# PEOPLE'S VOICE

## THE ROAR OF THE SILENT MAJORITY

DRUG POLICY FUTURES

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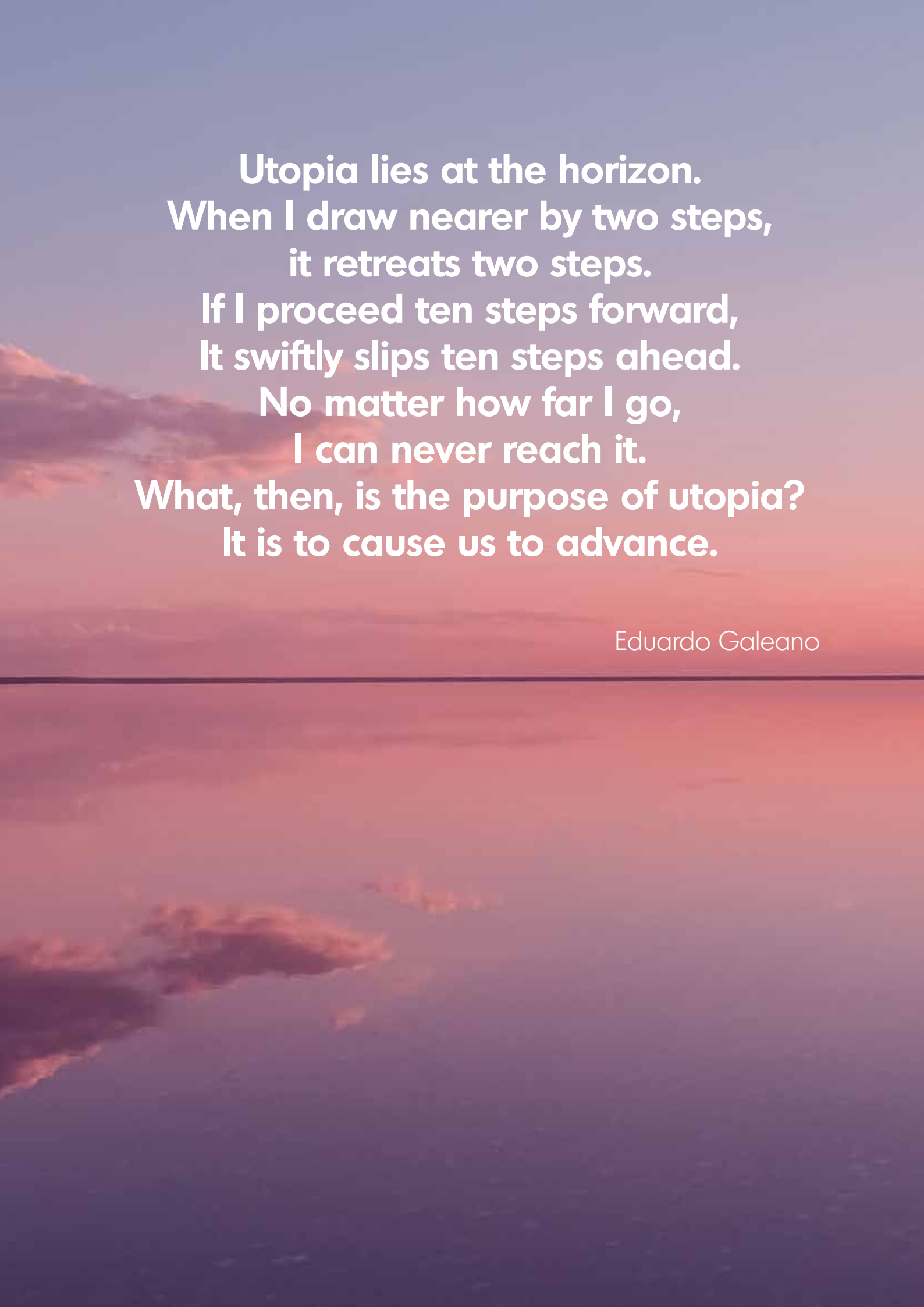

Utopia lies at the horizon.
When I draw nearer by two steps,
it retreats two steps.
If I proceed ten steps forward,
It swiftly slips ten steps ahead.
No matter how far I go,
I can never reach it.
What, then, is the purpose of utopia?
It is to cause us to advance.
Eduardo Galeano

Drug Policy Futures' vision is a world where drug use does not infringe on the personal freedom of people who use drugs or people around the users, where all can live up to their full potential, and where the quality of family and community life is not reduced by intoxicating and dependence-producing substances.
Reduced drug problems will substantially contribute towards the achievement of many of the Sustainable Development Goals.

Children. Spouses. Parents.
Grandparents. Colleagues. Friends.
Classmates. Teammates.
Innocent victims of violence.
Innocent victims of neglect.
Innocent victims of accidents.
Witnesses to suffering.
Witnesses to loss.
The silent majority.
The majority that imagines a better world.
The majority that wishes to live free from drugs.
The majority that wishes to live free from problems caused by drugs.

**This is the voice of the silent majority**

# PEOPLE'S VOICE

DRUG POLICY FUTURES

"Not all is bad, but it's not all good either"

## TEN YEARS IN REVIEW

Proven solutions for drug policy in the era of the SDGs are at hand.

Clear global consensus exists for comprehensive action to tackle the world drug problem as Human Rights and public health issue.

"We have to set the record straight. Flawed discourse has stifled progress in the last decade"

## THE GLOBAL DRUG POLICY DISCOURSE

The attack on the UN Drug Conventions is disingenuous. The Conventions provide ample room for Human Rights-based, public health-centered drug policies.

Alcohol and tobacco control do not provide models for Human Rights-based, health-centered drug policy and are not silver bullets.

"Beyond false dichotomies, there is a third way into the future for drug policy"

## TEN YEARS AHEAD

Comprehensive, evidence-based drug policy measures are critical to help achieve multiple SDGs.

Keeping drug use prevalence low is the best prevention.

UNODC estimates that 4,6 billion adults around the globe are choosing a drug free life. That is more than 94 % of the world's population in the age between 15 and 64 who did not use drugs the last 12 months[1]. Despite such a strikingly low prevalence, out of 43 risk factors, drug use was nineteenth in the ranking of the top global killers[2] (tobacco was second, and alcohol was third). The costs of harm in terms of human lives, health, public safety, environment and GDP are disproportionate and already far too high for us to stand idly by and watch. Inaction may result in much higher levels of drug-related harm in the future.

There is no reason to wait or hesitate. Governments and civil society have effective and evidence-based measures at hand. Growing scientific evidence provides insight into causes and consequences of drug use. We know the risk and protective factors leading to or discouraging people from drug use. We have sufficient knowledge about drug addiction, better understanding about what works in prevention and treatment as well as insights gained from the real-life experiments of cannabis legalization.

Given the harm drug use causes, tackling the world drug problem has been recognized as a priority of the UN Sustainable Development Goals. Governments have committed to "Ensure healthy lives and promote well-being for all at all ages" by strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol in target 3.5.

This report attempts to clarify and articulate the key issues that need to be addressed to encourage coherent policies. It is our obligation to voice the opinions and interests of the silent majority that wish their communities, their families and their own lives to be free from drugs and drug-related harm. We hope that this report will be useful for everyone who has the best interest of the people on their heart. We hope that this publication will help overcome the artificially created dichotomy between drug prevention and harm reduction initiatives and will move us all towards action that leads to better health, more safety, greater economic benefits, protected human rights and more freedom for all, leaving no one behind.

# ACTION. NOW.

Drug use disorders are complex social and health problems with psychosocial, environmental, and biological determinants, which need a multidisciplinary and comprehensive response from different institutions working together.[3] Drug use disorders need to be treated as a social disease by the whole of society and not only as a health problem for some individuals.

Today we live in a world of contrasts. In a world of abundance and scarcity, the world drug problem is no exception. On the one hand, we are flooded by prescription drugs especially in high-income countries and on the other hand, there is a lack of access to essential medications in low- and middle-income countries. Furthermore, in some cases young people use drugs in order to add excitement to their lives and in others, poverty fuels drug use among those living in extreme conditions. It is obvious that

**in order to create a world where people can live in dignity, the root causes leading to drug use need to be addressed.**

Solutions that do not include the introduction of social programs, education and health services, involvement of communities and investing in people's safety and well-being are insufficient and won't see the expected results benefiting all people.

The socio-economic aspect of prevention and drug demand reduction is reaffirmed in the outcome document of the United Nations General Assembly Special Session on the World Drug Problem held in April 2016. Governments agreed on the importance of the public health perspective, they recommended tackling the World Drug Problem primarily as a health issue, they clearly denounced capital punishment and torture and confirmed that there already is evidence and solutions for tackling the world drug problem.

The UNGASS 2016 consensus calls for action. The outcome document contains more than 100 recommendations for promoting evidence-based prevention, care and other measures to address both supply and demand of narcotic drugs.

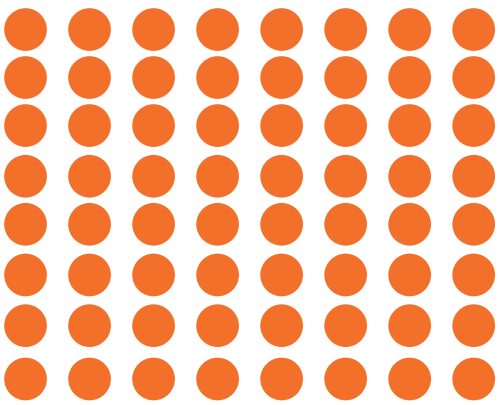
**There is no need for more words or declarations. Unless the implementation of the recommendations is given more attention, ineffective and harmful solutions to drug use and its consequences will continue to grow like weeds. We need to act now.**

This report provides an interpretation of the past 10 years since the adoption of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. It provides recommendations for future approach and action and shares the experience from alcohol and tobacco control. The goal of the report is to direct the global conversation to the effective, evidence-based and sustainable solutions to the World Drug Problem.

The problem is not with the UN Drug Conventions. The problem is that governments do not make use of the full potential of the conventions. It's lack of action, not lack of tools and policy options.

The problem is not the vision of creating drug free communities. The problem is the lack of evidence-based action rooted in a comprehensive approach.

It's a false dichotomy to equate drug prevention and the goal to keep and make communities drug free with the war on drugs and inhumane treatment of drug users. No vision, no matter how praiseworthy it may be, can justify breaches of basic human rights.



# TEN YEARS IN REVIEW

AN ASSESSMENT OF SUCCESSES AND FAILURES

## "Not all is bad...

A thorough analysis of the last ten years shows considerable achievements and successes as well as serious failures and severe shortcomings in the response to the world drug problem.

1. **Drug use has remained strikingly low and relatively stable.**

2. **Solutions for effective drug policies in the era of the SDGs are at hand.**

3. **Clear global consensus exists for comprehensive action to tackle the world drug problem as a Human Rights and public health issue.**

## LOW PREVALENCE MAINTAINED

Given the efforts to reduce the world drug problem in the last decade between 2009 and 2019, it is crucial to note that according to the UNODC data the prevalence of drug use has remained strikingly low and relatively stable.

