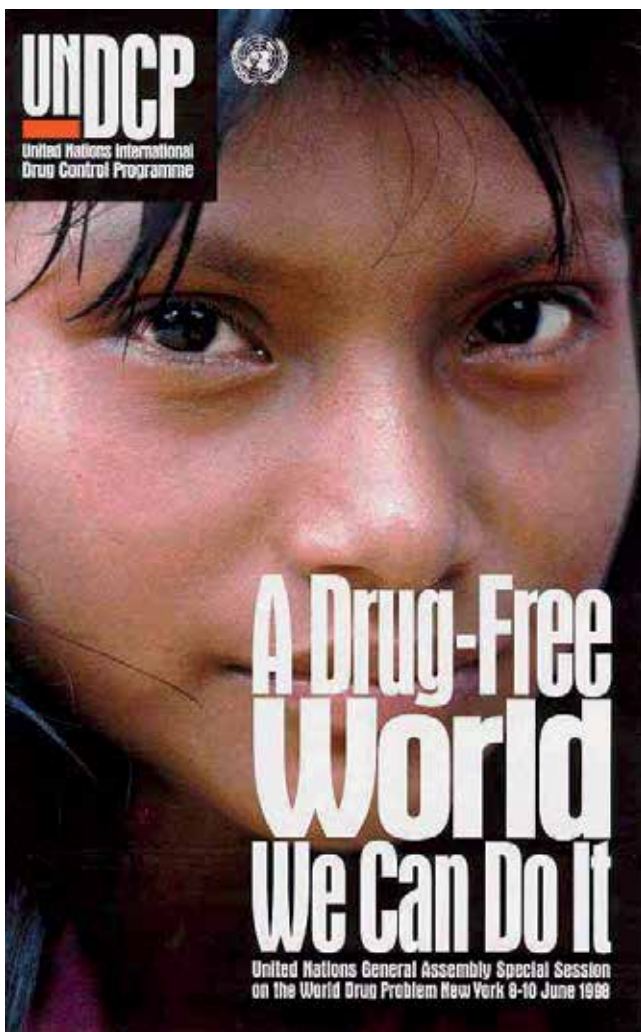
Box 1 The WHO/UNICRI Cocaine Project

In 1990, at the beginning of the 'UN Decade against drug abuse', the WHO established its Programme on Substance Abuse (PSA), aiming 'to provide leadership on the health aspects of harmful use of drugs and alcohol, and to focus attention on the need for a new approach to the problem of drug use in general'⁶⁹ The British Journal of Addiction welcomed the PSA 'because now attention can be directed to correcting the balance, formerly too heavily weighted on the side of supply reduction and drug laws enforcement'⁷⁰ In 1992, the WHO Expert Committee on Drug Dependence (ECDD) looked at various demand and harm reduction strategies, and had a pre-review of coca leaf on its agenda. 'While some countries may decide to aim for complete eradication of the use of a particular drug, others may see such an aim as impractical or even undesirable', according to the report of the meeting.⁷¹ The ECDD recommended that harm reduction be made the primary goal of drug policy and even argued that '[r]egulation of markets in psychoactive drugs for health purposes is an important instrument for the prevention of drug-related harm' because under certain conditions a legal control regime 'can reduce levels of consumption and also modify patterns of use so as to reduce harmful consequences'.⁷² The Committee then 'discussed the advisability of prohibiting under the international conventions plant products containing psychoactive substances that are traditionally used by indigenous populations' and 'felt that the social problems resulting from the prohibition of these products under international controls might outweigh any health benefits', recommending that the WHO 'should consider studying these patterns of use and their health and social implications'⁷³

Between 1992 and 1994, the WHO/PSA in collaboration with UNICRI undertook the largest global study ever on cocaine-related substances, the WHO/UNICRI Cocaine Project, which also looked in detail at traditional coca chewing practices in the Andean region. A Briefing Kit summarising the results was released in March 1995 at the CND, warning that the 'sometimes unexpected conclusions of the study do not represent an official position of WHO'.⁷⁴ The conclusions indeed strongly contrasted with accepted paradigms, for example that 'occasional cocaine use does not typically lead to severe or even minor physical or social problems' and that many people using cocaine casually 'suffer little or no negative consequences, even after years of use'.⁷⁵ 'Use of

coca leaves', according to the Briefing Kit, 'appears to have no negative health effects and has positive, therapeutic, sacred and social functions for indigenous Andean populations'.⁷⁶ The main question for the future was whether UN organisations and member states would 'continue to focus on supply reduction approaches such as crop destruction and substitution and law enforcement efforts in the face of mounting criticism and cynicism about the effectiveness of these approaches'. The Briefing Kit continued: 'There needs to be more assessment of the adverse effects of current policies and strategies and development of innovative approaches'.⁷⁷ Many key informants consulted for the study believed that current approaches 'which over-emphasize punitive drug control measures may actually contribute to the development of health-related problems'.⁷⁸

As soon as the Briefing Kit started to circulate in the UN corridors, US officials used their full weight to prevent the release of the study. Neil Boyer, the US representative to the WHA in Geneva, declared that 'The United States government has been surprised to note that the package seemed to make a case for the positive uses of cocaine', arguing that the WHO was 'headed in the wrong direction' and 'undermined the efforts of the international community to stamp out the illegal cultivation and production of coca'.⁷⁹ He denounced 'evidence of WHO's support for harm reduction programs and previous WHO association with organizations that supported the legalization of drugs', followed by a clear threat: 'If WHO activities relating to drugs fail to reinforce proven drug-control approaches, funds for the relevant programs should be curtailed'.⁸⁰ The Briefing Kit had been a premature release of summary results, before the full research outcomes of the WHO/UNICRI Cocaine Project had gone through the usual peer review and editing process. Because of the commotion and pressure, however, the process was never completed and the hundreds of pages of valuable facts and insights about coca and cocaine gathered by more than 40 researchers in 19 different countries were never published.⁸¹ The PSA was subsequently merged with the WHO Mental Health Programme and the role of the ECDD was largely limited to the review of substances. According to Robin Room, co-rapporteur of the 1992 ECDD meeting, 'The vigorous U.S. objections in the drug field may well have played a role in the decision to bury psychoactive substance issues back in the mental health division', which resulted in the WHO taking a low profile in the global drug policy debate.⁸²



Credit: UNDCP

and more off from divergent views in other branches of the UN system.

In the lead-up to the 10-year UNGASS review and the looming embarrassment over the missed 2008 deadline, there was mounting criticism of the unrealistic 'drug-free world' goals. The hegemonic drug control discourse, the so-called 'Vienna consensus', came increasingly under pressure because of the lack of scientific evidence to prove its effectiveness and the undeniable negative 'unintended consequences'⁸⁵ especially in terms of widespread human rights violations committed in the name of drug control. In addition, better organised civil society networks mobilised in response to the backlash against harm reduction and started to play a much more active role in Vienna; the 'Beyond 2008' forum brought for the first time hundreds of civil society representatives to Vienna.⁸⁶

All this led to more political tensions and polarisation, and further enhanced a mentality of 'circling-the-wagons' around Vienna amongst those trying to preserve the status quo. Influences from outside that might threaten the fragile consensus contained with difficulty within the Vienna silo, had to be kept outside the door as much as possible. No serious evaluation of the achievements of the past decade took place and, instead of convening another UNGASS, the review process was kept within the confines of the more controlled Vienna environment where other UN agencies played a very marginal role.

Even the WHO, in spite of its mandate as the 'the specialized agency for directing and coordinating work on all aspects of health care',⁸⁷ was degraded to a status similar to ONGs, only allowed to give short statements from the floor instead of sitting next to UNODC and the INCB on the podium. The WHO Constitution describes the mandate and functions in great detail, including 'to act as the directing and co-ordinating authority on international health work; to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate' and 'to propose conventions, agreements and regulations, and make recommendations with respect to international health matters'.⁸⁸ After political controversy erupted in 2006 over scheduling recommendations by its Expert Committee on Drug Dependence (ECDD), supposedly lack of funding prevented the WHO from performing its treaty mandate under the 1961 and 1971 Conventions for six years. The ECDD was only able to restart its regular meetings again in 2012.

today's UNODC. The HIV epidemic and UNDCP's participation in UNAIDS had initially brought the health aspects of drug policy (including harm reduction) more to the forefront, but merging the drugs and crime agendas pulled UNDCP into the opposite direction. Vienna became 'the locus for United Nations efforts against crime, drugs and terrorism'.⁸³ The proposal to also merge the two Vienna-based ECOSOC Commissions themselves – the CND and the CCPCJ – into a single Commission was never implemented, but the attention of the merged secretariat leaning more towards the crime side also influenced by the negotiations on two new UN treaties for which UNODC became responsible: the Convention against Transnational Organized Crime in 2000 (UNTOC) and the Convention against Corruption in 2003 (UNCAC).⁸⁴

