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# Beyond 2008: An International NGO Forum

Vancouver, Canada

Centre for Addictions Research of BC
Beyond 2008, Vancouver

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- British Columbia Ministry of Health
- Foreign Affairs and International Trade Canada
- Foundation Open Society Institute
- Health Canada
- Vienna NGO Committee on Narcotic Drugs
- Canadian Centre on Substance Abuse

The UN General Assembly Special Session on Illicit Drugs meeting held in June 1998 to address the world drug problem led to a political declaration to achieve significant and measurable results by 2008 and to the adoption of guiding principles of demand reduction and measures to enhance international cooperation. The current global review is allowing NGOs in nine regions of the world to reflect on their contribution to the world's response to drugs as well as to begin building new relationship that will lead to improved responses in the future. The Vancouver consultation was one of two held in North America. The objectives of all the events were the same; the dialogue and participation reflects the concerns in each region. What we learn in this process may well help us set our course for the next decade.

The Beyond 2008 International NGO Forum was asked to pursue three objectives:

1. Highlight tangible NGO achievements in the field of drug control, with particular emphasis on contributions to the 1998 UNGASS Action Plan such as achievement in policy, community engagement, prevention, treatment, rehabilitation and social reintegration

2. Review best practices related to collaboration mechanisms among NGOs, governments and UN agencies in various fields, and to propose new and/or improved ways of working with the UNODC and CND

3. Adopt a series of high-order principles, drawn from the Conventions and their commentaries, that would be tabled with UNODC and CND for their consideration and serve as a guide for future deliberations on drug policy matters

In pursuit of these objectives, NGO representatives to the Beyond 2008 regional consultation in Vancouver were asked to respond to a series of related questions. The main report provides the questions and summarizes the responses from participants. The quotations in the margin have been selected to provide a flavor of the Vancouver discussions. They are not intended to illustrate specific points in the text.

### *OBJECTIVE 1—NGO ACHIEVEMENT*

QUESTION 1:
IN WHAT WAYS HAVE NGO ACTIVITIES IN THE FIELD OF DRUG CONTROL DEVELOPED IN YOUR COUNTRY/REGION IN THE PERIOD SINCE THE 1998 UNGASS? (POLICY, COMMUNITY ENGAGEMENT, PREVENTION, TREATMENT, REHABILITATION, SOCIAL REINTEGRATION)

*We can't have intelligent reforms of the system unless people understand the flaws of the system*

*Conceptual shift*

- Delegates expressed in large measure great dissatisfaction with the apparent assumption of a unified perspective on the field in which their NGO activities have developed in the decade since UNGASS 1998.
- In fact, one of the more repeatedly cited achievements had to do with the extent of their respective and collaborative efforts to redirect education and public discussion away from a government-controlled emphasis on prohibition and criminal sanctions.
- The accent was instead on viewing drug use as essentially a matter of public health involving a range of social issues and requiring an extended network of vital partnerships toward a more comprehensive response.

*I wouldn't suggest that we're all foot soldiers in the international war on drugs… Some of us are conscientious objectors… A lot of us in this room are actually MASH units who are saving the victims of the war on drugs*

- Besides highlighting the health stakes involved (e.g., the HIV epidemic), NGOs have raised a human rights-based critique of prohibitionist drug policy that effectively leaves control in the hands of illegal cartels. Work has also been done to explore implementation details for replacing prohibition with a regulated market respectful of human rights and public health principles.

*Promotion of civil engagement (mobilization of stakeholders)*

- Network building has served to facilitate exchange of more helpful information (exploiting the internet), educating the public in the process about the adverse unintended consequences of current drug policy. Such coalitions promote instead a public health, human rights, evidence-based regulative approach to dealing with the drug challenge, and mobilize professional groups in advocacy of harm reduction initiatives.

*The reason that they agree with our views is for the first time they're hearing about what people are saying when they're talking about some policy besides "lock 'em up and throw the key away."*

- One encouraging area of progress was in engaging peer participation of people who use drugs in harm reduction, treatment measures and social support. Mutual support and peer counseling have enhanced their physical and mental health. They have courageously initiated services and have been empowered to gain a hearing from local authorities and provide an expert voice toward more appropriate public policy and program responses to their needs (e.g., on overdose, safer injection).