While numbers of drug users have increased, it has largely been an increase proportionate to the rise in the global population, as the World Drug Report 2016 points out.[4]

For all the remaining problems and major issues of concern, stable and low drug use prevalence is a significant achievement, given the increasingly aggressive drive to promote drug use through legalization, commercialization and the downplaying of drug-related harms. No other factor contributes to reducing levels of drug-related harm as much as low prevalence in a population.

## GLOBAL CONSENSUS

The 2016 United Nations General Assembly Special Session on Drugs (UNGASS 2016) was a landmark achievement in the response to the world drug problem for its success in establishing a clear global consensus on

- The key causes and consequences of the world drug problem,
- The importance of comprehensive and balanced policy interventions,
- The need to strengthen the socio-economic aspect of drug demand prevention and reduction,
- The reaffirmation of the commitment to the UN Drug Conventions,
- The importance of the public health perspective, and
- The urgent need for joint action.

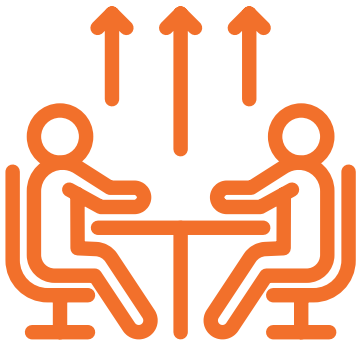
The UNGASS 2016 outcome document "contains more than 100 recommendations on promoting evidence-based prevention, care and other measures to address both supply and demand of narcotic drugs"[5]

## DRUG USE IS A PUBLIC HEALTH ISSUE

Part of the UNGASS 2016 success is the consensus to align drug policies with public health objectives. This is a positive shift in line with the UN Drug Conventions, that strengthens countries in their efforts to move from dealing with drug use exclusively as a criminal justice issue, to increasing involvement of the health and social services.

During the UNGASS 2016 preparatory process strong calls requested greater consideration for the public health perspective in drug policy.[6] Governments reaffirmed the need to further strengthen public health systems, particularly in the areas of prevention, treatment and rehabilitation, as part of a comprehensive and balanced approach to demand reduction based on scientific evidence."
Where the criminal justice system is involved, the character of sanctions has as well changed from punishments to assistance and help, however not at a speed that we expect.

The World Drug Report 2016 highlights the establishment of drug courts in the United States in the 1980s or the implementation of the Portuguese model in the 1990s. Several countries in Europe and Latin America are also highlighted, that "have chosen to limit punishment by adopting alternative measures to incarceration or punishment (for example fines, warnings, probation or counseling) in certain cases (without aggravating circumstances) involving minor offenses related to personal consumption.



## ALTERNATIVE DEVELOPMENT YIELDS BETTER RESULTS

In the past decade, the knowledge and evidence base concerning effective and sustainable alternative development programs has significantly improved. Implementation of best practices in alternative development has yielded increasingly impressive results. The key to improved results has proven to be a more comprehensive and integrated approach to social and economic development, surpassing efforts of mere crop eradication or crop replacement.

## DRUG USE IS A DEVELOPMENT ISSUE

The inclusion of "narcotic drug abuse" under the Sustainable Development Goal 3 "Ensure healthy lives and promote well-being for all at all ages" must be regarded as milestone achievement of the response to the world drug problem in the last decade.
This illustrates the global consensus to tackle illicit drugs as obstacles to development and as public health issues.

SDG target 3.5.1 "Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders" highlights the importance of screening, brief interventions and the provision of comprehensive care packages for everyone affected by substance use disorders.

THE GLOBAL GOALS
For Sustainable Development

## DRUG USE HAS BECOME A UN SYSTEM-WIDE ISSUE

More UN agencies such as the World Health Organization (WHO), the UN Human Rights Council and the Office of the High Commissioner on Human Rights (OHCHR)[7], UN AIDS[8] and the United Nations Development Program (UNDP)[9] have become important stakeholders in tackling the world drug problem. This is positive because it signifies the considerable development of comprehensive approaches to the world drug problem, covering different aspects and perspectives.

The 2017 agreement between WHO and UNODC[10] must be regarded as landmark achievement in this context, as it bolsters UN system efforts "to counter the destructive impact of drugs on people's health". Focus areas of the agreement include "prevention and treatment of drug use, access to controlled drugs, the analysis of new psychoactive substances, treatment, care and support for HIV, viral hepatitis, and tuberculosis." Furthermore, the WHO Expert Committee on Drug Dependence is responsible for providing medical and scientific evaluations on dependence-producing drugs and advising the Commission on Narcotic Drugs (CND).

## MORE GUIDELINES FOR EVIDENCE-BASED ACTION

In the decade since 2009, more guidelines have been compiled and made available for governments and communities to implement evidence-based interventions in the fields of drug prevention as well as treatment.

In 2018, UNODC and WHO jointly published the second updated edition of the "International Standards on Drug Use Prevention."[11] The Standards summarize the currently available scientific evidence, describing interventions and policies that have been found to result in positive prevention outcomes and their characteristics. The Standards also identify the major components and features of an effective national drug prevention system. As such, the Standards provide compelling guidelines to assist policy makers worldwide to develop programmes, policies and systems that are a cost-effective investment in the future of children, youth, families and communities. The Standards have been recognized by Member States as a useful tool to promote evidence-based prevention for example in the "Joint Ministerial Statement on the mid-term review of the implementation by Member States of the Political Declaration and Plan of Action."[12]

WHO and UNODC have made the development of comprehensive, integrated health-based approaches to drug policies that can reduce demand for illicit substances, relieve suffering and decrease drug-related harm to individuals, families, communities and societies at large a priority over the last decade. Key part of the joint WHO-UNODC program is the development of the "International Standards for the Treatment of Drug Use Disorders". UNODC and WHO are currently working to update the set of evidence-based international standards for the effective treatment of drug use disorders – originally published in 2016 – where recovery and not punishment is the ultimate goal. The Standards caution and advise: "In some countries drug use disorders are still seen as a primarily criminal justice problem, and agencies of the Ministry of Interior, Ministry of Justice or Ministry of Defense are still responsible for affected individuals, without the supervision or engagement of the Ministry of Health. Using only law enforcement strategies and methods is unlikely to result in sustained positive effects. Only treatment that has at its core an understanding of drug dependence as a primarily multifactorial biological and behavioral disorder, that can be treated using medical and psychological approaches, can improve chances of a recovery from the disorder and reduce drug-related consequences."[13]

These resources and guidelines are based on rigorous scientific analysis and show that there is a wide variety of cost-effective, evidence-based, high-impact measures for governments and communities to choose from; and that there is enough space for culturally appropriate interventions based on a broad spectrum of best practices.

Understanding the progress made over the last ten years is an important part of paving the way forward in the global response to the world drug problem, in this new era of sustainable development. It shows that not all is bad.
At the same time, it's not all good either. By no means is the global community where we collectively set out to be in 2009. Therefore, it is crucial to take a sober look at the serious failures and shortcomings in the response to the world drug problem over the last decade.

# ...but it's not all good either"

Widespread inaction towards a more humane, balanced and comprehensive approach to tackling drug use in many countries remains troublesome. Systemic lack of political will to translate the UN Drug Conventions into reality has allowed for a dire situation to get worse. Much more needs to be done to ensure affordable access to effective scientific evidence-based prevention, treatment and recovery support for the people who need them, including children, women, or people in prison settings.

1. **Political will and leadership for comprehensive action has been lacking.**

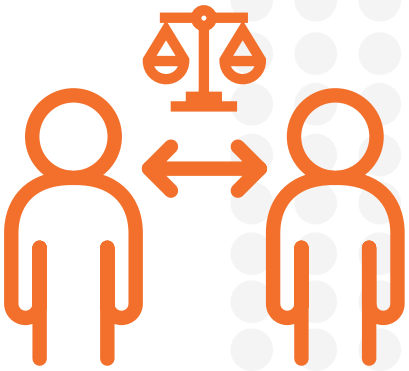
2. **A fundamentally flawed discourse excludes evidence-based, cost-effective, population-level measures.**

3. **Human rights protections have often remained insufficient.**

## VIOLATION OF HUMAN RIGHTS IN THE NAME OF THE CONVENTIONS

The use of the death penalty despite the international rejection of such methods is unacceptable and a gross violation of human rights. So are extrajudicial killings.

There are still countries that use disproportionate and harsh law-enforcement and even militarization and violence to tackle minor drug offenses. Too few people receive the help they need and deserve. In countries like that, drug policies often serve as excuse for inhumane behavior and Human Rights violations on part of the government in question.



## EXPANDING DRUG MARKETS

The 2018 World Drug Report shows that drug markets are expanding and diversifying at a scale never documented before. This supply-driven expansion of drug markets has reached the highest levels ever recorded, with the production of opium and the manufacture of cocaine fueling this development. Markets for cocaine and methamphetamine are extending beyond their usual regions. Evidence also shows that drug trafficking online using the dark-net continues to grow rapidly but still only makes up a small fraction of the overall market.[14]

## ADDICTION EPIDEMIC

According to the World Drug Report 2018, in recent years the headline figures for drug users have changed little. But along with the rapidly changing drug markets, the addiction crisis is accelerating.

Non-medical use of prescription drugs and new psychoactive substances are increasingly coexisting with heroin and cocaine that have been available for a long time. The range of drugs and their possible combinations available to users has never been wider.[15] More new psychoactive substances are being synthesized and more are available than ever, with increasing reports of associated harm and fatalities.

In some parts of the world the non-medical use of prescription drugs is now at epidemic proportions. Different pharmaceutical opioids are misused in different regions. In North America, illicitly sourced fentanyl, mixed with heroin or other drugs, is driving the unprecedented number of overdose deaths. In Europe, the main opioid of concern remains heroin, but the non-medical use of methadone, buprenorphine and fentanyl has also been reported to be on the increase. In countries in West and North Africa[16] and the Near and Middle East, the non-medical use of tramadol, a pharmaceutical opioid that is not under international control, is emerging as a substance of concern. The non-medical use of tramadol is also expanding in Asia.

The impact on vulnerable populations is cause for serious concern, putting pressure on already strained health-care systems.
Globally, the number of cannabis users appears to have increased by roughly 16 percent in the decade ending 2016, which is in line with the increase in the world population, according to the World Drug Report 2018.[17] In Colorado, one of the first jurisdictions in the United States to legalize cannabis, use has increased significantly among the population aged 18–25 years and older since legalization. This happens in a population where prevalence levels were very high before legalization. Evidence also shows a significant rise in cannabis-related emergency room visits, hospital admissions and traffic deaths.[18]

## TREATMENT AND HEALTH SERVICE GAP

One of the most serious shortcomings in the response to the world drug problem over the past decade is the lack of adequate treatment and recovery services. Drug treatment and health services continue to fall short of need.

31 million people who use drugs suffer from drug use disorders, meaning that they are in need of treatment.[19] However, the number of people suffering from drug use disorders who are receiving such treatment has remained low with just one in six people in the need of treatment actually receiving it.