In the following decade, for all the above-mentioned reasons, instead of improved coordination, Vienna rather became the burial ground for UN system-wide coherence on drug policy. The Vienna drugs and crime control bureaucracy protected the near monopoly it had acquired, used the appropriated budget to further consolidate its position and closed itself more

After difficult negotiations, the Political Declaration adopted in 2009 largely reconfirmed earlier commitments, establishing 2019 as the new target date ‘to eliminate or reduce significantly and measurably’ illicit drug demand and supply.⁸⁹ Around two issues of system-wide coherence the Vienna consensus came very close to a formal breaking point. The turmoil and contradicting messages coming from UN entities about harm reduction led to a strong push especially from the European side to adopt an unambiguous recognition of the importance of harm reduction services. After months of tense negotiations in which the harm reduction language was watered down to ‘related support services’, the chair of the informal meeting where final negotiations were taking place even called a straw poll on the proposal to include at least a footnote explaining that a number of states, international agencies and NGOs referred to these as ‘harm reduction services’. When 13 countries voted against compared to 12 in favour, Germany formally submitted an interpretative statement when the 2009 Political Declaration was formally adopted on behalf of a group of 26 countries, declaring their interpretation of ‘related support services’ to mean harm reduction.⁹⁰

The other contentious issue was triggered by a Uruguayan resolution in 2008 on strengthening cooperation between UNODC and other UN entities ‘for the promotion of human rights in the implementation of the international drug control treaties’.⁹¹ When negotiations got stuck over this first-ever CND resolution focused on human rights, Uruguay threatened to call for a CND vote, which the CND normally practices only on decisions about the scheduling of substances, and the already much watered-down text was adopted by consensus under that pressure. The resolution called on UNODC ‘to work closely with the competent United Nations entities, including the United Nations human rights agencies’.⁹² The 2009 Political Declaration and Plan of Action omitted a specific reference to the Office of the High Commissioner for Human Rights (OHCHR) or other UN human rights bodies, but in the end at least encouraged UNODC, the INCB, UNAIDS, UNDP and the WHO ‘to engage in dialogue in order to strengthen inter-agency cooperation for a more effective response to drug use and dependence, while respecting each organization’s role and mandate’.⁹³

The TOC Task Force

After a largely lost decade in terms of drug policy coherence, in June 2011, UN Secretary-General Ban Ki-moon established a ‘UN System Task Force on Transnational Organized Crime and Drug Trafficking’ (TOC Task Force) ‘aimed at fostering more meaningful

coordination within the system’ and strengthening the UN capacity to – in the words of UNODC Executive Director Yury Fedotov in his brief to the Security Council – respond to ‘increasing acts of violence, conflicts and terrorist activities fuelled by drug lords’ with a ‘serious impact on development and security’.⁹⁴ The initiative was initially driven by the UN Department on Political Affairs (DPA),⁹⁵ primarily concerned by the escalating drug-related violence in Mexico and the ‘Northern Triangle’ in Central America, and the corrupting impact of new drug trafficking routes via West Africa after interdiction operations had compromised the Caribbean route for cocaine transports to Europe.

The TOC Task Force, comprised of 14 UN entities and co-chaired by DPA and UNODC,⁹⁶ struggled with internal politics and inter-agency tensions from the start. Without a specific mandate, ‘many UN agencies were loath to infringe upon the UNODC “turf”’, which UNODC actively continued to protect.⁹⁷ Its focus on drug trafficking and organised crime, reflecting the shift of attention in Vienna, meant that entities such as UNAIDS and the WHO were originally not included. Some attempts were made to establish country-level task forces, for example in Afghanistan, Tajikistan, Brazil, Nigeria and Peru, but the inherent limitations in terms of mandate and composition, differences with regard to goals and approaches between the co-chairs and related inter-agency tensions hampered the delivery of any concrete results. Even UNODC regretted to say that it never rolled out the way it had been designed: ‘it was not a success and we need to make sure to not fall into the same trap again’.⁹⁸

To some extent, however, the dynamics of the TOC Task Force changed after the UN Secretary-General called on them to provide inputs into the UNGASS preparations. This resulted, just before the CND high-level mid-term review of the 2009 Political Declaration and Plan of Action in March 2014, in ‘Talking points intended to assist the UN system in internal coordination and messaging in relation to drug policy’.⁹⁹ The Talking points, only publicly released two years later as a contribution of the TOC Task Force to the UNGASS in 2016 (originally foreseen for 2019 but brought forward at the request of Mexico, Colombia and Guatemala), incorporated several reform-oriented messages, underscoring that ‘[h]uman rights must be respected as the problems related to illicit drugs are addressed’ and advocating for ‘a re-balancing of the international policy on drugs, to increase the focus on public health, prevention, treatment and care, economic, social and cultural measures’, ‘alternatives to criminalization of drug use and incarceration of people who use drugs’, and giving ‘access

to controlled medicines for medical purposes more attention, in line with human rights standards'.¹⁰⁰

Few missions in Vienna were even aware of the existence of the TOC Task Force and much less so of the UN Secretary-General's directive to broaden its mandate to become active in the UNGASS process and to submit working papers on how each of their mandates related to the drugs issue. However, this 'seemingly simple directive proved to be nothing short of a game changer as it stimulated the many progressive written submissions from the agencies to the UNGASS preparations'.¹⁰¹ In December 2014, moreover, the General Assembly provided all UN agencies with a clear mandate by deciding in its resolution 69/201 that the 2016 UNGASS 'shall have an inclusive preparatory process that includes extensive substantive consultations, allowing organs, entities and specialized agencies of the United Nations system, relevant international and regional organizations, civil society and other relevant stakeholders to fully contribute to the process'.¹⁰²

UNGASS 2016: The breakthrough

The UNGASS process thus provided, according to UNDP, 'an opportunity to widen the discussion to include UN organisations that approach issues of drugs and crime from health, sustainable development, human rights, and peace building perspectives, and ultimately, to promote system-wide coherence with respect to global drug control strategies'.¹⁰³ Apart from UNODC and the INCB, contributions were submitted by the WHO, the HRC, the OHCHR, the Special Rapporteur on the right to health, UNAIDS, DPA, the TOC Task Force, UN Women, UNDP, the World Food Programme (WFP), UNICRI, the UN Office for Disarmament Affairs, and the UN University (UNU).¹⁰⁴ Several representatives from those agencies also participated in the round tables at the 2016 UNGASS itself and continued to be actively involved in the post-UNGASS debates about implementing its outcomes.

While the many inputs and recommendations from UN agencies in their written and oral contributions to the UNGASS process may not have played a direct role in the intergovernmental consensus-driven negotiations on the UNGASS Outcome Document, they definitely contributed to a change of tone in the debate and to normalise the presence and voice of other UN system entities in the Vienna CND environment. On a number of issues, the 2016 UNGASS clearly represents an advance compared to previous key UN documents,¹⁰⁵ and several outcomes are directly relevant in the context of system-wide coherence.

WHO rehabilitation

Prior to the 2016 UNGASS, the agreed language in the 2009 Political Declaration and all the CND and General Assembly drugs resolutions referred to the CND and the INCB as the UN 'organs with prime responsibility for drug control matters'; to the 'leading role' of the INCB, 'as an independent treaty-based body, in monitoring the implementation of the international drug control conventions', and to UNODC as the 'leading entity in the United Nations system for countering the world drug problem'.¹⁰⁶ Since the 2016 UNGASS, the agreed language still refers to 'the principal role of the CND as the policymaking body of the UN with primary responsibility for drug control matters' and to UNODC as the 'leading entity'. But nowadays the treaty-mandated roles of the INCB and the WHO are mentioned together at the same level, a significant and hard-fought achievement of concerted efforts of civil society and primarily European countries. General Assembly and CND resolutions now also follow the 2016 UNGASS language calling on UNODC, the INCB, the WHO 'and other UN entities with pertinent technical and operational expertise, within their mandates, to continue to provide, upon request, advice and assistance to States that are reviewing and updating their drug policies'.¹⁰⁷

Access to controlled medicines

Great progress has been made in raising awareness of the issue of lack of access to controlled medicines. According to the WHO: 'Improving access is now an area of consensus following a highly contentious drug policy debate and a yearlong preparatory process'.¹⁰⁸ Indeed, in the UNGASS preparatory process, much attention was given by UN agencies as well as NGOs to the dramatic lack of access to controlled medicines in many parts of the world. 'The international drug control conventions place a dual obligation on governments: to prevent abuse, diversion, and trafficking, but also to ensure the availability of controlled substances for medical and scientific purposes', as Margaret Chan said in her opening remarks at the 2016 UNGASS.¹⁰⁹ The escalation of repressive drug control approaches and the side-lining of the WHO had shifted attention disproportionately to the latter side, neglecting the importance of access to medicines to the point where one can speak of a global epidemic of untreated pain, because '80% of the world's population lives in countries with zero or very little access to controlled medicines for relieving moderate to severe pain'.¹¹⁰ This neglect was also reflected in the thematic division into the three pillars of 'demand reduction', 'supply reduction' and 'international cooperation', fully focused on suppressing