- Patient advocacy has been effective in changing some regulations (e.g., methadone treatment provision procedures). Users have had constructive input into such areas as housing provision. They are being supported to retain their children in their care. NGOs have built capacity for users to act in and advocate for their own interests, encouraging the emergent voice "nothing about us without us."

*The war on drugs has been waged in the name of protecting young people, and unless young people have a place at the table and have a say in the way our policies are implemented, I don't think that we can create an effective and fair policy, particularly those that directly impact and target youth.*

- In a similar vein, NGOs have mobilized youth and student involvement in positive activity and policy-making, with young people thereby having a say in policies intended to protect them.

- Fruitful engagement of communities also included attending to and changing punitive policies disproportionately imposed on communities of color (e.g., sentencing disparities), as well as facilitating minority group access to treatment (apart from criminal justice mandated entry). Such gains come from a significant change in attitude and exercise of leadership within these communities (e.g., National African American Drug Policy Coalition).

- Some NGO-established community coalitions including academics and business people have also undertaken control initiatives (e.g., by acting in concert to close down neighborhood meth labs).

*Contributions to improvement in services, further research and evaluation*

- NGOs have pushed to increase funding for treatment and have helped to establish and sustain drug courts as a bridge between treatment and enforcement. They have strongly advocated for legal access to cannabis for medical use. There have been some successful efforts in both Canada (nationally) and in the US (at local and state levels) to regulate decriminalized (especially medical) cannabis use, using accountable distributors to replace illicit dealers.

*It seems absurd that for poor people and people of colour their only real access to getting treatment is after being arrested, whereas for the rest of America, they're able to access treatment, either through public health insurance or other types of policies.*

- Various non-prohibition-based programs have been developed (e.g., medical cannabis dispensaries). Particularly celebrated were endeavours in Vancouver: Insite (Supervised Injection Site), NAOMI (North American Opiate Medication Initiative) and Fir Square (non-punitive harm-reduction-oriented hospital-based maternity services, designed to improve birth outcomes and the health and parental capacity of drug-using mothers). The latter is one example of organizations developed to meet the unique needs of women and protect their rights.

- Some success was achieved in reversing suppression of research in regard to psychedelic drugs, and in confronting harmful stances that misapply UN drug conventions and discourage more nuanced messaging concerning medicinal and otherwise beneficial use of illegal drugs. Despite official opposition, NGOs have persisted in sponsoring scientific studies on therapeutic uses of illicit drugs and

conducting various harm reduction initiatives (e.g., pill testing for purity, special emergency services).

- NGOs have produced a substantial body of research in relation to drug use issues. They have provided improved measurement tools toward an evidence-based perspective to counter popular uninformed opinion and expose ineffective prevention and treatment programs.

*The concept of a regulated market is based in both public health and human rights principles and is founded on a simple and radical idea that drug policies need to be based in evidence.*

- In response to critical evaluations, proponents of the D.A.R.E. program in both the US and in Canada have done some revisionary work attempting to improve its effectiveness. NGOs have begun to develop education programs reflective of a human rights and public health perspective.

QUESTION 2:
WHAT EXAMPLES OF ALTERNATIVE DEVELOPMENT PROJECTS UNDERTAKEN BY OR INVOLVING NGOS IN YOUR COUNTRY/REGION HAVE BEEN MOST EFFECTIVE AND WHY IS THIS?

- Alternative development projects are primarily required in countries other than the US and Canada, in order to counterbalance economic disruption from crop eradication within drug plant-producing nations. As members of primary drug-consuming nations, NGO representatives to this North American regional consultation shared their observations and perspectives on the subject.

*We've been asking the peasant farmers who live in very remote areas to grow tons of fruits and vegetables to transport on vehicles they don't have over roads that literally don't exist to sell in markets, both domestic and export, they can't get access to.*

- External parties providing resources for crop eradication and other supply control initiatives have not at all provided equally effective support in alternative agricultural and other developmental efforts. This lack of adequate compensation has left many people displaced, severely impoverished and driven by such desperation to gain livelihood for themselves and their families in the service of militant causes.

- Initiatives where US government agencies in particular have been involved (e.g., in connection with Plan Colombia) have tended not to consult with indigenous farmers. They have been insensitive to domestic constraints with regard to means of transportation and ability to access markets in which producers are at a decided disadvantage because of global trade agreements. Government-managed funding has generated corruption among suspect NGOs supposedly formed to expend it in productive ventures.