The severity of the treatment gap differs between regions. In Africa only 1 in 18 people with drug use disorder receives treatment. In Latin America, the Caribbean and Eastern and South-Eastern Europe, approximately 1 in 11 receives treatment, while in North America an estimated 1 in 3 people with drug use disorder receives treatment interventions.

Health service coverage for especially vulnerable groups is also falling short of need. Information for PWID (People Who Inject Drugs) about the availability of HIV testing and counseling and antiretroviral therapy is widely lacking.

## UNDERUTILIZED ALTERNATIVE DEVELOPMENT

Development of systems to provide alternative sources of income have the potential to break the vicious cycle of poverty, lack of security and illicit crop cultivation.[20] But investment into alternative development remains an underused approach to drug supply reduction, although political support for alternative development is strong and widespread.[21]

The World Drug Report 2015 focused especially on alternative development. The report highlighted that government strategies and national budgets now increasingly support alternative development programs. However, research to analyze the quality and quantity of alternative development programs is still rare.

The drivers of illicit drug cultivation are complex and differ according to contexts and regions. But knowledge generation, monitoring and impact assessment research regarding the factors contributing to illicit crop cultivation and alternative development, has remained sparse.

## PERSISTING IMBALANCE BETWEEN INDIVIDUAL AND POPULATION-LEVEL DIMENSION OF THE PUBLIC HEALTH APPROACH TO DRUG PROBLEMS

Addressing the world drug problem from a public health perspective is too often limited to the health of the individual instead of utilizing methods addressing causes and consequences in the broader population.

What is largely lacking but should be a central element of a public health approach to drug policies, is a population-based analysis of drug-related problems and their determinants as well as a subsequent organized response from health systems and wider social services in a collective approach focused on the people and their needs.[22]

People who use drugs have a Human Right to health and healthcare. At the same time it is important to realize that people who use drugs are not the only group who are adversely affected by drugs. Families, workplaces, communities and societies at large are also in need of public health interventions to prevent and reduce drug-related harm.

Harm reduction is an important element of a public health approach. But it is only one among many other elements. The past decade has been dominated by an imbalance in the focus on measures that address the individual while population level measures have not received attention commensurate with the potential benefits of such interventions.

## INADEQUATE SDGs INDICATOR

The good news is that drug abuse has been recognized by the global community as a serious obstacle to development through its inclusion in the Sustainable Development Goals, specifically in target 3.5: "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol".

However, the political selection of indicator 3.5.1 is problematic. "Coverage of treatment interventions for substance use disorders" is an inadequate measure to assess real progress in addressing drug abuse as obstacle to development.

Closing the treatment gap, as emphasized above, is critical. Using treatment coverage as the only indicator

for measuring progress is insufficient since it does not allow to assess and quantify whether and how drug use prevalence and drug use-related mortality and morbidity are decreasing.

## ESSENTIAL MEDICINES INACCESSIBLE

Access to essential pharmaceutical products is an important element in any national health strategy. Universal health coverage cannot be achieved and guaranteed without available, affordable quality-assured health technologies. Lack of access to essential medicines causes a cascade of misery and suffering. Lack of access to medicines is an issue of inequality.
After so many years of discussion, WHO estimates that still 5.5 billion people (83% of the world's population) live in countries with low or non-existent access to controlled medicines for the treatment, for example, of moderate-to-severe pain.[23]

There are several reasons for the low access to essential medicines, including the price of essential medicines and the lack of technical capacity of governments to enable and empower health-care professionals to prescribe, dispense and administer essential medicines in keeping with WHO policy and treatment guidelines.

A WHO analysis[24] shows that some countries place more attention on the obligation to prevent abuse than on the equally important obligation to ensure availability for medical care in their implementation of the UN Drug Conventions.

## WAR ON DRUGS

Harsh law-enforcement, brutal police force, even violence and the militarization of the response to the world drug problem has not completely ceased and remains a serious problem in a number of countries. Disproportionate sentences as well as persisting and systemic obstacles to providing treatment and recovery services for all people with drug use disorders are remaining problems in those countries that focus solely on repressive responses to drug-related problems. Such responses are not justified by the UN Drug Conventions and they represent breaches of other important UN conventions. In addition to being unacceptable, they are also counterproductive.

## WAR FOR DRUGS

Another concerning trend that is obviously on the rise is a "War for drugs". We are witnessing a global, well-funded propaganda campaign to change peoples' perception of narcotic drugs. It is a war over politicians' minds, over media peoples' minds, over young peoples' minds, and over parents' minds. Moreover, it is becoming increasingly clear that the ultimate goal of this propaganda war is to make narcotic drugs just as accepted worldwide, just as widely used, just as integrated in the culture as alcohol is today in Western societies.

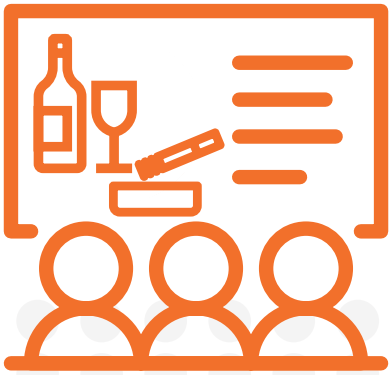
Advocates of differing opinions experience fierce attacks in social media; death threats,[25] online armies of trolls and hackers attacking websites,[26] and threats[27] and bullying of legitimate voices and stakeholders that are defined as obstacles on the path to legalization of drugs are all a reality of the war for drugs.

## PERVASIVE CORRUPTION KEEPS UNDERMINING DRUG POLICY

Absence of substantial progress in curbing the world drug problem can also be explained by pervasive government corruption, policy incoherencies and inadequate governance structures, processes and systems. International and cross-border collaboration and coordination among governments and regions has been inadequate and has further contributed to stalled progress.

## IMPORTANT LESSONS IGNORED

Alcohol and tobacco are dependence-producing, psychoactive, toxic, carcinogenic substances that kill more than 9 million people every year. Alcohol and tobacco are not legal because regulation is a success story and a best practice, but for historical and cultural reasons and in spite of all evident health and social consequences. Even if strict regulation of harmful consumer products is evidence-based, experience shows that the needed regulations are difficult to both introduce and to maintain. Alcohol and tobacco regulations are constantly under attack from commercial lobbyists, in particular by multinational companies with enormous economic resources that easily translate into political power.



Availability – in its psychological, social, physical and economic dimensions – matters greatly for the level and patterns of harm related to the use of all dependence-producing substances. This has been repeatedly and solidly documented for alcohol, and there is good reason to assume that the same mechanisms are relevant also for other substances. The existence and presence of large companies, their political interference, the market concentration and the marketing capacities of corporate interests in addictive substances often severely impede on governments' ability to effectively prevent and reduce harm caused by the very same addictive substances.

Experiences from many decades with alcohol and tobacco control show that there is no good reason to legalize other harmful substances that have lower prevalence, availability and public acceptance.

## ROOT CAUSES AND STRUCTURAL DRIVERS OF DRUG PROBLEMS HAVE LARGELY BEEN IGNORED

Clearly, not all people who use drugs are marginalized and most of marginalized people are not using drugs. Nevertheless, marginalization can be viewed as contributing to drug use, just as drug use can be viewed as contributing to the marginalization of some users: drug use can cause a deterioration in living conditions, while processes of social marginalization can be a reason for initiating drug use.

Underlying risk factors, root causes and structural drivers that affect individuals, communities and society, and determine levels, scope and severity of drug-related harm, have only been addressed by a few evidence-based and innovative programs, such as the Icelandic model. Otherwise, large-scale interventions that address the lack of services, infrastructure needs, drug-related violence, xenophobia, racism, poverty, unemployment, social exclusion, marginalization and social disintegration have largely been ignored in the response to drug problems.
Such approaches hold considerable potential to help promote more peaceful and inclusive societies.[28]

## LACK OF POLITICAL WILL, LEADERSHIP AND ACTION

The above outlined shortcomings, gaps and severe problems in the response to the world drug problem are not insurmountable. In fact, the global community knows what to do. Science shows what works. Guidelines and political commitments exist – and have been considerable achievements of the work in the past decade. What is critically missing is the political will to make good on promises, to mobilize political leadership to turn commitments into action and to implement evidence-based policies and programs.
Despite a solid evidence base and serious commitments made in 2009,[30] 2014,[31] and 2016,[32] the scale of political will and the extent of political leadership to galvanize effective and systematic action remain disappointing.

## GLOBAL NORTH DOMINATES THE DISCOURSE

The international conversation about the world drug problem is dominated by a Western agenda where the national backdrop is more affluent populations, well-developed health systems, social security services and reasonably good government structures and practices. In many countries in the global South conditions are very different from this. Weak health systems are already overstretched by the burden of the classical communicable diseases, and new non-communicable diseases like cancer, diabetes and cardiovascular diseases put additional burdens on health services.[33] With such a backdrop, already overstretched health systems do not provide the solutions necessary to tackle growing drug problems in the foreseeable future. The needs of countries in the global South deserve more serious consideration. Prevention at the earliest possible stage is the only viable strategy.

## "WAR ON DRUGS" DOMINATES THE DISCOURSE

The conversation about the world drug problem and its appropriate and evidence-based solutions is largely counterproductive. It remains focused too narrowly on the cases of countries that continue to pursue the so-called "war on drugs". While these cases and countries require special attention and need to be addressed for the Human Rights violations they engender, a nuanced, evidence-based discourse about the world drug problem is undermined if "war on drugs" is the dominating entry point.

Many countries are using the potential of the UN Drug Conventions to tackle their specific drug problems and are by no means pursuing war on drugs strategies. These strategies need to be brought to light and their successes and shortcomings need to be analyzed more systematically to help drive a much more constructive discourse that relates to realities in most countries and communities.

Evidence shows that most countries around the world refrain from the militarization of the response to drug problems and in fact have increasingly started to implement evidence-based, Human Rights-based measures.

# PAVING THE WAY TOWARDS COHERENT, COMPREHENSIVE, SCIENCE-BASED DRUG POLICY

Despite progress and a number of positive developments as presented in this report, the list of shortcomings, gaps and persistent problems in the response to the world drug problem remains too long. However, for each of these remaining issues, effective and evidence-based responses are available.

**There is no need to wait for more research. There is no need to destruct the UN Drug Conventions. We do not need to reinvent the wheel.**

All of the issues outlined above can be addressed and solved by utilizing tools from a broad repertoire of evidence-based measures including policies, actions and best practices that have been proven to yield results.

The world drug problem continues to pose a serious threat to public health and to the security, safety and sustainable development of humanity – particularly children, young people and their families.[34] More can and must be done, urgently, to advance the UNGASS 2016 consensus, increasing support to countries that need it most and improving international cooperation to address all aspects of the world drug problem.