Box 2 Joint inter-agency statements: Compulsory treatment centres and decriminalisation

Two broadly supported UN joint statements indicated that the process of more inter-agency communication and coordination was getting traction and can be seen as precursors for the CEB positioning, especially with regard to bringing in human rights arguments in policy responses to drug use and health-related harms. In 2012, 12 UN entities raised serious concern about human rights violations related to compulsory drug detention and rehabilitation centres, calling on countries ‘to close them without delay and to release the individuals detained’.¹¹¹ A joint statement on ending discrimination in healthcare settings issued in June 2017, again by 12 UN agencies (but this time excluding UNODC), similarly calls to respect the principles of autonomy in healthcare decision-making, guarantee free and informed consent, and ‘ban involuntary treatment and mandatory third-party authorization and notification requirements’.¹¹² It goes one step further by adding that punitive laws that have been proven to have negative health outcomes should be reviewed and repealed, including laws that ‘criminalize or otherwise prohibit [...] drug use or possession of drugs for personal use’.¹¹³

The latter explains why UNODC, which was among the group of UN entities signing the 2012 statement against compulsory treatment, is the only agency missing from the list endorsing the 2017 joint statement. UNODC did co-publish in 2014 a policy brief with the WHO, UN Women and the International Network of People who Use Drugs, stating that the ‘criminalization of drug use heavily influences the accessibility of harm reduction services’ and recommending that ‘[e]ffective and humane approaches should be considered, including diversionary measures, sentencing substitutes and decriminalization of drug use’.¹¹⁴ Controversy, however, erupted when UNODC’s HIV/AIDS Unit prepared a briefing paper to clarify the UNODC position on decriminalisation, saying that ‘decriminalising drug use and possession for personal

consumption is consistent with international drug control conventions and may be required to meet obligations under international human rights law’.¹¹⁵ According to the paper, ‘Treating drug use for non-medical purposes and possession for personal consumption as criminal offences has contributed to public health problems and induced negative consequences for safety, security, and human rights’. It argues that ‘imposing criminal sanctions for drug use and possession for personal consumption is neither necessary nor proportionate’ and that ‘Member States should consider the implementation of measures to promote the right to health and to reduce prison-overcrowding, including by decriminalising drug use and possession for personal consumption’.¹¹⁶

The two-page document, ready to be presented at the 2015 International Harm Reduction Conference, was withheld at the last moment and has never been publicly released. In response to media articles suggesting this was due to political pressure, UNODC stated that it was neither a final nor a formal document and ‘cannot be read as a statement of UNODC policy’.¹¹⁷ Only after the adoption of the Common Position did UNODC speak out more strongly in support of decriminalisation. At a CND side event in October 2019, Angela Me, chief of UNODC’s Research and Trend Analysis Branch, said: ‘As the UN, we promote alternatives to conviction and punishment in appropriate cases, including the decriminalisation of drug possession for personal use and promote the principle of proportionality, address prison overcrowding and over-incarceration for people accused of drug crimes. [...] We need to say together as the UN that we clearly stand behind the decriminalisation of drug possession for personal use. [...] It is a commitment of the UN to support Member states to promote this alternative. Clearly, we call for changes in law, policies and practices that threaten the health and human rights of people’.¹¹⁸

the illicit market, and the 2009 Political Declaration and Action Plan barely mentioned the issue of access to controlled medicines.¹¹⁹ In sharp contrast, for the UNGASS Outcome Document, a seven pillars structure was chosen in which ‘access to controlled medicines’ became a pillar of its own, separated from ‘demand reduction’.

Human rights compliance & the ‘cornerstone’

A separate pillar in the UNGASS Outcome Document is devoted to the ‘cross-cutting issues’ of ‘drugs and human rights, youth, children, women and communities’, expressing ‘the commitment to respecting, protecting and promoting all human rights, fundamental

freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies'. The Outcome Document refers to the need to strengthen cooperation between UN-ODC and other UN entities 'in their efforts to support Member States in the implementation of international drug control treaties in accordance with applicable human rights obligations'.¹²⁰ It had been a long-standing practice in UN drug control resolutions to include a general reference to implement drug control efforts in full conformity with the principles of the UN Charter and the Universal Declaration of Human Rights, caveated by the additional requirement to fully respect the sovereignty and the principle of non-intervention in the internal affairs of states or using the phrase 'in accordance with their national legislation'. Traditionally, only the three UN drug control conventions were mentioned as the 'cornerstone' of international drug control, thereby granting those instruments of international law a certain preferential status over human rights obligations. The UNGASS Outcome Document not only contains stronger human rights language, but also introduced an important long-negotiated nuance saying that the drug control treaties 'and other relevant instruments constitute the cornerstone of the international drug control system'.¹²¹

Drugs, development & the SDGs

The UNGASS Outcome Document was the first UN drug policy declaration to address the developmental aspects of the drugs issue in a section of its own, separated from eradication and law enforcement. It refers to 'ensuring the empowerment, ownership and responsibility of affected local communities, including farmers and their cooperatives', and also mentions cooperation with UNODC, UNDP, the FAO, the International Labour Organization (ILO) and other relevant organisations 'with a view to contributing to the building of peaceful, inclusive and just societies, consistent with the Sustainable Development Goals'.¹²² UN Under-Secretary-General for Political Affairs Jeffrey Feltman underscored the importance of the link with the 2030 Agenda in his UNGASS speech: 'This landmark, universal agreement calls on us all to take a holistic and comprehensive approach to the most pressing problems facing humanity'.¹²³ The Outcome Document encourages the CND to contribute to the global follow-up and progress review of the SDGs, noting that 'efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing'.¹²⁴ However, 'Breaking out of our usual ways of working to tackle problems in a more integrated way', warned Feltman, 'is no easy task for anybody', expressing his concern that shortly after the adoption of the SDG framework,

'we seem to be perpetuating a siloed approach with one of our first test cases: the world drug problem'.¹²⁵

The 'Vienna vs. New York' controversy

The 2009 Political Declaration, the 2014 mid-term review Joint Ministerial Statement and the 2016 UNGASS Outcome Document were all negotiated at the CND in Vienna and only presented to the General Assembly to be rubber-stamped without any further discussion. The shortcomings with regard to the legitimacy, inclusivity and transparency of the process led to frustrations, especially in the lead-up to April 2016 when most of the final negotiations took place in so-called 'informals' behind closed doors between a relatively small number of countries.¹²⁶ According to Jamaica, speaking at the General Assembly on behalf of CARICOM, 'the process of drafting the outcome document had not adequately facilitated the effective participation of small delegations, in particular CARICOM member States that did not have permanent representation in Vienna'.¹²⁷

Proposals from Latin American and Caribbean countries arguing for a more active role in the process for the President of the General Assembly and the UN Secretary-General met with strong opposition, including from the European Union, and this became one of the big controversies in the negotiations. It resulted in an unhelpful and confused trench fight over 'Vienna vs. New York', misinterpreting the proposals for more active New York (General Assembly/Secretary-General) involvement as undermining the agreed primary role of Vienna (CND/UNODC). The leading mandate, however, was meant to focus on coordination, and never intended to evolve into the monopoly the Vienna institutions had self-appropriated. Coordination and inter-agency collaboration were dramatically failing, and, for the sake of more system-wide coherence, the Vienna silo had to be cracked open.

'We welcome continued efforts to enhance coherence within the United Nations system at all levels', was the compromise finally reached in the UNGASS Outcome Document, reaffirming the need to strengthen cooperation between UNODC and other UN entities, 'within their respective mandates, in their efforts to support Member States in the implementation of international drug control treaties in accordance with applicable human rights obligations'.¹²⁸ Therefore, although specific references to the role of the UN Secretary-General, the General Assembly or the HRC were left out, the final text did include a strong general appeal to improve coherence and inter-agency collaboration. Plus, as described above, content-wise the

UNGASS outcomes did have a stronger health, human rights and development focus, and referred explicitly to the broader global SDG framework, and more UN agencies had already been drawn into the UNGASS process, slipping through the opening cracks in the Vienna monopoly.