- By contrast, some bona fide NGO operations (e.g., one funded by CNAP in Colombia, a Jesuit think-tank) have respected farmers as protagonists of their own future, respecting their native expertise in producing and marketing locally suitable crops.

QUESTION 3:
WHAT EXAMPLES OF DRUG DEMAND REDUCTION PROJECTS/SERVICES UNDERTAKEN BY NGOS IN YOUR COUNTRY/ REGION HAVE BEEN MOST EFFECTIVE AND WHY IS THIS?

- Reference was made more than once to the reduction in incidence and prevalence of tobacco consumption in Canada. Some saw this as a success for clear and decisive primary prevention messaging and as a promising sign of what could be achieved if a comparably unambiguous thrust were made in regard to illicit drugs.

- Others agreed that a model was offered here, but contended that success was at least partly due to regulatory status for the substance. They would welcome the opportunity to apply a model of regulated production and distribution (plus education) to cannabis. It was also noted that, in contrast to earlier education efforts in regard to tobacco where the ideologically-based messaging lacked formal corroboration, the approach which had since actually worked was evidence-based.

- Those championing strong prevention initiatives in pursuit of demand reduction emphasized the substantial economic and societal consequences from such a small percentage (2-4%) of the population (age 15 and above) using illicit drugs. There was also a plea from this vantage point for more balance in Canada between support for harm reduction and for primary prevention. It was believed that increased funding for programs with the latter emphasis would see success confirmed by evaluation.

- Representatives suggested that there is room for increased application of a social environmental perspective as well as treatment resources to reach people before they get to, and fall off, the edge of the cliff. They reported a lack of adequate funding from Canadian governments for treatment and for supports to strengthen families, children, and school programs. NGOs have made progress in raising funding levels for treatment in the US, where only 1 out of 10 who need these services have access to them.

- NGOs have facilitated access to treatment for groups typically outside the reach of the health system and have helped bring about increased provision of low-barrier housing. Centers and teams with concurrent disorders specialists have been created and service providers have been given more adequate training and exposure to promising practices.

- Demand reduction was claimed for a number of examples that are commonly considered harm reduction initiatives. Transfer of addiction services to health authorities has encouraged less of a "judge and compel" model and more of a public health approach sensitive to actual impact.

*If we don't understand the environmental or societal issues and really work toward those issues, we are not going to get the person until they drop off the end of the cliff, and our hope is to really change that and give people the support, the treatment, the resources, the children as well as the adults, what they need before they fall off the end of the cliff.*

*The biannual review questionnaire doesn't contain the words "harm reduction." In fact, the UNODC often encloses the words harm reduction in square quotes… In the United Nations system these things remain somewhat arbitrarily divided.*

*There was a paper recently published by the UNODC addressing harm reduction and what they clarify its meaning to be, and its intent is not to facilitate drug use or to maintain people on drugs, it's to rehabilitate them and treat them in, to me, the grandest way of highlighting their human rights by freeing them from their drug addiction.*

*Harm reduction is part of the spectrum of health promotion. It is one form of prevention, and to set them up against each other is to do everybody a disservice. We end up fighting with those people who should be our closest allies. We can't afford to do that.*

- Expansion of focus toward more comprehensive drug user health programs has succeeded in reducing incidence of overdose mortality (e.g., with training on use and distribution of naloxone), better addressing mental health problems, and increasing access to effective treatment (e.g., community-based and low-threshold access to buprenorphine).

- A wide range of harm-reduction therapies have been developed as alternatives to standard treatments (e.g., psychotherapy, moderation management and recovery training, acupuncture and other pain-management strategies, non-substitution-based Ibogaine therapy). Those accessing such services are expressing their appreciation for the benefits of these treatments; more funding is needed for further evaluations.

- Syringe exchange programs have reduced the proportion of new HIV and Hepatitis C cases. Research conducted on Vancouver's supervised injection site has shown its positive impact in reducing risk behaviour, aiding management of overdose, increasing entrance into treatment and contributing to demand reduction.

*In every place where voters have had the opportunity to weigh in on whether or not they prefer treatment over incarceration or reducing penalties or taking a more harm reduction approach, they've almost universally supported that.*

- Activation of the aboriginal minority in peer support for harm reduction practice has been conducive to both harm and demand reduction in that community. NGOs have enabled voices of the people to be heard in favor of harm reduction and treatment over incarceration.