# THE GLOBAL DRUG POLICY DISCOURSE

EIGHT AREAS OF CONCERN TO MOVE FROM PARALYSIS TO ACTION

**"We have to set the record straight. Flawed discourse has stifled progress in the last decade."**

**1.** **The attack on the UN Drug Conventions is disingenuous. The Conventions provide ample room for Human Rights-based, public health-centered drug policies.**

**2.** **Alcohol and tobacco control do not provide models for Human Rights-based, health-centered drug policy and are not silver bullets.**

**3.** **The focus on harm reduction only is insufficient to tackle the world drug problem.**

**4. The glamorization of cannabis as a harmless substance is irresponsible.**

**5. The attack on legitimate objectives to build drug-free communities disregards fundamental rights.**

Our analyses of the current global drug policy discourse reveals eight areas of concern that need to be addressed in order to move from the present state of paralysis towards effective action. Analysis also shows that the conversation about drug policy in several areas is characterized by misrepresentations, oversimplifications and ideological instead of evidence-based assertions, including these areas:

- **Human Rights,**
- **Public health,**
- **The UN Drug Conventions,**
- **The nature of commercial and profit interests and the alignment between addiction industries,**
- **Tobacco and alcohol control,**
- **Harm reduction,**
- **Cannabis legalization,**
- **The legitimacy of building drug-free communities.**

In general, a flawed discourse misidentifies some of the root problems and their key solutions. False dichotomies and willful misrepresentations of evidence have skewed the discourse to benefit a specific agenda, to the detriment of the people in communities around the world affected by drug-related harm. Such a discourse only benefits those forces that need dysfunction to prove that the UN Drug Convention system is dysfunctional.

## FLAWED HUMAN RIGHTS DISCOURSE – SETTING THE RECORD STRAIGHT

It is important to protect and promote the Human Rights of people who use drugs as well as for those who experience drug problems because of other peoples' drug use.

The Right to Health obliges governments to ensure that people who are using drugs and suffer the consequences of drug use receive the necessary patient centered help and appropriate assistance in their recovery without discrimination.

But the human rights discourse is abused to go beyond that legitimate goal. The Human Rights discourse is used to advocate for drug legalization, with a narrow focus on the individual's rights to consume drugs. Human Rights, such as the right to privacy or the right to freedom are often used to make the case for normalizing drugs and drug use.

Absent from such a flawed discourse are the Human Rights of the people around the drug user in the communities and society at large. Absent from such a flawed discourse are considerations of public health and the well-being of communities and societies.

**Human Rights are not just individual rights and freedoms; they shall also protect public goods.**

The Right to the highest attainable health as one of the internationally agreed human rights standards implies an obligation of states to ensure appropriate conditions for the enjoyment of health for all people without discrimination. It is well proven that drug use is harmful to the health of both the people who use drugs and of the people around the users. According to international law, states should not allow the existing protection of economic, social, and cultural rights to deteriorate unless there are strong justifications for a retrogressive measure.

Harm to others from drug use is a considerable dimension of the overall burden caused by drugs. The types of harm include violence, passive smoking, family deprivation, crime, traffic accidents caused by intoxicated drivers, social costs and harm to children such as neglect, abuse, or in utero exposure to different substances.[35]

**Protection against drug-related harm is unquestionably a human rights issue. It is especially a Child Rights issue.**

Illicit drugs expose children to unhealthy environments, neglect and abuse, higher risks for early onset of use of alcohol and other drugs and violate their fundamental right to grow up safely, healthily and free from harmful substances.

The 1989 Convention on the Rights of the Child (CRC) is hard law and core human rights law, explicitly recognizing children as social actors and active holders of their own rights. Notably, the purpose of the CRC is foster legislation on rights for children on basis of their special needs for protection.[36, 37]

Article 3 of the CRC is a portal paragraph, stipulating that the best interest principle shall be considered across the board in decision-making: "In all action concerning children whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interest of the child shall be a primary consideration."

Whenever a society is deciding on legislation or other policies, the Best Interest of the Child shall be a primary consideration.

The best interest of the child may not prevail in all situations, but it requires strong arguments to the contrary to topple its "primary" status. An assumed right to take illicit drugs as a matter of self-expression or privacy would by comparison have almost zero public interest and would lose in a contest with any child rights provision.[36, 37]

Protecting children from illicit use/ production/ trafficking of drugs is a universal obligation for governments as stipulated by Article 33 of the Convention of the Right of the Child:

**"Governments shall take all appropriate measures, including legislative, administrative, and educational measures to protect children from the [use of illicit drugs] as defined in relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances."**

In short, Art. 33, CRC is calling for comprehensive measures to protect children from use, production, and/ or trafficking. It refers back to existing UN instruments on illicit drugs. And it means that more than one measure is foreseen, and a comprehensive multi-sectorial effort is called for.

The primacy and universality of children's Best Interest means that general drug policy-making shall be child centered – as opposed to adult-centered or user-centered.[36, 37] That is why the current state of human rights discourse is flawed. It omits all too often the child-centered approach and focuses solely on the interests of adults and users.

## FLAWED PUBLIC HEALTH DISCOURSE – SETTING THE RECORD STRAIGHT

The public health discourse in the context of drug policy is also seriously flawed and outdated. While talk is about public health, the discourse focuses almost exclusively on the health and harm of the individual. Too often, the public health discourse remains limited to considerations only of the health of the individual patient instead of considering methods benefiting the health of the broader population.

**Broader and population-based considerations should be a central element of a public health approach to drug policies.**

A public health approach to the world drug problem actually means a society-wide analysis of drug-related problems and their determinants as well as a subsequent systematic response from prevention policies, health systems and social services in a collective approach focused on the people and their needs.[38]

As the adverse consequences of drug use reach beyond the individual user, effective public health responses need to consider all adverse effects on the individual, their close surrounding, community and society. The solutions should build on the understanding of the causes and consequences of drug use and on identification of risk and protective factors in order to design a comprehensive, human rights based and cost-effective response rooted in sound and independent evidence.

**Drug use and its consequences are a public health issue and must be addressed as such through evidence-based prevention, treatment and recovery options.**

Substance use disorders are fully preventable and treatable. The use of evidence-based prevention programs, both universal and targeted to high-risk individuals, has shown positive outcomes in reducing not only drug initiation and escalation of use but have broader outcomes on reducing aggression, marginalization, early pregnancies, and on improving mental health and educational outcomes.[39]

Addressing the world drug problem requires that countries' public health systems be prepared to take action on social determinants; promote healthy norms, environments and lifestyle options; prevent or delay the onset of drug use; prevent and mitigate the adverse effects of drug use; and treat, rehabilitate and fully reintegrate people with substance use disorder employing effective interventions within a framework that protects their fundamental rights.

## FLAWED DISCOURSE ABOUT THE UN DRUG CONVENTIONS – SETTING THE RECORD STRAIGHT

The discourse to question, undermine and attack the UN Drug Convention centers around several issues. The conventions are attacked for allegedly encumbering access to medicines, impeding the provision of harm reduction services, fueling the violation of human rights, excessive imprisonment and for legitimizing capital punishment.

The goal of the Conventions is to ensure the health and welfare of humankind. They are in fact health-centered, protecting people from the potentially dangerous effects of controlled drugs.

**The Conventions do not support and never mention the death penalty for drug related crimes or other inhuman responses.**

One of the primary aims of the Conventions is to guarantee the availability of essential drugs for medical interventions, as "indispensable" tools for the treatment of a variety of medical conditions. It means that under the Conventions, the use of drugs is not prohibited. It is restricted, allowing the production, manufacture, export, import, distribution, trade in, use and possession of controlled substances exclusively for medical and scientific purposes.

For example, the 1961 Convention, the Psychotropic Convention and the Anti-trafficking Convention, are not opposing or out ruling the use of controlled drugs for treatment purposes as long as they are used for medical purposes and under medical supervision.

Furthermore, the Conventions include harm reduction as part of the solution. Member States agreed already in 1988 that demand reduction policies shall aim at preventing the use of drugs and at reducing the adverse consequences of drug abuse.[40] The measures of harm reduction should be considered part of, or a clinical segment of, a broader continuum of care and never as stand-alone efforts.

The Conventions intend to foster other responses than imprisonment. The 1961 Convention recognizes that an unwholesome environment is a primary factor contributing to the susceptibility of individuals to use controlled drugs outside the intended or prescribed medical purpose. The 1988 Convention indicates that legislation should identify and divert cases of minor nature from the criminal justice system.

Last but not least, the Conventions promote the human right to health and safety.

**The Conventions stipulate that it is the responsibility of all governments to create safe environments that enable people to reach the highest attainable standard of physical and mental health.**

Nothing in the Conventions provides justification for punishment or other actions directly contrary to human rights, such as torture, humiliation during treatment and coercion.

## FLAWED DISCOURSE ABOUT THE NATURE OF COMMERCIAL AND PROFIT INTERESTS AND THE ALIGNMENT BETWEEN ADDICTION INDUSTRIES – SETTING THE RECORD STRAIGHT

Drug legalization inevitably unleashes commercial profit interests in the production, distribution, sale and marketing as well as the regulations governing the products and practices of the industry profiting from the addictive substance in question. For an evidence-based conversation about drug policy, this is a crucial lesson that needs to be taken into consideration.
Cannabis legalization in the few jurisdictions that have proceeded with the experiment, has delivered alarming examples of how this plays out:

1. Massive commercial investments in product development and marketing
2. Increasingly aggressive political lobbying to stave off regulation
3. Pervasive marketing targeting and exposing children and youth
4. The promotion of unproven effects of products
5. The manufacturing of false debates
6. Disinformation campaigns
7. Attacks on legitimate and independent science

**In jurisdictions where cannabis has been legalized this playbook is coming to the forefront.**

More young people are exposed to highly potent cannabis products, use of edibles and vaping. There are gummy bears, cotton candy, "Cookie Monster" cookies, ice-cream, "Hello Kitty" Vape pens.

**Addiction industries thrive on making their products more available but so far the lessons from the tobacco and alcohol industries have been absent from the discourse about the nature and character of commercial profit interests in the addiction industry.**

Availability in its four dimensions – psychological, social, physical and financial – drives profits. And when drugs are legalized, profitability and dividends for shareholders are the name of the game, not public health and safety – as is already clearly visible from financial journalism reporting.

The current discourse about drug policy ignores the alignment between addiction industries. Big Alcohol and Big Tobacco are making serious investments into Big Marijuana, and so do hedge funds. AB InBev, the largest beer producer that controls one in every three beer bottles sold on the global market, has signed a deal with Tilray – a Canadian marijuana giant.[41]

Altria Group, the parent company of Phillip Morris International agreed with Cronos Group (CRON) to invest about $1.8 billion in the Toronto-based Cannabis company.[42]

Heineken, the second largest beer producer worldwide, is among the first to launch a non-alcoholic pot-brew, called Hi-Fi Hops in collaboration with AbsoluteXtracts - a manufacturer of cannabis-based products.[43]

The alignment and integration among addiction industries is proceeding quickly, as marijuana companies are increasingly hiring former staff from alcohol companies to utilize their expertise in how to turn addictive, harmful products into windfall profits. Lisa Campbell, CEO of the Toronto-based Lifford Cannabis Solutions, said: "Beverage alcohol executives are familiar working with regulated products, so they are able to navigate restrictions and come up with creative solutions."[44]

## FLAWED DISCOURSE ABOUT ALCOHOL AND TOBACCO CONTROL – SETTING THE RECORD STRAIGHT

In the discourse about the world drug problem, it is often argued that the UN Drug Conventions have utterly failed, that prohibition of drugs has caused unspeakable human rights violations and that legalization of drugs, like with alcohol and tobacco is a much better model to reduce harm.