The 'Geneva' mandates

Health

Responding to the call from the General Assembly for all UN entities to become involved, the WHO secretariat prepared a report for the Executive Board outlining key elements for the WHO contribution.¹²⁹ The report acknowledges that 'global drug policies are moving towards a more balanced and comprehensive approach that highlights public health and development outcomes'.¹³⁰ Given the evidence that harm reduction approaches improve broader health outcomes and benefit the entire community through reduced crime and public disorder, 'in addition to the benefits that accrue from the inclusion into mainstream life of previously marginalized members of society', such interventions need to be a strengthened component of a comprehensive response.¹³¹ The report underscores the need to ensure adequate availability of controlled substances for medical purposes and argues for drug control measures 'which are grounded in the fundamental public health precepts of equity and social justice, human rights, emphasis on countries and populations in greatest need, due consideration to the economic, social and environmental determinants of health, science and evidence-based interventions, and people-centred approaches'.¹³² WHO Director-General Margaret Chan conveyed those messages when speaking at the opening plenary of the 2016 UNGASS; since then, WHO representatives have also been allowed back onto the podium during CND sessions.¹³³

Moreover, in February 2017 a formal Memorandum of Understanding (MoU) was signed between the WHO as 'the directing and coordinating authority on international health work, and responsible for providing leadership on global health matters' and UNODC as 'the leading entity in the United Nations system for addressing and countering the world drug problem'.¹³⁴ In the MoU they agreed to strengthen their collaboration in pursuit of the 2030 Agenda and expressed their full commitment 'to UN reform aimed at enhanced efficiency, effectiveness and coherence and to delivering better together at the global, regional and national level, including through the Delivering as One approach, in support of the SDGs'.¹³⁵

In 2016, UNAIDS published a landmark report on HIV and drugs, 'Do no harm: Health, human rights and people who use drugs', showing how the world was failing to protect the health and human rights of people who use drugs, and providing 'a road map for countries to reduce the harms that are associated with drug use, and to turn around their drug-related HIV epidemics'. 'Decriminalization of drug use and possession for personal use reduces the stigma and discrimination that hampers access to health care, harm reduction and legal services', UNAIDS continued, concluding that: 'People who use drugs need support, not incarceration. [...] The time is overdue to revisit and refocus the global approach to drug policy, putting public health and human rights at the centre'.¹³⁶

Human rights

Compared with the nowadays broadly accepted WHO mandate and presence, human rights bodies and arguments have encountered more difficulties entering the Vienna arena, and specific mentions of the HRC, the OHCHR or human rights mechanisms have consistently met with strong opposition. In April 2015, the HRC passed its first ever resolution on drugs and human rights, calling for the OHCHR to submit a report as part of the UNGASS preparations. The resolution, adopted by consensus, recalls that the HRC has the mandate 'to serve as a forum for dialogue on thematic issues on all human rights, and to promote the effective coordination and mainstreaming of human rights within the United Nations system'.¹³⁷ It then refers to several General Assembly and CND resolutions that had called for active involvement of all UN entities in the UNGASS process and to the earlier mentioned Uruguayan 2008 CND resolution on human rights. The OHCHR contribution to the 2016 UNGASS highlighted issues such as: removing obstacles to the right to health, including by decriminalising the personal use and possession of drugs; the prohibition of arbitrary arrest and detention, torture and other forms of ill-treatment; the right to a fair trial and proportionality of sentences; alternatives to the prosecution and imprisonment of persons for minor, non-violent drug-related offences; abolishment of the death penalty for drug offences; prompt, independent and effective investigations to bring the alleged perpetrators of extrajudicial killings to justice; and the right of indigenous peoples to follow their traditional, cultural and religious practices, including where drug use is part of these practices.¹³⁸

According to a joint letter from several Special Rapporteurs about the 2016 UNGASS outcomes: 'As human rights experts of the United Nations system, we are encouraged by the presence of human rights

language and standards throughout the current outcome document, which is an important acknowledgment that human rights is central to international drug control'.¹³⁹ 'However, in our opinion, the text fails to sufficiently articulate the binding nature of human rights obligations in the context of international drug control [...]. Throughout our respective mandates, we have examined the human rights impact of international drug control and remain deeply concerned that existing policy approaches contribute to an environment of increased human rights risk, and in many cases, can fuel widespread and systemic abuses'.¹⁴⁰ At the UNGASS, the UN High Commissioner for Human Rights, Zeid Ra'ad Al Hussein, expressed his 'suppressed excitement' but also his 'intense frustration' about the outcomes. One example he gave was that the language regarding indigenous rights was 'ambiguous' and that 'it would have been better if it would be clearly indicated that indigenous peoples should be allowed to use drugs in their traditional or religious practices where there is historical basis for this'.¹⁴¹

Despite such shortcomings, the UNGASS outcomes brought the human rights issue to the core of the global drug policy debate, to the extent that it triggered a push-back from a group of countries. A follow-up HRC resolution in 2018, which could only be adopted by vote after encountering strong opposition (see Figure 1), mandated the OHCHR to elaborate another report for the 2019 review, confirming that 'human rights are an indispensable part of the international legal framework for the design and implementation of drug policies'.¹⁴² International and regional human rights mechanisms, including human rights treaty bodies and special procedures of the HRC, have started to consistently address human rights issues related to drug control efforts, and the OHCHR submission to the 2019 review underscored that Member States, the CND and the INCB 'should consider the findings, views and recommendations of these human rights mechanisms, and should encourage and assist States in the implementation of the recommendations'.¹⁴³

It is important to note in this regard the impact of the increasing pressure from human rights bodies and civil society on the position of the INCB, which markedly changed during the presidency of Werner Sipp (May 2015 to May 2017). While in 2012 the Board still maintained that interpreting the drug conventions in the context of human rights obligations fell outside its mandate and therefore refused to express a position on the death penalty for drug offences,¹⁴⁴ the Annual Reports for 2016 and 2017 gave 'notable and welcome prominence to the intersection between drug control and human rights'.¹⁴⁵ The wave of extrajudicial

killings of suspected drug offenders in the Philippines, kicking off just two months after the 2016 UNGASS, became a first test case for the strong human rights commitment agreed in the Outcome Document. More than 300 NGOs sent an open letter to the INCB and UNODC, calling on them to publicly condemn these atrocities, because 'silence is unacceptable'.¹⁴⁶ In response to the letter – which was picked up by prominent media outlets – the INCB¹⁴⁷ and UNODC¹⁴⁸ both issued unprecedented strong statements condemning the killings.

Subsequently, the INCB also addressed the issue in its Annual Report, a clear break from its previously sustained reluctance to engage with human rights issues.¹⁴⁹ And on the occasion of Human Rights Day on 11 December 2017, the Board released a press statement calling for 'a human rights-based approach to drug control' and inviting governments 'to take stock of progress fulfilling their human rights obligations while implementing international drug control treaties, effectively identify and address the existing challenges and cooperate effectively in this regard with other member states, the Board, the World Health Organization (WHO) and other relevant United Nations entities'.¹⁵⁰

In a Special Topics section of its Annual report for 2017 devoted to drug control and human rights, the Board continued to 'emphasize that for drug control action to be successful and sustainable, it must be consistent with international human rights standards', referring to the right to the highest attainable standard of health, including in prison settings; access to controlled medicines; the rights of drug offenders within the criminal justice system; and proportionality of sentencing.¹⁵¹ 'Extrajudicial responses to drug-related criminality are in clear violation of the international drug control conventions', concluded the INCB, and although the 'determination of sanctions is a prerogative of States', the Board 'continues to encourage all States that retain the death penalty for drug-related offences to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences'.¹⁵²

The 'New York' mandates

The CEB and its HLCP is mandated to foster policy coherence and programme coordination; serve as a forum for inter-agency dialogue; develop common strategies, policies, methodologies and tools to address emerging issues or challenges facing the UN system; and support integrated and coordinated preparation of and follow-up to major United Nations conferences and summits.¹⁵³ The HLCP facilitated the emergence of several inter-agency coordination mechanisms

Figure 1. Results of the vote on Human Rights Council Resolution A/HRC/RES/37/42

L.41 as orally revised and amended - Contribution to the implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights					
ABST	AFGHANISTAN	YES	GERMANY	YES	RWANDA
YES	ANGOLA	YES	HUNGARY	NO	SAUDI ARABIA
YES	AUSTRALIA	NO	IRAQ	ABST	SENEGAL
YES	BELGIUM	YES	JAPAN	YES	SLOVAKIA
YES	BRAZIL	ABST	KENYA	YES	SLOVENIA
NO	BURUNDI	YES	KYRGYZSTAN	ABST	SOUTH AFRICA
YES	CHILE	YES	MEXICO	YES	SPAIN
NO	CHINA	YES	MONGOLIA	YES	SWITZERLAND
ABST	COTE D'IVOIRE	YES	NEPAL	ABST	TOGO
YES	CROATIA	ABST	NIGERIA	ABST	TUNISIA
NO	CUBA	NO	PAKISTAN	YES	UKRAINE
ABST	DEMOCRATIC REPUBLIC OF CONGO	YES	PANAMA	NO	UNITED ARAB EMIRATES
YES	ECUADOR	YES	PERU	YES	UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
NO	EGYPT	NO	PHILIPPINES	YES	UNITED STATES OF AMERICA
ABST	ETHIOPIA	ABST	QATAR	NO	VENEZUELA (BOLIVARIAN REPUBLIC OF)
YES	GEORGIA	YES	REPUBLIC OF KOREA		
	YES	26	ABST	11	NO
					10

Credit: Human Rights Council

that evolved organically out of a history and practice of closer collaboration among UN agencies around a number of cross-cutting issues: UN-Water, UN-Energy and UN-Oceans. At the 2016 HLCP meeting, the chair ‘underscored that the particular value added of the Committee, as the “thought leader” of the United Nations system, was to promote and champion coordination and coherence in policy and programmes by drawing on the analytical prowess and intellectual honesty of its members’.¹⁵⁴

The 2030 Agenda for Sustainable Development ‘called for greater strategic thinking, creativity and innovation, as well as the ability to effectively collaborate as partners’ and required UN system entities ‘to rise above the “siloed” structures that had tended to serve as organizing principles for the international community and its composite parts for decades’.¹⁵⁵ ‘Honest reflection and frank dialogue were needed for the United Nations system to arrive at a common and shared understanding of the nature and trajectory

of that change’, and the HLCP ‘with its capacity to “think across” global issues, was uniquely positioned to rise to that challenge and contribute to greater integration of development, human rights, humanitarian and peace and security concerns’.¹⁵⁶

The creation of the ‘Vienna monopoly’ and the ‘Vienna vs. New York’ controversy – amidst global urgencies such as the financial crisis, wars in the Middle East, terrorism, migration and climate change – explain why it took so long for the drugs issue to appear on the CEB agenda. The UNGASS process and outcomes, however, had shifted the terms of the debate and – in the words of the Costa Rican representative at the General Assembly – ‘represented the beginning of a vital shift away from repressive policies and the war-on-drugs approach’.¹⁵⁷

Mexico, together with Colombia – a driving force behind the 2016 UNGASS – used its role as penholder of the annual drugs ‘omnibus resolution’ of the General Assembly Third Committee, to reinforce the mandate of the General Assembly and the UN Secretary-General to stay involved in the post-UNGASS process. ‘While the resolution had remained broadly similar for decades, it had been necessary to completely revise and update the text to enable Governments to take a more modern approach to the problem’, concluded the Mexican representative in November 2016, arguing that the ‘agreements reached at the special session in the seven thematic areas represented a road map for the implementation of international drug policy’, particularly welcoming the emphasis on health and human rights.¹⁵⁸ The proposed revisions called for coordination between all UN agencies and greater cooperation between the CND, ECOSOC and the General Assembly ‘in a way that maximized the opportunities for all Member States to participate’. The first draft, introduced in the General Assembly Third Committee by Mexico, Colombia and Costa Rica in 2016, included ten new paragraphs including one that specifically ‘Requests the Secretary-General to take action to further strengthen the cooperation between all the relevant entities of the United Nations system in addressing and countering the world drug problem, including the entities with primary responsibility in drug control matters, as well as the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme, UN-Women, the Food and Agriculture Organization of the United Nations, the United Nations Educational, Scientific and Cultural Organization, the United Nations Interregional Crime and Justice Research Institute and other relevant entities, as part of a comprehensive, integrated and balanced approach’.¹⁵⁹

As expected, the new omnibus paragraphs were met with strong opposition from some countries defending the status quo. Russia ‘was categorically opposed to any initiatives aimed at revising the existing international system of drug control’ and supported the central coordinating role of the CND as the main policy making body in that area. Regarding the upcoming 2019 review, Russia ‘was firmly opposed to the creation of expert groups or other consultative bodies which would duplicate the work of the Commission’, stating that the ‘powers of the Commission must not be redistributed to other United Nations bodies and agencies’.¹⁶⁰ Similarly, Iran said that UNODC and the CND should continue to play a leading role, and ‘the General Assembly should concentrate on providing specialized agencies and technical bodies with policy guidance and refrain from micromanaging them’.¹⁶¹ China, in the continuing discussion a year later, expressed support for the leading role of the CND, UNODC and the INCB, and ‘objected to any attempt to weaken their status’.¹⁶²

The final version of the General Assembly omnibus resolution, adopted in December 2016, ‘Encourages all relevant United Nations bodies and specialized agencies to identify operational recommendations in the outcome document of the thirtieth special session of the General Assembly that fall within their area of specialization and to commence implementing the recommendations made in the outcome document that are within their existing mandates’, in collaboration with UNODC and the INCB while keeping the CND informed of progress made.¹⁶³ Crucially, it also requested UNODC and the UN Secretary-General to report to the General Assembly on collaboration and coordination across the UN system in the global efforts to implement the UNGASS recommendations.

The combination of the CEB mandate regarding follow-up to major UN conferences; the references in the UNGASS Outcome Document to the SDG framework, coherence within the UN system and inter-agency cooperation; and the 2016 General Assembly omnibus request for all UN entities to remain involved and for the UN Secretary-General to report on progress; gave the incoming Secretary-General a mandate strong enough to undertake a new initiative to enhance system-wide coherence on drug policy in implementing the 2016 UNGASS outcomes and in preparing for the 2019 review of the 2009 Political Declaration.

One of the first actions that UN Secretary-General António Guterres (Portugal) undertook when he took office in January 2017 was to establish an Executive

Committee, with a limited ‘composition that reflects an integrated approach of all pillars of the United Nations’ and ‘where all inter-departmental issues will be discussed’ on a weekly basis.¹⁶⁴ At a meeting of his new Executive Committee in April 2017, the Secretary-General tasked UNODC with working with the OHCHR, UNAIDS, UNICEF, UNDP, UN-Women, the WHO, DPO, DESA, DPA and the Secretary-General Executive Office on developing actions to assist Member States with the implementation of the 2016 UNGASS Outcome Document, in close coordination with the CND, thereby promoting efforts to achieve the SDGs ‘as well as strategies to strengthen human rights-based and health-based approaches, and elaborating a comprehensive organization-wide strategy across the three founding pillars of the United Nations system — development, human rights, and peace and security’ in support of the preparations for the 2019 review.¹⁶⁵

The UN Secretary-General informed the General Assembly about this decision in his annual report, which previously contained sections on actions taken by the CND and its subsidiary bodies, but since 2017 – pursuant to General Assembly resolution 71/211 – includes a special chapter on ‘Collaboration and coordination across the United Nations system’. In his opening statement to the CND in March 2018, UNODC Executive Director Yury Fedotov noted that ‘Collaboration with UN agencies continues to be high on our list of priorities’, ‘In 2017, the Secretary General tasked UNODC to lead a system-wide coordination effort relating to drug issues. [...] UNODC is looking forward to continuing this role in 2018 by leading comprehensive UN system-wide strategic work in support of the preparations for the 2019 process’.¹⁶⁶ The initiative of the UN Secretary-General was welcomed in a letter sent to him by Switzerland and Colombia on behalf of 20 countries in March 2018. The letter reinforced the need for further efforts to consolidate the progress of the UNGASS Outcome Document and align UN drug policy with the three pillars of the UN – development, human rights, and peace and security. The group explicitly called on the Secretary-General to lead on these efforts:

‘We are convinced that a special initiative coming from your office tied to the 2019 process would be greatly beneficial to ensuring that the next decade will deliver what UNGASS has called for: to strengthen cooperation among UN entities to promote protection of and respect for human rights and the dignity of all individuals in the context of drug programmes, strategies and policies’.¹⁶⁷

The Common Position and the 2019 review

In spite of the advances of the 2016 UNGASS, the clear mandate and more active engagement of UN entities, as well as the commitment of UN Secretary-General Guterres, negotiating the Common Position has by no means been an easy process. The overall status quo defending stance of UNODC playing the lead coordinating role and its resistance to further eroding the weakened Vienna monopoly in the midst of an increasingly tense political atmosphere in the CND, led to difficult discussions in the drafting process and during the HLCP and CEB meetings. An initial draft discussion paper prepared by UNODC was circulated to other agencies for comments in July 2018, and after two rounds of consultations a consolidated paper was discussed at the HLCP/CEB meeting in Rome in October. The paper described the key issues at stake in the lead-up to the 2019 review: the growing polarisation between defending the more health, human rights and development focus of the 2016 UNGASS outcomes versus reaffirming the elimination goals and targets of the 2009 Political Declaration; the controversy about cannabis policy trends moving towards legal regulation; and the worsening situation in some countries with regard to gross drug-related human rights violations, including extrajudicial killings.