By the same standards such a discourse is obviously flawed.

Alcohol and tobacco control are not success stories and are by no means suitable example for the legalization of other harmful substances. While there has been significant and commendable progress in the last few decades, especially in tobacco control thanks to the adoption of the Framework Convention on Tobacco Control, alcohol and tobacco kill more than 9 million people every single year. The epidemic proportions of harm, the human rights violations, the massive treatment gap, the severe impact on health, development, economy, justice and the environment and the continuous thriving of the alcohol and tobacco industries are all strong reasons to question the discourse about alcohol and tobacco control as better models for drug policy than the UN Drug Conventions.

**The current discourse about alcohol and tobacco control as better alternatives to the UN Drug Conventions is flawed because it ignores that the Conventions have succeeded in keeping drug use prevalence relatively low and relatively stable and that alcohol and tobacco use prevalence is much higher, with mortality and morbidity being also much greater.**

The prevalence of use, the availability, the marketing, the corrosive effects of entrenched tobacco and alcohol industry interests and related levels of harm are all much greater compared to the world drug problem. This is not to argue that the world drug problem is or should be a fringe issue. The analysis above should prove that point. But this is to maintain that the discourse about alcohol and tobacco control as models for drug policy should be questioned and challenged.

Even in the few countries worldwide that are implementing comprehensive, evidence-based, cost-effective alcohol control measures, alcohol availability, prevalence of use and related harm are much higher than for illicit drugs.[45] And levels of alcohol harm are not coming down at the rate and speed they should to better protect human rights and promote health and development for all.
What is compounding the situation is that the alcohol industry lobbies aggressively and relentlessly to undermine even the most successful and scientifically unimpeachable alcohol control models, as can be seen by the attacks on Scandinavian alcohol retail monopolies, or on the legal age limit in the United States, or on the alcohol and tobacco taxation model in Thailand.

**It is well documented that the alcohol and tobacco industries seek to undermine, derail and obstruct any efforts of governments to formulate and implement cost-effective, high-impact, evidence-based policy measures that would reduce alcohol and tobacco use and the related harm.[46]**

The 2018 WHO Global Alcohol Status Report shows that countries on the African continent are now bearing the heaviest burden of alcohol-related disease and disability, although Europe is still the continent with the highest levels of alcohol consumption. The reason for such a heavy burden is the lack of coherent legislation, its enforcement and implementation infrastructure. A key determinant for this situation is interference by the alcohol industry that works aggressively to stave off any attempts to limit its profits in the "emerging market".

There are many examples of alcohol and tobacco

industry interference with governments' legitimate attempts to protect public health. For example, Philip Morris filed a complaint against Uruguay after the country introduced comprehensive tobacco control legislation. Philip Morris took the government to court, seeking $25 million in compensation for lost revenue. The case was decided after 6 years of extremely expensive trials in favor for Uruguay.[47] Similar cases were filed against Norway and Australia.

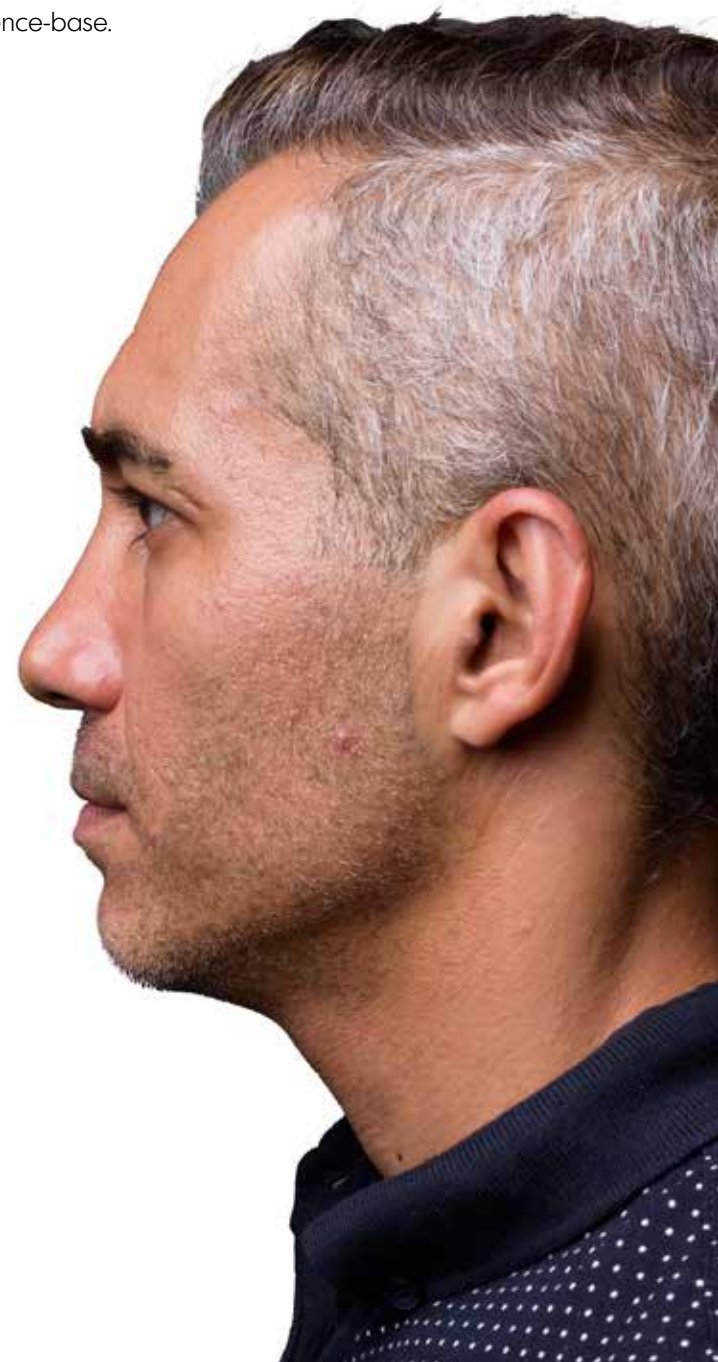
Evidence already shows that profit interests in the cannabis industry – Big Marijuana - are using the same lobbying playbook to oppose, undermine and derail attempts to better regulate cannabis as has been used earlier by Big Alcohol, Big Tobacco and Big Pharma. For example, local cannabis retailers in California are frustrated by the alleged "burdensome" regulation, including high levels taxes. They lobby against these regulations, claiming that "small business cannot afford to roll like that". [48]

**Attacking the most effective alcohol and tobacco control measures is the key element of the lobby playbook of the tobacco and alcohol industries.**

And recently in Ireland, the alcohol industry used alleged interests of "small-scale" shop-owners to undermine, obstruct and derail the efforts to adopt the Irish Public Health (Alcohol) Bill.

Another tactic that the alcohol and tobacco industries apply is to manufacture false debates. They shift the focus from the harms inherent in their products and practices to the responsibility of the user. The pharma industry with their profit interest in the drug market has already demonstrated similar behavior where pharma representatives guided efforts to mislead doctors and the public about their drugs' addictive capacity, and blamed misuse on patients.[49]

Already a simple analysis shows that alcohol and tobacco control do not serve as models for drug policy. For example, countries are not on track to even achieve the modest target of reducing per capita alcohol use by 10% by 2025. Virtually no government is responding to the alcohol epidemic with action commensurate to the burden.[50]
For all these reasons, discourse that promotes alcohol and tobacco control as responsible models for drug legalization is flawed, irresponsible and contradicts the evidence-base.



## FLAWED HARM REDUCTION DISCOURSE – SETTING THE RECORD STRAIGHT

"Harm reduction" typically describes policies and practices that aim to reduce the harms associated with drug use by people who are unable or unwilling to stop. Unlike prevention, the focus is not so much on changing the person's substance use behavior and affecting positive long-term outcomes that go beyond substance use, but rather on protecting the user (and perhaps others) from foreseeable harm in the short-term. For example, health and social services that assist drug users with their acute problems are vital for people using drugs and it is their right to receive comprehensive help. Assistance with acute problems provides essential support for those who seek to address their substance use disorder. Such harm reduction services integrate users into the health care system and help treat and contain co-morbid conditions.

The concept of harm reduction is neither new nor particularly innovative among policies and strategies to address the effects of harmful substances.

**The provision of health and social services to people suffering from substance use disorders has long been an element of national policies in jurisdictions that have taken substance use issues seriously.**

What is new, however, is the current discourse centered on the suggestion that harm reduction policies alone represent an adequate alternative to other strategies designed to prevent and reduce the effects of harmful substances at much earlier stages in their progression. Such approaches to introduce harm reduction measures in very early stages of drug use, replacing prevention interventions, will inevitably lead to higher levels of drug-related harm.

But drug-related harm adversely affects multiple sectors of society, including (but not limited to) health care, education, employment and productivity, law enforcement and crime, as well as child rights and child development. No one approach to those problems is sufficient to address this wide range of impact. The harm reduction paradigm is not sufficient to replace a comprehensive drug strategy in global, national and local drug policies.

**Especially in the era of sustainable development, prevention is by far the most effective strategy to reduce and minimize harm.**

Broad population-oriented interventions, including demand and supply reduction measures that target and seek to reduce the prevalence of drug use and its social acceptance are key to harm reduction, because they work to minimize the first occurrence of drug related harm when it is easiest and most cost-effective to address and manage. Early interventions can prevent enormous human suffering - among drug users and the many people around them.

Unimpeachable scientific evidence shows that prevention is cost-effective; it is sustainable and people-empowering; and it is the most humane policy option, particularly in the context of assuring the best interests of the world's children.

A more nuanced and evidence-based discourse would highlight that a broad, comprehensive approach to drug demand and supply reduction is necessary. Clearly, prevention alone is not enough to solve the enormous and complex problems of illicit drug use. Prevention must be supplemented by a comprehensive system of treatment and recovery options, health services, and various harm reduction measures as well as interventions for reintegration. Those interventions and programs, however, should not replace but underpin prevention as the primary strategy.

Knowing the extend of drug related harm and understanding the root causes of drug use, the discourse should be more nuanced and ambitious than only promoting "harm reduction" in its narrow meaning.

## FLAWED DISCOURSE ABOUT MEDICAL MARIJUANA – SETTING THE RECORD STRAIGHT

In the discourse about the world drug problem, it is often claimed that marijuana is medicine. Marijuana is not medicine. But the cannabis plant may contain components that can have medical benefits if they are used in medicines that are properly produced, controlled and administered. More independent research and especially sound clinical trials are necessary to understand whether or not and which of the cannabis ingredients have medicinal benefits.

It is also important to realize that national laws on non-medical use of cannabis or other illegal drugs need not to be changed to use such drugs for medical purposes. This is the bottom line of the UN Drug Conventions, and this has been clearly established yet again in the UNGASS 2016 process: The conventions have a double purpose: to secure the availability of drugs for medical purposes and to prevent the use of the drugs for other purposes than medical or scientific use.