Two ‘schools of thought’ were mentioned regarding the role the UN could play in this context: maintaining a neutral position without upsetting the fine balanced ‘acquis’ negotiated between member states; or advocating for new approaches that do not enjoy consensus among member states, including going beyond the existing treaty system and the Vienna-based institutional structure. At the October HCLP meeting, UNODC ‘underscored the complexity of the issue in the highly politicized and polarized policy environments’ noting that ‘despite divergent views on specific aspects of the framework, Member States remained focused on the implementation of agreed commitments within existing institutions’.¹⁶⁸ The HCLP agreed to proceed in line with the more cautious first option, reaffirming as an overarching perspective the UN system’s ‘commitment to supporting the norms and policies agreed by Member States, including the outcome of the special session, as well as the 2030 Agenda and international human rights standards’.¹⁶⁹ The Committee, to that end, ‘underscored the importance of ensuring collaboration and coordination across the system in promoting comprehensive, balanced, integrated, evidence- and rights-based and development-oriented responses to the world drug problem’ and strongly recommended that before presenting it to the CEB meeting the next month, ‘the draft be revised to ensure that the

paper accurately reflected the United Nations system's shared commitment'.¹⁷⁰ Members stressed in particular that 'issues related to human rights, public health, harm reduction, alternative development and social justice [...] needed to be articulated better and reflected more clearly. The Committee also underscored the need to ensure more balanced tone and coverage in outlining those issues and varying perspectives'.¹⁷¹

The revised discussion paper and the draft Common Position at the table of the November 2018 CEB meeting supported a 'comprehensive implementation of agreed norms and commitments, including the drug control conventions and the outcome of the special session of the General Assembly on the world drug problem, anchored by the 2030 Agenda'.¹⁷² Providing an overview of the current intergovernmental situation in the lead up to the 2019 Ministerial Segment, UNODC Executive Director Yury Fedotov told the meeting 'that preparations were well under way and that Member States were expected to reaffirm their overall commitment to the existing drug control norms and framework'.

In that context, the CEB unanimously supported the Common Position, underscoring 'the importance of a human-centred and rights-based approach firmly anchored by the 2030 Agenda', 'the commitment to harnessing inter-agency synergies' and 'the need for concrete actions to implement the common position and to operationalize its shared principles at all levels'.¹⁷³ In closing, the UN Secretary-General underscored that the UN system 'had a critical role to play as knowledge broker to help Member States in better assessing the risks and benefits of various approaches to drug problems and in pursuing science-based and evidence-based policy decisions for the effective implementation of comprehensive and integrated measures'.¹⁷⁴

As a next step, the CEB decided to establish an inter-agency task team of interested UN entities 'to identify actions to translate the common position into practice and in particular ensure cooperation and coordination in research, data collection and analysis across the system in order to best support Member States in making informed and evidence-based policy decisions in tackling drug-related challenges'.¹⁷⁵ According to the OHCHR, there is 'a growing realization that traditional indicators regarding arrests, seizures and criminal justice responses are inadequate to show the real impact of drug policies on communities. The success of drug control strategies should increasingly be measured through an assessment of the impact of drug control efforts on the enjoyment of human rights and other critical aspects such as security, welfare, health and social-economic development'.¹⁷⁶

In March 2019, the 'UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters' delivered a first major paper about lessons learned by the UN system over the last ten years.¹⁷⁷ Submitted as a contribution to the 10-year review of the 2009 Political Declaration, it provides a very useful and unique overview of drug policy positions taken over the past decade by the different UN entities (see Box 3). UN Secretary-General Guterres mentioned the Task Team and its report in his video message opening the Ministerial Segment in March 2019, demonstrating the importance he attributes to its role.¹⁷⁸

The Common Position vs. the broken consensus

The intensified involvement of other parts of the UN family in the drugs issue, the outcomes of the 2016 UNGASS and the subsequent CEB process, seem to have contributed to a gradual convergence of views among the various UN entities as expressed in the Common Position. At the same time, however, among Member States 'the tensions underlying the supposed "Vienna consensus" appear to be erupting into an ever more strident and intolerant discourse of polarisation'.¹⁷⁹ At the CND, a group of countries led by Russia has tried to push back against recent developments perceived to be a threat to the status quo. Russia, taking over the role previously played by the USA as the principal promotor of a 'war on drugs' approach, has actively been building a coalition in defence of the current drug control treaty system, zero-tolerance repressive policy approaches and its vision of a drug-free world, using its diplomatic influence in Asia, Africa and the BRICS group (Brazil, Russia, India, China and South Africa).

A month after the UNGASS, in May 2016, Russia blocked a decision item at the WHA in Geneva which requested the WHO to draft a health sector strategy on drugs, triggering an unprecedented aggressive and rare non-diplomatic atmosphere in the meeting.¹⁸⁰ Russia also led the charge at the HRC in March 2018, to try to block the renewal of a mandate for the OHCHR to contribute to the 2019 review, arguing that 'the main steering body of the UN in matters of international drug control is the CND, its secretariat and UNODC. Any attempts to discuss the drugs threat outside of these relevant UN bodies, including the HRC, are counterproductive and could lead to overlapping of efforts. We believe it is unacceptable to enshrine alternative approaches for international drug control through the human rights context'.¹⁸¹ Egypt reminded members of the HRC that the OHCHR's first report in

Box 3 Selected quotes from the UN system coordination Task Team report 'What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters'¹⁸²

Selected quotes on human rights

- 'Excessive use of force is more likely to occur when military or special security forces are involved in drug operations. Such approaches have disproportionately affected vulnerable groups and have repeatedly resulted in serious human rights violations' (p. 28)
- 'States that have not abolished the death penalty may impose it only for the "most serious crimes", which has been consistently interpreted by UN human rights treaty bodies as those involving "intentional killing". As such, drug offences must never serve as the basis for the imposition of the death penalty' (p. 31)

Selected quotes on health

- 'Ensuring access to essential drugs is an essential element of the right to health' (p. 9)
- 'Under the right to health and the right to life, individuals, including children, have a right to services to reduce the harm of non-medical use of drugs that are accessible, available, acceptable and of good quality' (p. 10)
- 'Heroin-assisted treatment has been found effective in improving their social and health situation. It has also been shown to be cost-effective, as it reduces costs of arrests, trials, incarceration and health interventions' (p. 14)
- 'Treatment should not be forced or against the will and autonomy of the patient and the consent of the patient should be obtained before any treatment intervention' (p. 14)
- 'People deprived of their liberty (whether in criminal or administrative detention) have a right to access health care services, including drug dependence treatment, and services to reduce the harm of drug use equivalent to those outside prison' (p. 20)

Selected quotes on decriminalisation

- 'Drug use or drug dependence alone is not sufficient grounds for detention' (p. 15)
- 'Enabling interventions includes reviewing laws and legislation that criminalize behaviours such as drug use and possession for personal use, reducing stigma and discrimination, including in the health sector, and addressing violence, as

well as supporting the empowerment of people who use drugs' (p. 17)

- 'Criminalization of drug use and possession for personal use for purposes other than medical and scientific may lead to an increased risk of illness among people who use drugs and a negative effect on HIV prevention and treatment. It can increase stigma and discrimination, police harassment and arbitrary arrests' (p. 25)
- 'A major obstacle to accessibility of treatment is the criminalization of personal use and possession of drugs for other than medical and scientific purposes, and recommended that consideration be given to removing obstacles to the right to health, including by refraining from imposing criminal penalties for the personal use and possession of drugs, within the flexibility allowed by the international drug control conventions' (p. 41)
- 'Twelve UN agencies have jointly recommended reviewing and repealing laws criminalizing drug use and the possession of drugs for personal use' (p. 42)

Selected quotes on proportionality of sentencing and the right to a fair trial

- 'The excessive use of imprisonment for drug-related offences of a minor nature is indeed ineffective in reducing recidivism, as well as having a disproportionate effect on the health and well-being of those arrested for minor offences. It also overburdens criminal justice systems, preventing them from efficiently coping with more serious crime' (p. 28)
- 'A particular group that would benefit from [alternatives to imprisonment] are the large number of women offenders worldwide who are imprisoned for minor drug-related offences, often as a result of manipulation, coercion and poverty' (p. 29)
- 'Pretrial detention can be used only as a last resort "for the shortest time possible, and only for the most serious offences"' (p. 40-41)
- 'The use of legal presumptions in some countries, whereby persons found with amounts of drugs above specified thresholds, or in possession of keys to a building or vehicle where drugs have been found, are presumed to be guilty of

drug trafficking, has been condemned as reversing the burden of proof in criminal proceedings, and may amount to a violation of the right to a fair trial' (p. 41)

Selected quotes on development

- 'If not based on human rights standards and a solid evidence base, drug policies can have a counterproductive effect on development. Abusive, repressive and disproportionate drug control policies and laws are counterproductive, while also violating human rights, undercutting public health and wasting vital public resources' (pp. 5-6)
- 'Sequencing alternative development interventions is crucial to ensure that structural transformation and alternative livelihoods are functioning and providing adequate living and working conditions before eradication of illicit crops starts' (p. 35)
- 'With regard to the eradication of illicit crops, international human rights mechanisms have emphasized that it should not negatively affect the environment or the health and welfare of farmers, their families or other stakeholders. International human rights mechanisms objected to aerial spraying for crop eradication because of the

harm it can cause to farmers and their children, as well as to environment' (p. 42)

- 'By working together through the Task Team (the "UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters"), the UN system can provide the kind of multidisciplinary support to Member States that can deliver more effective, evidence-based and humane drug control policies that help rather than hinder a country's efforts to achieve its Sustainable Development Goals and to "leave no one behind"' (p. 43)

Selected quotes on drug law enforcement

- 'Policing that targets the most violent drug traffickers can reduce violence by creating a powerful deterrent to violent behaviour. Targeted law enforcement can also entail strategies that do not focus on arresting low-level players in the drug trafficking chain and thus tend not to add to mass incarceration problems, which would have little positive (or perhaps even a negative) impact on violence' (p. 27)
- 'The assumption that tougher law enforcement results in higher drug prices and therefore lowers the availability of drugs in the market is not supported by the empirical evidence' (p. 27)

2015 'recommended that micro-distributors should be protected, that indigenous peoples have the right to use drugs, and that we should have harm reduction programmes. That is exactly what happens if you look at the world drug problem from a very narrow dimension'.¹⁸³ The resolution was eventually adopted by a vote (see Figure 1 above).

A month later in April 2018, following the letter sent by Switzerland and Colombia, Russia sent a letter to the UN Secretary-General on behalf of 22 countries about the preparations for the 2019 review, expressing their concern that 'ideas of setting up new platforms, including ad-hoc expert groups or additional cross UN coordination mechanisms related to drug policy that might act in parallel with the Commission would be counterproductive, result in the duplication of efforts, incur additional costs and undermine the integrity of the CND-led process'.¹⁸⁴

Canada's decision in October 2018 to legally regulate its domestic cannabis market triggered Russia's opposition in a way that has brought diplomatic tensions in Vienna to a near boiling point. Similar to the outburst in Geneva, protocols of multilateral discourse in Vienna disappeared when the Russian representative

openly accused Canada at the CND of 'opening Pandora's box' and 'destroying the conventions from inside'. Even the legitimacy of Canada's CND membership was questioned with the argument that 'only states that honestly perform the regulations of the UN conventions have the moral right to take part in the CND's operation'.¹⁸⁵ Several other tense episodes have occurred since, including around a draft CND resolution proposed by Russia in March 2019 on supporting the treaty-mandated role of the INCB, which included a thinly veiled reference to the Single Convention's sanction mechanism under Article 14, which may be invoked by the INCB in situations where states parties are seen to fail in a serious way to adhere to their treaty obligations, ultimately permitting the Board to recommend an embargo on the trade in drugs for medical purposes against them.¹⁸⁶

It is not clear at all how to resolve the deepening divide caused by the reality that more countries are choosing a different path in dealing with cannabis, a growing trend that is indeed challenging the very foundations of the UN drug control system. 'Unless we face this issue squarely', as UNODC warned a decade ago, 'and rebuild an international consensus on how to tackle cannabis multilaterally, we risk

ruining the whole system'.¹⁸⁷ The first point on the USA's 'non-paper' for the 2016 UNGASS tabled in June 2015 was that, 'As a starting point, it is essential that Member States use the UNGASS to reaffirm support for the three UN drug-control conventions', and any honest reflection about the structural shortcomings and the colonial legacy still embedded in the treaties has been blocked till today.

This was a no-go area for the CEB, repeating in its Common Position the problematic language from the UNGASS that 'the conventions allow for sufficient flexibility for countries to design and implement national drug policies according to their priorities and needs', a statement belied not only by the cannabis legal regulation trend, but also conflicting with indigenous, cultural and religious rights, since traditional and ceremonial uses of psychoactive plants are strictly prohibited under the 1961 Single Convention. The CEB process was to a certain extent restrained by the limitations of the parameters set by Member States. Especially in the current polarised environment of the global drug policy debate, it remains highly sensitive for the UN secretariat and agencies to deviate too far from the fragile political consensus negotiated between Member States. On the other hand, tensions are on the rise and contradictions are becoming more and more apparent between certain drug control practices and the overarching aims of health promotion, social justice, sustainable development, human rights protection, and peacebuilding. And some of those contradictions are rooted in incompatible objectives and obligations between the UN drug control system and the UN human rights regime.

From the very start, Member States recognised the risk that discrepancies within the UN system might appear, which was precisely the reason why, in 1946, ECOSOC mandated the UN Secretary-General to establish a coordination mechanism to make recommendations regarding matters 'which are or may become the subject of difference of view between the specialized agencies and the United Nations, or between the specialized agencies, or between the specialized agencies and commissions or other subsidiary organs of the Council'.¹⁸⁸ As stated on the CEB website, the underlying premise in the creation of its predecessor ACC was that 'an institutional mechanism was needed to draw the disparate parts of a decentralized system of specialized bodies – each with its own constitution, mandate, governing bodies and budgets – into a cohesive and functioning whole'.¹⁸⁹

At the CEB meeting, the UN Secretary-General stressed that the UN system has a critical role to play as knowledge broker to better assess the risks and

benefits of various drug policy approaches and to pursue evidence-based policy decisions. However, as Under-Secretary-General Feltman spelled out at the 2016 UNGASS, this 'could lead us to question assumptions that we hold dear, some of them dating back to or preceding the inception of the existing framework for tackling drugs. [...] Evidence-based policy making means that we should not be afraid, as the Secretary-General said, to "consider all options"'.¹⁹⁰

Conclusions and the road ahead

The CEB Common Position appears at a moment of structural changes in the UN system, enhancing the prospects for positive impacts not only on the global drug policy debate but also on the ground. The General Assembly 'decided to fundamentally transform the development coordination system of the United Nations to better respond to the 2030 Agenda for Sustainable Development, with a reinvigorated, empowered and independent resident coordinator system at its helm'.¹⁹¹ Since January 2019, the UN resident coordinators, previously managed by UNDP, are fully dedicated to the coordination of the activities of all UN agencies at the country and regional level. The Development Coordination Office (DCO) was created 'to assume managerial and oversight functions of the resident coordinator system under the leadership of an Assistant Secretary-General and under the collective ownership of the members of the United Nations Sustainable Development Group, as a stand-alone coordination office within the Secretariat'.¹⁹² The General Assembly has mandated the UN Secretary-General to lead the efforts of UN entities to collaboratively implement a new generation of country teams 'to ensure the best configuration of support on the ground, as well as enhanced coordination, transparency, efficiency and impact of United Nations development activities'.¹⁹³ In the resolution, the General Assembly also stresses 'the need to improve monitoring and reporting on system-wide results' and welcomes 'the strengthening of independent system-wide evaluation measures by the Secretary-General'.¹⁹⁴

The recent appointment by the UN Secretary-General of Volker Türk (Austria) as Assistant Secretary-General for Strategic Coordination, and the creation of a new position of Special Adviser on System-wide Implementation of CEB decisions, are also positive signs. 'As part of his ongoing efforts to ensure system-wide coherence, the Secretary-General has decided to enhance the focus on system-wide implementation of the decisions, strategies and policies adopted by the CEB'; the Special Adviser will advise the Secretary-General and senior management 'on ways to leverage system-wide agreements and accelerate implementation at global,

regional and country levels'.¹⁹⁵ Volker Türk will ensure coherence in the strategic analysis provided to the UN Secretary-General by the political, peacekeeping, sustainable development, humanitarian, human rights and rule of law portfolios in the Executive Office, serve as the Secretary to the Executive Committee and the Senior Management Group, and liaise with the CEB Secretary to ensure coherence with the system.¹⁹⁶

The current constellation of UN structural reforms, the firm mandate and commitment of the UN Secretary-General to enhance system-wide coherence, the active involvement of more UN entities, and the changed global drug policy landscape since the 2016 UNGASS make it unlikely that the gravity of political dynamics in Vienna could draw the CEB initiative back into the orbit of the Vienna silo, as happened with the ACC attempts after the 1998 UNGASS. Still, given the tainted history of UNODC's commitment to promoting inter-agency collaboration and system-wide coherence, the CEB decision that the Task Team will be led by UNODC does raise some concerns, even though the team will operate 'within the framework of the Secretary-General's Executive Committee'.¹⁹⁷ The fact that UNODC has not been pro-active thus far in giving visibility to the Common Position and the Task Team is not a promising start. For the coming years much depends in this regard on UNODC's new Executive Director, Ms. Ghada Fathi Waly (Egypt), who will take office in early 2020.

Content-wise, the CEB UN System Common Position also represents a major step forward compared with the unsuccessful efforts of past decades and the previous ACC guidance note. In the past five years, cracks have appeared in the long-held Vienna drug control monopoly that will not be easy to repair. The UN Secretary-General underscored that 'the common position was not aimed at prescribing policies on drugs, but served as a useful internal tool for the United Nations system to speak with one voice and pursue coherent and coordinated efforts to address the drug problem'.¹⁹⁸ The Common Position, while non-binding for Member States, has been developed on the basis of a strong mandate the General Assembly has given to the CEB and the UN Secretary-General to improve system-wide coherence. It incorporates many elements from the 2016 UNGASS, the SDG framework and human rights instruments that have all been adopted by Member States, and therefore cannot be easily dismissed. Beyond providing unprecedented authoritative guidance for UN agencies and resident coordinators, the document is already becoming an important reference point in the polarised global drug policy debate.