**Furthermore, there is no reason to make a drug available for a whole population just to provide medication for defined groups of people with defined diseases.**

This confusion, which seems to be created on purpose by some activists, is counterproductive for both policy development and for making medication available to groups in need.

A third fundamental concern is that medication based on cannabis ingredients must be subject to the same systems for testing and approval as all other medicines.

Data from the US shows that very few people who seek a recommendation for medical marijuana have cancer, HIV/AIDS, glaucoma, or multiple sclerosis.[51] In fact, in most U.S. federal states that permit medical marijuana, fewer than 2-3% of users report having cancer, HIV/AIDS, glaucoma, MS, or other life-threatening diseases.[52]

In the past 20 years, there has been a resurgence of patient interest in using cannabis and cannabinoids to treat a variety of conditions, including chronic pain, cancer pain, depression, anxiety disorders, sleep disturbances and neurological disorders, the symptoms of which are claimed to improve by using cannabis.

**For the great majority of these medical conditions, there is little evidence of effectiveness from controlled clinical trials, as the evidence about positive effects on these conditions is limited to studies that are rated as susceptible to bias.**

Reason for the bias are that they used small patient samples, were poorly controlled or did not compare cannabis or cannabinoids with placebo or active drug effects.[53]

The apparent need to conduct more research into the medical effects of cannabis and its use as medicine has recently received new attention, when the WHO Expert Committee on Drug Dependence issued the recommendation[54] to delete cannabis and cannabis resin from Schedule IV and keep it only in the Schedule I of the Single Convention on Narcotic Drugs.

However, components of marijuana can be scheduled for medical use, and that research is fully legitimate. It is important to note, too, that rescheduling does not generally correspond with criminalization or penalization.[55]

## FLAWED DISCOURSE ABOUT THE VISION FOR DRUG POLICY – SETTING THE RECORD STRAIGHT

In the discourse about legitimate drug policy solutions and goals, it is often claimed that the goal of drug free communities is unattainable, unrealistic and outright ridiculous.[56] In fact, the vision of a drug free world is held culpable for "policies and punitive enforcement practices which have undermined health, human rights, development and security."[57]

This flawed discourse about drug policy goals and objectives continues to treat the vision for drug-free communities as synonymous with the "punitive enforcement-led drug control paradigm."[58] A false dichotomy is perpetuated with the drug-free vision on one hand and drug policy solutions that minimize harm on the other hand.

It is important to assert that the world drug problem has not disappeared and that major challenges remain. In 2016, approximately 275 million adults used drugs, the largest number ever, and a 10% increase compared to the previous year. Drug use is especially increasing among the baby-boomer generation – a fact that illustrates how normalization of drugs during adolescence leads to increases in drug use later on in life.[59]

**At the same, it is equally crucial for a nuanced discourse to assert that in fact, drug-free communities exist and are thriving, and that almost 95% of the global adult population live free from drugs.**

Drug use among young people in countries around the world is decreasing, with more young people choosing to live free from drug use. For example, in the United States in 2018, teenagers' use of illegal drugs (other than marijuana and inhalants) reached the lowest level in the history of the survey for all three age groups.[60] In Sweden, drug use keeps decreasing among high-school students since the shift of the century.[61] The human right to health applies to these young people, too, who have a right to be supported and protected in their choice to grow up free from drugs. Such trends and choices among the young are very important contributions towards reducing drug-related harm. Supporting such developments should therefore be a priority in all national drug strategies.

To blame the apparent failures and shortcoming in the response to the world drug problem (as listed above) on the alleged underlying ideology of a drug-free world is simply not justified.

The global community has many ambitious goals. In 2014, the World Health Assembly adopted a new global tuberculosis strategy with ambitious targets.[62] The strategy aims to end the global TB epidemic, with targets to reduce TB deaths by 95% and to cut new cases by 90% between 2015 and 2035.

The Global Partnership to End Violence against Children[63] pursues the mission to end violence against children everywhere.

The WHO supports countries to eliminate malaria and become malaria-free. Globally, more countries are moving towards elimination: in 2016, 44 countries reported fewer than 10 000 malaria cases, up from 37 countries in 2010. Kyrgyzstan and Sri Lanka were certified by WHO as malaria free in 2016. In 2016, WHO identified 21 countries with the potential to eliminate malaria by the year 2020.[64]

The Global Polio Eradication Initiative works towards a polio-free world, driven by state-of-the-art vaccination policies, appropriate containment of the poliovirus in facilities, certification that polio has been eradicated, and planning for the transition of knowledge and infrastructure to serve other health goals.

There is growing international interest in advancing the tobacco endgame,[65] a legitimate policy objective to build healthier and more sustainable societies.

**"What, then, is the purpose of utopia?
It is to cause us to advance."**

**"The tobacco endgame concept moves thinking away from the mere control of tobacco towards plans for ending the tobacco pandemic, and foresees a tobacco-free future,"** says Barnsley in The Conversation.[66]

Countries like Ireland, New Zealand, Finland or Scotland set definitive target dates by which they intend to reduce tobacco use and/ or smoking prevalence to below 5% - tobacco-free societies.[67] And research into public support for such proposals suggests public support for endgame ideas and the goal of a tobacco-free future.[68]

These objectives are legitimate, bold and necessary to promote the Human Right to health and development for all. These objectives and visions are not responsible for excesses, Human Rights violations, gaps and shortcomings and other problems in the implementation of concrete policies and actions. Lack of will and political leadership to formulate and implement evidence-based strategies are culpable and policy-makers are accountable.

Drug-free, tobacco-free, violence-free, AIDS-free, TB-free, malaria-free, polio-free, poverty eradication or the elimination of hunger are all tall tasks, seemingly unattainable but highly important aspirations for a better world, and valid, legitimate needs of people, families, communities and societies at large.

**The 2030 Agenda stipulates the aspiration for a world "free of poverty, hunger, disease and want where all life can thrive".**

Any serious drug-policy discourse should treat such aspirations and goals with respect. Violence of any kind and other Human Rights violations are by no means compatible with the vision of a drug-free world and can't be excused by it.

The vast majority of people live drug-free and have a right to live in drug-free communities. Also most people who use drugs live most of their days drug-free over their lifespan.

This issue reminds of Galeano's poem: Visions are important not for their feasibility, but as and aspiration and to set a direction. A "drug-free world" is not a target but a vision. It indicates that lesser drug use will cause fewer drug problems and a better society. Just as the SDGs on poverty eradication and gender equality are very ambitious and seemingly unfeasible; but they provide a direction and an aspiration. They could also easily be ridiculed rather than be used for inspiration and mobilization to start working for a better world.

# TEN YEARS AHEAD
THE THIRD WAY

**"Beyond false dichotomies, there is a third way into the future for drug policy"**

1. Drug use and related harm is a major obstacle to sustainable development in all its dimensions.

2. Comprehensive, evidence-based drug policy measures are critical to help achieve multiple SDGs.

3. Keeping drug use prevalence low is the best prevention.

**4. Make prevention the priority it should be: in the era of the SDGs preventing harm from occurring is economically smart, scientifically sound and ethically right.**

**5. Human rights based, gender-sensitive, community-rooted comprehensive care packages for all people and groups affected by drugs are imperative to leave no one behind.**

The discourse about problem description and solutions identification in the context of the world drug problem is tilted and characterized by pervasive misrepresentations, oversimplifications and ideological statements instead of evidence-based assertions. Such a dialogue is one of the key reasons for paralysis in the response to the world drug problem.

The polarization of the discourse into only two approaches – either prevention or harm reduction, either war against drugs or war for drugs - can prevent a constructive dialogue and hinder evidence-based solutions to come to the forefront.

It is imperative to explore and use the policy space between the portrayed extremes, to foster discussion and implementation of a range of useful alternative approaches, and to bring back nuances into the discourse about effective, comprehensive, sustainable solutions. Such a nuanced approach is well taken care of in the Outcome Document from UNGASS 2016 and must be brought forward when it now comes to implementation of the document.

The CND discussions after UNGASS 2016 have reaffirmed that there are inspiring and innovative solutions developed and implemented in the vast middle ground between the portrayed extremes.

The third way offers a wide variety of effective population-level policy options and community interventions. Their implementation requires no fundamental changes in the Conventions or in most national legislation. As a matter of fact, the global community has not yet managed to live up to the potential of the policy space that the UN Drug Conventions offer and the UNGASS 2016 Outcome document reiterates.

Therefore, the third way solutions for the world drug problem offer vast and largely untapped possibilities to significantly reduce drug use prevalence, mobilize a million communities for drug prevention, protect and promote Human Rights of drug user and affected communities, and thus help achieve multiple SDGs.

## AGENDA 2030 - THE CASE FOR A COMPREHENSIVE APPROACH TO THE WORLD DRUG PROBLEM

Drug use adversely impacts not only physical and mental health of the users, but also their economic productivity, socio-economic status and their social fabric. It burdens public health and safety, the environment and the economy each year with serious harm and related costs and threatens the peaceful and sustainable development and efficient functioning of many societies.

The 2030 Agenda for Sustainable Development and its goals affirm that "there can be no sustainable development without peace and no peace without sustainable development". As UNODC's World Drug Report shows, harm caused by illicit drugs has significant impact on peace, security and development.[69] The response to the world drug problem needs to build on the Agenda 2030, especially by taking into account the conditions and needs of the most vulnerable and marginalized populations. Countering the world drug problem and efforts to achieve the Sustainable Development Goals are thus complementary and mutually reinforcing.




**Drug use is an obstacle to poverty eradication in all its forms**

Poverty is a significant risk factor for drug use. Conversely, drug use itself frequently places a significant strain on the finances of people with drug dependence and also on the finances and the functioning of their families. Many drug-dependent people are trapped in a vicious cycle of poverty, drug use, ill-health and marginalization because of a wide range of factors, such as family breakdown, less extensive support networks, lack of education and limited access to employment opportunities and health care.[70]

## Drug use is an obstacle to health and well-being for all

Drug use related health problems cut across the life course and can start as early as before or during birth. People who use drugs regularly tend to live with disability and die prematurely. In addition to suicide, trauma, mental health problems, disability and premature death, people who use drugs are at risk of contracting diseases such as tuberculosis, hepatitis C, liver cancer and HIV. Drug use also has an adverse impact on public health by increasing the risk of violence, road traffic accidents and accidents in the workplace, causing serious harm also to the people around drug users and the wider community.




## Drug use is an obstacle to quality education and employability of children, adolescents and youth

Drug use poses a serious threat to SDG4 in at least two ways: the way it directly affects children and youth who are involved in drug use and drug trafficking; and the way it affects children and youth indirectly through drug-related harm impacting family life and functioning. Due to regular drug use, parental roles are neglected, wages are wasted on drugs, the household economy is weakened, and scarce resources cannot be invested in children's primary education. The resulting health issues often exacerbate such dire situations.

## Drug use is an obstacle to gender equality, women's rights and female empowerment

Women's drug use differs greatly from that of men, but in many cases we lack proper knowledge. Women who have experienced childhood adversity internalize behaviors and may use drugs to self-medicate. Gender-based violence is reportedly higher among women who use drugs. Women are at a higher risk of infectious diseases than men. Women may not only be victims, but also active participants in the drug trade. Women suffer serious long-term social and health consequences of incarceration related to drug use and drug-related offences.[70] There are too few specialized facilities for women to seek treatment. This creates a major obstacle both for them as well as their families, especially their children.[71]

## Drug use is an obstacle to economic sustainability and productivity

There is a reciprocal causality in the relationship between drug use and employment status: drug use exacerbates the risk of unemployment, while unemployment increases the risk of drug use.[72] The economic costs of drug use in the workforce can impact productivity.[73] Another dimension of the economic harm caused by drugs is the phenomenon of NEETs (Not in education, employment or training). Early substance use disorder is a well-documented risk factor for young people leaving school early and starting life without formal qualifications.[74]

## Drug use is an obstacle to social inclusion, equality and socio-economic development

Drug use adversely impacts not only physical and mental health of the users, but also their education, economic productivity, socio-economic status and social network often leading to the marginalization of drug users. Due to stigma connected with drug use, many people who have overcome their drug use disorder remain on the margins of society having problems finding housing, a decent job, new social contexts – simply - start a new life. It is the lower socioeconomic groups that tend to pay a higher price for drug use.

# DRUG POLICY FUTURES RECOMMENDATIONS

## DEVELOPMENT THROUGH DRUG USE PREVENTION

Drug Policy Futures – a global network of grassroot NGOs - recommends Member States to prioritize the following areas of action in the years till 2029:

1. **Reduce drug use prevalence**

2. **Invest in prevention**

3. **Mobilize communities**

4. **Prioritize early intervention and assistance to vulnerable groups**

5. **Prioritize screening and brief interventions**

6. **Offer treatment, rehabilitation, and harm-reduction alternatives**

7. **Foster reintegration of people who use drugs**

8. **Support self-help groups for drug users and people in recovery**

9. **Social programs = Effective drug policy programs**

10. **Support Alternative Development**

11. **Develop and implement alternatives to incarceration**

12. **Implement the principle of proportionality in sanctions**

13. **Focus on the special needs of women**

## 1. REDUCE DRUG USE PREVALENCE

The overarching goal of every Member State's drug policy should be to reduce the prevalence of drug use. This will lead to lower numbers of problematic drug users, as well as a reduction in numbers of adolescents who are exposed to drug use in their peer group. Member States should monitor drug use prevalence regularly and adjust policies based on results to make prevention programmes more efficient. Prevention and reduction of drug-related harm should intersect with numerous policy areas such as public health, social, labor market, justice and school policy.

## 2. INVEST IN PREVENTION

Since drug use disorders involve such large human costs and place such a heavy burden upon society on so many levels, it is in every government's interest to invest in the prevention of drug use. For every dollar spent on prevention, at least ten can be saved in future health, social and crime costs.
The return on investment in prevention, besides the 1:10 yields is the healthy and safe development of children and youth who can realize their full potential and become contributing members of their community and society.[79]

best practice

## PREVENTION PLATFORM UTRIP SLOVENIA

The main aim of the Prevention Platform is to mobilise communities and groups of prevention practitioners all over Slovenia and wider to invest more human and financial resources in evidence-based prevention policies and practices in different settings (e.g. schools, families, communities, workplaces, policy, media, advocacy etc.). The main target groups are local authorities and institutions in Slovenia, such as schools, health and social services, youth centres, police, employment agencies, NGOs etc. The Platform wants to improve significantly the knowledge and skills of employees and volunteers of those institutions, so they can implement evidence-based practices in their own institutions without external assistance.

The Platform organises a lot of events, such as conferences, trainings, panel discussions. The purpose of the Platform is to expand quality prevention across the country.

It is based on UNODC International Prevention Standards and European Drug Prevention Quality Standards (EDPQS). Its innovative character is based on building synergies between several effective approaches with very strong community mobilisation and advocacy component.

Today the Platform involves more than 100 active staff. In last 10 years, more than 1500 people were involved actively in the Platform activities and most of them still implement evidence-based prevention interventions in their own communities. Results show that smoking, occasional drinking, frequent drinking and intoxication as well as marijuana use and the use of other illicit drugs decreased significantly among students who participated in the implementation while it had not changed much among students in control groups. Major effects of the programme include positive changes in parenting skills and parenting styles in both parents.

# 3. MOBILIZE COMMUNITIES

Effective prevention efforts are even more impactful when they are synergistic and implemented in a whole-of-community approach. Community mobilization should involve local authorities and public services, schools, police, parent groups, community-based organizations, sports clubs, religious groups, and neighborhood alliances to foster comprehensive approaches to problems affecting the community.

best practice

## COMMUNITY PROBLEM SOLVING & THE COALITIONS STRATEGY CADCA USA

An evidence based community coalition approach that includes at least 12 community sectors including youth, businesses, parents, media, residents, law enforcement, schools, faith and civic organizations, health providers, social service agencies and government – to collaborate and develop plans, policies and strategies to achieve reductions in the rates of illicit drug use at the community level. Communities are trained on all the overarching components of the Strategic Planning Framework. CADCA's trainings on coalition development also promote community mobilization, civic engagement and the development of social capital.

The strength of this comprehensive approach is that it not only identifies a community's issues, problems and gaps, but also its assets and resources. This allows a community to plan, implement and evaluate its efforts across all community sectors in all relevant settings for individuals, families, schools, workplaces and the community at large.

Coalitions that have received training and technical assistance from CADCA report significantly higher levels of effectiveness. The national evaluation states that past 30-day prevalence of alcohol use declined by 27 percent, tobacco use declined by 33 percent, marijuana use by 16 percent and prescription drug use by 11 percent.

Since 2003, CADCA has supported communities throughout the United States by providing 2,239 trainings, reaching 113,147. Since 2005, CADCA has support communities in over 30 countries around world by providing 1,035 trainings, reaching 31,050 individuals face to face, establishing a global network of nearly 300 community coalitions

*CADCA - Community Anti-Drug Coalitions of America

best practice

## POPULATION LEVEL REDUCTION OF DRUG USE IS POSSIBLE ECAD

Young people are risk seeking and unlikely to listen to messages discouraging drug use from older generations. The young brain is vulnerable to harms from drugs, including risk of addiction. Designing strategies to mitigate causes of drugs use is therefore hard, yet imperative to promote well being in society.

ECAD is promoting an evidence based primary prevention model that have worked well on Iceland to other countries in Europe. Through an extensive mapping of risk and protecting factors in local communities the social environment in which young people grow up can be designed so that young people will satisfy their needs through healthy and natural rewards rather than risk seeking behaviour such as drug use. ECAD is advocating for the model through various international settings such as the UN, the EU, the OSCE and the Pompidou Group as well as within our network of cities and local communities in Europe. ECADs also targets national governments inside and outside of Europe.

The model is designed as a dialogue between researchers, the youngsters and the local communities. Feedback is given regularly through survey data and the local implementation of interventions grounded in the data. Parental monitoring and support, healthy lifestyle, tighter regulation on tobacco and alcohol are some of the mechanisms implemented by the communities participating in this approach.

The result is a consistent reduction in young peoples use of alcohol, tobacco and illicit drugs (On Iceland from 48% to 5% within 15 years).

*ECAD - European Cities Action Network for Drug Free Societies

## 4. PRIORITIZE EARLY INTERVENTION AND ASSISTANCE TO VULNERABLE GROUPS

Early interventions by teachers, health or social workers, as well as family and neighbors can make a difference in many children's lives. Schools and local communities should set up systems to identify and help youth who struggle with childhood trauma, family problems, abuse, school attendance, and other problems. Evidence-based prevention strategies guiding the work with parents, schools and communities can ensure that children and young people, especially the most marginalized and poor ones, grow and stay healthy and safe into adulthood and old age.

## 5. PRIORITIZE SCREENING AND BRIEF INTERVENTIONS

In order to identify those who struggle with various traumas and difficulties in life and maybe have already initiated drug use, evidence-based comprehensive screening and brief interventions and referral to treatment mechanisms are of crucial importance. Early identification and help unfold both harm reduction as well as prevention effects.

best practice

## STRONG&CLEAR IOGT NORWAY

Strong&Clear (Sterk&Klar) program was created to prevent underage alcohol use and use of illicit drugs (mainly cannabis) among teenagers.

It is a prevention programme mobilizing all parents of adolescents between the age of 13 to 16 in the local society as local prevention agents. Strong&-Clear was initiated in 1997. It is funded by government grants, is fully in line with the International Standards on Drug Prevention on parenting skills programmes, and reaches 5000 parents in Norway every year.

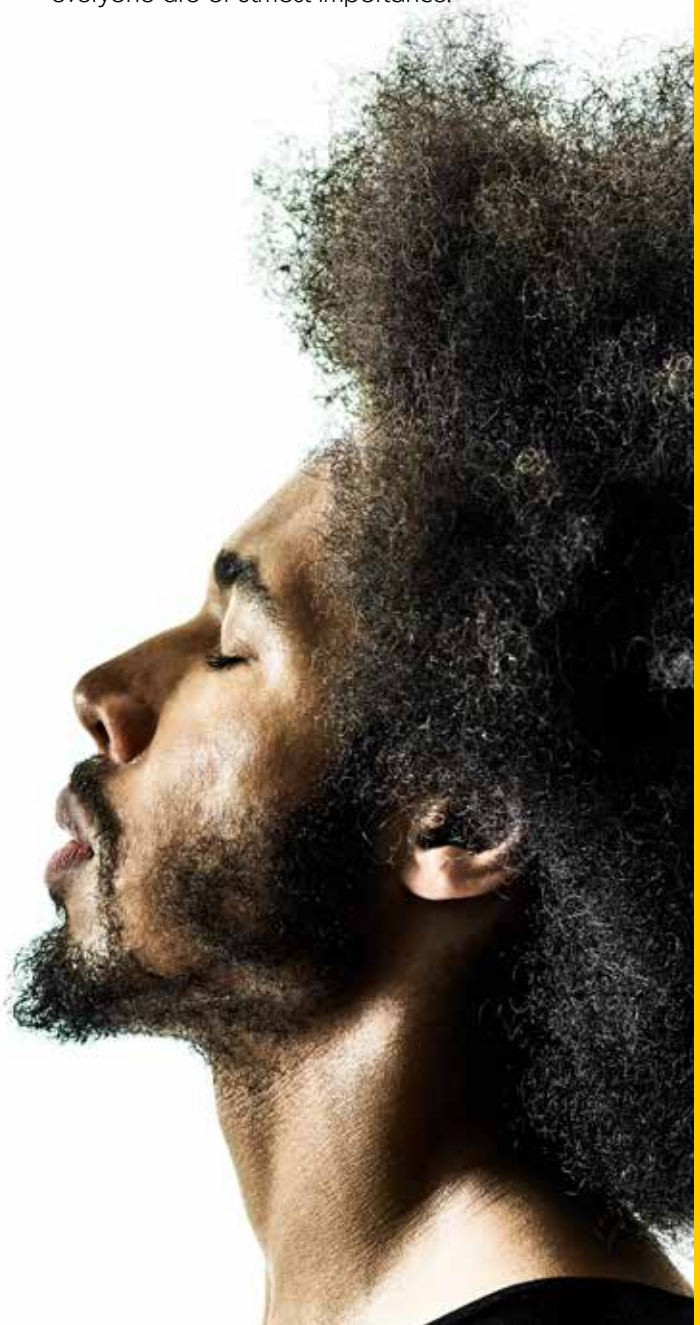
Through four parent meetings, parents learn how to be positive role models and to consider their own attitude towards alcohol and drugs  how to guide young people and how to prevent alcohol and drug use among adolescents. Parents are trained in groups and build networks that function as a local prevention resource.