Yet, significant challenges still lie ahead for a modernisation of the UN drug control regime and its genuine alignment with human rights obligations and with the 2030 Agenda for Sustainable Development to 'ensure that no one is left behind' and to 'reach the furthest behind first'. The UN Common Position and the Task Team are hard-won achievements that can be useful tools to guide the current drug control system into the 21st century, on the ground through the new resident coordinator system and at the global level to further open the cracks in the Vienna monopoly and to overcome the siloed approach. But that requires continued commitment from the UN Secretary-General and his office; due attention from the Assistant Secretary-General for Strategic Coordination, the Special Adviser on System-wide Implementation of CEB decisions and UN Resident Coordinators; and active engagement from the relevant UN agencies.

Crucially, it requires active support from Member States, by welcoming the Common Position and the Task Team, and defending the mandate of the UN secretariat and entities to enable their continued involvement. The fact that it proved impossible to even mention the Common Position or the Task Team in the latest General Assembly omnibus resolution demonstrates that that is no easy task. After lengthy informal negotiations, only a general reference to 'United Nations interagency initiatives aimed at strengthening coordination within the United Nations system' could be adopted by consensus, without any welcoming language or specific references to the Common Position or its Task Team.¹⁹⁹ Member States also need to ensure that drug-related issues continue to appear on the agenda of other UN intergovernmental forums, including the General Assembly, ECOSOC, the WHA and the HRC, and that all relevant UN entities – including UNODC – actively promote and deliver on the UN Common Position principles.

Finally, if after all the decades of trials and tribulations of seeking to achieve better inter-agency cooperation and greater system-wide coherence, the now reached Common Position fails to deliver and the Task Team is unable to operate, the only logical conclusion would be that structural reforms of the UN institutional architecture around drugs are necessary. An initiative similar to the Independent Panel that reviewed the institutional architecture around UN peacekeeping operations should then undertake a thorough review of the legal and institutional framework of the UN drug control regime. Such an independent panel, expert advisory group or inter-agency working group could advise on how to redefine and redistribute drug-related mandates

between the health, development, human rights, crime prevention and peacebuilding entities of the UN system, or perhaps on how to transform UN-ODC from a lead agency into a co-sponsored joint programme modelled on UNAIDS on the basis of co-ownership, collaborative planning and equitable sharing of responsibility between the relevant UN entities.

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Annex 1: United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration

Shared principles

Reiterating our strong commitment to supporting Member States in developing and implementing truly balanced, comprehensive, integrated, evidence-based, human rights-based, development-oriented and sustainable responses to the world drug problem, within the framework of the 2030 Agenda for Sustainable Development, we, the members of the United Nations system, underlining the importance of the following common values:

- Commit to supporting the practical implementation of the outcome document of the special session of the General Assembly on the world drug problem, held in April 2016, General Assembly resolution S-30/1, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, as a blueprint for action, charting a path that promotes more effective and humane drug control policies, supporting the commitment made in the context of the Sustainable Development Goals to leave no one behind;
- Recognize that the world drug problem is complex and multifaceted and that challenges posed by drugs have wide-ranging adverse impacts on security, human rights and development;
- Underscore that the multifaceted nature of the problem requires a comprehensive approach that includes law enforcement efforts ensuring people’s security and efforts promoting health, human rights, including equality and non-discrimination, and sustainable development;
- Commit to promoting a truly evidence-based and balanced approach, whereby sufficient attention is given to measures that address the root causes of drug abuse and cultivation and other involvement in the drug trade;
- Acknowledge that we have a common and shared responsibility to work together, in particular through the Commission on Narcotic Drugs, to pursue a coordinated, balanced and comprehensive approach leading to evidence -based and sustainable solutions;
- Recognize that the concern for the health and welfare of humankind underpins the three international drug control conventions, which, together with other relevant international instruments, are the cornerstone of the international drug control system;
- Acknowledge that the conventions allow for sufficient flexibility for countries to design and implement national drug policies according to their

priorities and needs, consistent with the principle of common and shared responsibility and applicable international law;

- Acknowledge that the international drug control conventions, international human rights treaties and other relevant instruments and the 2030 Agenda are complementary and mutually reinforcing. National drug control programmes, strategies and policies should be designed and implemented by States in accordance with their human rights obligations;

Scope and purpose

- To guide approaches across the United Nations system, stepping up efforts to ensure that no one is left behind;
- To inspire the planning and implementation of United Nations activities, including joint inter-agency activities;
- To speak with one voice and raise awareness of the multifaceted nature of the world drug problem.

Directions for action

In addition to ongoing efforts, we commit to harnessing synergies and strengthening inter-agency cooperation, making best use of the expertise within the United Nations system, to further enhance consistent sharing of information and lessons learned and the production of more comprehensive data on the impact of drug policies, including with a view to supporting the implementation of the 2030 Agenda.

We, therefore, commit to stepping up our joint efforts and supporting each other, inter alia:

- To support the development and implementation of policies that put people, health and human rights at the centre, by providing a scientific evidence -based, available, accessible and affordable recovery-oriented continuum of care based upon prevention, treatment and support, and to promote a rebalancing of drug policies and interventions towards public health approaches;
- To promote the increased investment in measures aimed at minimizing the adverse public health consequences of drug abuse, sometimes referred to as harm reduction, which reduce new HIV infections, improve health outcomes and deliver broader social benefits by reducing pressure on health-care and criminal justice systems;
- To ensure the provision of drug prevention, treatment, rehabilitation and general support services,

including health care and social protection in prison settings, ensuring that they are equivalent to and that they provide continuity of care with those in the community;

- To ensure the respect for the dignity and human rights of people who use drugs in all aspects of drug and social policies, including providing equal access for people who use drugs to public services, including housing, health care and education;
- To call for universal health coverage for people with drug use disorders and for the positioning of drug use disorders as with other health conditions that should be included in the overall universal health coverage framework in national health systems;
- To enhance access to controlled medicines for legitimate medical and scientific purposes, including the relief of pain and treatment of drug dependence;
- To enhance international support for effective capacity-building in developing countries to support the implementation of all Sustainable Development Goals, including through North-South, South-South and triangular cooperation;
- To support the identification of prevalent, persistent and harmful psychoactive drugs, including new psychoactive substances, and their associated health risks, using global and regional agencies' early warning and alert systems;
- To provide guidance and technical assistance to strengthen cross-border law enforcement and judicial cooperation;
- To promote sustainable livelihoods through adequately-sequenced, well-funded and long-term development-oriented drug policies in rural and urban areas affected by illicit drug activities, including cultivation, production and trafficking, bearing in mind environmental protection and sustainability;
- To promote alternatives to conviction and punishment in appropriate cases, including the decriminalization of drug possession for personal use, and to promote the principle of proportionality, to address prison overcrowding and overincarceration by people accused of drug crimes, to support implementation of effective criminal justice responses that ensure legal guarantees and due process safeguards pertaining to criminal justice proceedings and ensure timely access to legal aid and the right to a fair trial, and to support practical measures to prohibit arbitrary arrest and detention and torture;
- To call for changes in laws, policies and practices that threaten the health and human rights of people;

- To promote measures aimed at reducing stigma and eliminating discrimination and achieving universal coverage of evidence-based prevention, treatment and rehabilitation;
- To cooperate to ensure human rights-based drug control and address impunity for serious human rights violations in the context of drug control efforts;
- To assist Member States in implementing non-discriminatory policies, including with regard to ethnicity, race, sex, language, religion or other status;
- To promote the active involvement and participation of civil society and local communities, including people who use drugs, as well as women and young people;
- To provide Member States with the evidence base necessary to make informed policy decisions and to better understand the risks and benefits of new approaches to drug control, including those relating to cannabis;
- To compile, analyse and produce data reflecting United Nations system-wide practices and lessons-learned in drug-related matters, and to produce systemwide data and analysis, including in the light of the 2019 ministerial segment of the Commission on Narcotic Drugs and the advancement of the implementation of the 2030 Agenda.

Accountability and operationalization

We commit to supporting each other's activities, within our mandates, and to delivering balanced, comprehensive, integrated, evidence-based, human rights-based, development-oriented and sustainable support to Member States in implementing joint commitments, including the operational recommendations contained in the outcome document of the special session of the General Assembly on the world drug problem held in 2016.

With a view to ensuring coherent efforts to realize the commitments set out in this common position and, in particular, coordinated data collection to promote the scientific, evidence-based implementation of international commitments,¹ we hereby establish a United Nations system coordination task team, to be led by UNODC, and composed of interested United Nations system entities, including those with expertise in the collection of drug-related data, within the framework of the Secretary-General's Executive Committee.

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Notes:

About this Briefing Paper

Achieving more system-wide coherence and aligning with the overarching SDG framework has been a particularly difficult challenge in the area of drug policy. This briefing paper reconstructs the long and troubled process that led to the adoption of this ground-breaking UN System Common Position.

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About IDPC

The International Drug Policy Consortium is a global network of non-government organisations that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.

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