The method provides information, offers case study and challenges the group to agree upon five common rules, it gives  funds for parents and their teenagers to arrange an activity together and it challenges teenagers to sign a deal with Strong&-Clear, agreeing to spend their high school years without using alcohol and other drugs.

The evaluation of the program shows that the parents who joined the program were more engaged with the topic, their attitudes toward adolescents' alcohol use became more restrictive and were more reluctant to give alcohol to their children.  As a result their children initiated alcohol use later than their peers whose parents did not take part in the program. They have as well used less alcohol and were rarer intoxicated compared to their equals.

## 6. OFFER TREATMENT, REHABILITATION, AND HARM-REDUCTION OPTIONS

Treatment, harm reduction, rehabilitation and reintegration should be integrated and offer a wide variety of approaches to cater to different needs of the individual. The goal of treatment should be to reverse the negative impact that persisting drug use disorders have on the individual and to help them achieve as full recovery from the disorder as possible in order to become a productive member of their society. Good quality, accessible and affordable treatment care packages for everyone are of utmost importance.



best practice

## RECOVERY - A VALUE FOR SOCIETY SAN PATRIGNANO ITALY

An individual oriented recovery and social reintegration community system that considers addiction a disorder that can be cured. Every person who arrives to San Patrignano asking for help is seen as a unique individual, full of potential to be rediscovered if treated with respect and dignity. Quitting drug use or other unhealthy behaviours is not enough for successful reintegration. Each client in Sant Patrignano receives a tailor made program, made up of different opportunities (social relations, education, job training, leisure time activities) for them to build self-confidence, self-esteem, life and job skills that would allow their successful return into society.

Independently verified follow up evaluations showed a success rate over 70%. A recent research by Rome LUISS University and Lisbon Catolica University shows that the San Patrignano model not only is not a burden to nations' welfare system, but by changing the life of people with addiction problems, and helping them to re-join society as contributing members it creates a value of 5.21 euros per 1 euro received as donation or grant.

Today San Patrignano is the largest drug rehabilitation community in the world, welcoming youngsters and adults with drug abuse problems. In the last 40 years San Patrignano has provided, completely free of charge, over 26,000 people with a home, the warmth of a family, medical and legal assistance, as well as the possibility of continuing their studies, attending job training and finally returning to the society. Currently the Community is home to 1,400 people and approximately 10% of the residence are foreigners.

best practice

## FREE FROM HEROIN
## ADIC SRI LANKA

Drug free or free from drugs - a program for heroin users to be free from drugs

A drug treatment approach building on the premise that quitting drug use does not equal being free from drugs. The approach is rooted in buddhist psychology and it is a serie of methods (drop-in center, one on one counselling, community based camps and support groups, group meetings etc) that empower individuals to observe their drug use behaviour critically and create behavioural change leading to a drug-free life. The program provides motivation tools and reintegration strategies helping heroin users cut the psychological need for the drug.

The results of this program reach beyond the individual drug user's behavioural patterns starting with reduction of drug use and ending with drug free mentality, but bring changes into their lives in general such as restarting ordinary life, rebuilding relationships, reconnecting with family and being integrated into society. Moreover the clients after taking part in the program demonstrate greater involvement in their family's life and in their households,

## 7 FOSTER REINTEGRATION OF PEOPLE WITH DRUG PROBLEMS

Failing to reintegrate people in early recovery back into their communities wastes resources. Recovery from drug use disorder requires support from family and the community, a place to live, education or job training, meaningful work, transportation, childcare, a social network, and meaningful leisure activities as well as relapse prevention. Treatment centers and local municipalities must coordinate reintegration from the very start of the treatment program.

## 8 SUPPORT SELF-HELP GROUPS FOR DRUG USERS AND PEOPLE IN RECOVERY

Across the globe, self-help groups and support group services for drug users prove to be a successful tool for overcoming drug use disorders and reintegration into society afterwards. Such groups and programs are thus a highly useful complement to more formal treatment services, and they provide much needed help in settings where few or no other options exist. Therefore self-help groups should be available as a part of treatment and recovery services in all countries.[75]

## best practice
## SOCIAL REINTEGRATION STIJENA RESOC CROATIA

There is a gap between finishing a rehabilitation program in a therapeutic community, short term hospital intervention or finishing their prison sentence and joining the ordinary life again.
Social reintegration is filling the gap and is a complex part of the recovery process.

The program offers service only to those who agree on joining and feel the need to be part of it. When the understanding of the needs is reached, the program addresses the various needs such as social needs, legal assistance, advisory assistance, psychological assistance, belonging to the group, and employment. As the last 15 years of experience show those are usually the key issues to those in the reintegration process. The services continue until clients reach maturity, independence and social responsibility.

Number of people, different organisations or institutions are involved in the model in order to provide adequate and successful assistance. Involvement of NGO sector and all of the relevant government agencies in this model is crucial for the result effectivity.

One of the positive effects of the program is the low crime relapse, high rate in drug free recovery and the greatest achievement is that the clients have become a healthy part of society who are employed and develop sound family and other social connections.

## 9. SOCIAL PROGRAMS = EFFECTIVE DRUG POLICY PROGRAMS

Breaking the cycle of vulnerability and providing children and youth with the skills, education and opportunities critical to their personal development and employment is of a great importance. A wide variety of social programs ad-dressing homelessness, social deprivation, unemployment and exclusion from educational opportunities not directly related to drug use and related harms have the potential to prevent and reduce the consequences of drug use. More-over, they are likely to reap benefits in the long term.[76]

## 10. SUPPORT ALTERNATIVE DEVELOPMENT

A development approach aimed at improving people's quality of life and the impact on environment is needed to mobilize local communities where illicit drugs are produced. Governments should fund alternative development programs in drug-producing areas where essential basic services are an integral part: access to roads, schools, primary health-care services, electricity, promotion of farmer associations, micro-finance schemes, management of available financing resources etc.

## best practices

## SOCIAL PROGRAMMES FOR CHILDREN IN KAMPALA UYDEL UGANDA

Many children in the slums Kampala live homelessness and in poverty. In order to provide living for themselves they engage in survival sex practices and often use drugs as to cope with the exploitation they are exposed to.

UYDEL through its program identifies annually 1200 children in the city of Kampala who are in need and empowers them through life skills trainings that lead to behavioural change, trainings in peer drug resistance and vocational skills education.

UYDEL also contacts and works with the children's families to facilitate the recovery and reintegration. As a result, the children usually withdraw from the exploitative activities, reduce or quit drug use and engage in empowering economic activities.

## 11. DEVELOP AND IMPLEMENT ALTERNATIVES TO INCARCERATION

Several countries have already implemented an array of diversion programs to replace incarceration or fines as reaction to minor drug offences, including dissuasion commissions, youth contracts, drug courts, and rehabilitation programs for drug users. More countries should follow suit and experiences should be shared internationally, organized through UNODC.

## 12. IMPLEMENT THE PRINCIPLE OF PROPORTIONALITY IN SANCTIONS

Sanctions for drug-related offences must be proportional to the crime committed. The UN Drug Conventions do not demand incarceration for drug users. Rather, they encourage prevention, treatment, and rehabilitation as alternatives. Additionally, militarization of law enforcement, capital punishment and other inhumane and disproportionate methods should be abolished as they are not in accordance with the spirit of the conventions.

## best practice
## MINORS' CENTERS SAN PATRIGNANO ITALY

Young people come to San Patrignano through the court of minors and social services. San Patrignano takes care of all the needs of the young residents, ensuring the completion of studies and offering parallel educational and recreational activities that can contribute to the full development of their personality.

Education, sport, theatre workshop, life skill labs: the daily life of these boys and girls is made of different, stimulating opportunities able to nurture their personality, help them to discover their interests and develop their talents.

The activities San Patriganano offers help to regain self-esteem and confidence and are designed to encourage the psycho-physical development of children while the youth is recovering from the pre-existing traumas and disruptive effects caused by drug addiction.

The reconstruction of relationships and family ties as well as situations experienced within a family is essential to foster harmonious growth and future reintegration.

Besides residential facilities especially designed for young people, we provide complete medical and legal assistance, education and 24/7 support by trained staff.

From its foundation in 1978 to date it has received over 540 minors. Currently (2018) the community is home to 53 minors, 25 girls and 28 boys.

13.

## FOCUS ON THE SPECIAL NEEDS OF WOMEN

To tackle the world drug problem it is absolutely vital to craft drug policies that consider and tend to the special needs of women and the great level of stigmatization they are exposed to. Research, prevention programmes, treatment interventions for drug use disorders and alternative development programmes, as well as the criminal justice response to drug related offences, need to be gender sensitive.

best practice

## SAKOONGAH FOR WOMEN SUNNY TRUST PAKISTAN

Sakoongah - A house of peace and tranquility for Women with Substance use and Mental health disorders

Drug abuse in Pakistan is typically considered a male problem, but according to a UNODC survey female make up 22% of all drug abuse in Pakistan. However female drug abuse tends to be under-reported and under-studied. Lack of female-friendly services and female drug users' reluctance to seek professional help due to stigma, family reputation, marital risks and cultural constraints make them suffer in silence or be exploited by quacks and dubious faith healers.

Sunny Trust has developed a separate facility and is working on creating Sakoongah. While making sure that there is a facility available exclusive for female, Sunny Trust is as well raising awareness about female drug abuse by organising seminars, focus group discussions with different community stakeholders, preparing volunteers for social mobilisation, providing internship and mentorship for university students in order to reduce stigma and build social support.

Sunny Trust has reached 280 members of law enforcement agencies, 700 students, 150 nursing staff members, provided mentor ship to 2 US Exchange ambassadors, internship to 8 students in the last two years.

The number of staff dealing with female clients have increased from four to 12. And number of female outpatients has doubled from last year.

# MONITORING SYSTEM
## TOWARDS 2030

In the era of sustainable development, the year 2030 is an important milestone for the global community. Drug Policy Futures will launch a monitoring system to help guide the way until 2030. With regular intervals we will present a report on how selected countries are performing in the areas of action that we have recommended in this report.
It is our hope that these reports will encourage countries to take concrete actions anchored in a comprehensive and evidence-based approach to prevention and reduction of drug use and the adverse consequences.

THE GLOBAL GOALS
For Sustainable Development

DRUG POLICY FUTURES

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