- NGOs have contributed significantly to the Canadian National Framework, the National Treatment Strategy, and the National Alcohol Strategy. They are participating in health education initiatives at the provincial level to develop drug policies. Drug treatment courts, though not fully evaluated, have shown better results than some more punitive measures.

- NGOs have been crucial for the development of an alternate discourse affirming how harm reduction serves demand reduction. NGOs have been responsible for the inclusion of harm reduction officially in UN language on HIV/AIDS. They have contended for harm reduction as an integral part of health promotion and an important form of prevention.

*Many people here come from civil society… and their achievements are in pointing out the ways in which drug control policy has resulted and not by accident but almost inevitably with violation of domestic constitutional norms and international human rights norms… In some ways it's more important than the other metrics of success… When government itself violates human rights norms, it is the NGO sector that actually holds them accountable.*

- Efforts to expose examples of policies violating domestic constitutional and human rights norms and fostering violence have been successful in such matters as sentencing, incarceration harms, medical cannabis issues, doctor-patient communication, and syringe exchange programs.

- NGOs have challenged INCB pronouncements made without basis against certain interventions.

- Those who use drugs have been involved in prevention and treatment programming, affording them an opportunity to contribute creative responses to these issues and to educate the public. For example, Stand up to Meth involved young people doing stand-up comedy.

*We wanted to make sure people were not only engaged in a consultative way, so they were actually at the table as we did the work in developing the drug strategy, and further to that, they are at the table now that we've moved on to implementation… It's also trying to involve the broadest range of stakeholders all the way through the process, all the way out the other end.*

### *OBJECTIVE 2—IMPROVED COLLABORATIVE MECHANISMS*

QUESTION 1:

HOW DO GOVERNMENTS CURRENTLY CONSULT WITH OR ENGAGE NGOS AND CIVIL SOCIETY IN THE DEVELOPMENT OF DRUGS POLICY, STRATEGY AND PRACTICE?

- NGOs from both Canada and the US reported some gratifying collaborations at the level of engagement with municipal governments. The Toronto Drug Strategy brought together people from enforcement, treatment, prevention and harm reduction, geographical representation, users and youth who were all at the table for the whole process of development, implementation and management. Vancouver had a similar experience.

- Involvement with state/provincial governments has been uneven. Initial receptivity is sometimes compromised by intrusion of constraints imposed by federal concerns about criminality which appeal to alleged UN obligations. Initiatives welcomed by widely consulted citizen bodies and entertained by legislative representatives have run into roadblocks at this stage of federal intervention.

*The only place we've had success unfortunately is through the court. The problem with that is, that's change made on the backs of sick and suffering citizens or people who have been arrested or prosecuted, and that's got to change as a way of policy development.*

- Canadian NGOs (especially those identified as dealing with addictions) acknowledged opportunity to consult with federal government commissions and committees (e.g., Senate Special Committee on Illegal Drugs, House of Commons Special Committee on non-medical use of drugs). However, advice has often appeared to be ignored when it came to the point of parliamentary or administrative enactment of policy. Examples include constructive input into the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada (National Framework).*

- Civil society input has not prevented the country's drug strategy from moving away from a public health perspective to a more criminal justice stance. Results have been mixed at best on medical cannabis provisions. Corrections services were able only temporarily to adopt best practices in harm reduction (e.g., safer tattooing, expanded methadone treatment) commended by the Public Health Agency of Canada.

*Harm reduction as a whole is virtually entirely shut out from any kind of engagement or discourse with federal entities at both a symbolic and practical level. People from federal agencies tell me that they can't talk to me or that they can't go to our conferences.*

- NGOs at arm's length from funding or not in favor of existing laws or codes have frequently found themselves unheeded in the end. This has left such NGOs with recourse only to the courts to protect the rights of suffering people (e.g., re medical cannabis).

- Though mention was made of opportunity to consult with regard to policy on random student drug testing, the US government is regarded by many as very selective in the input it solicits and accepts, unprepared to listen to some of its own agencies' expertise

and evaluations (e.g., by CSAP, the Centre for Substance Abuse Prevention within SAMHSA, the Health and Humans Services' Substance Abuse and Mental Health Services Administration). While giving an ear to those inclined to support supply reduction measures, it has declined to discuss with those more concerned about human and medical rights.

*For the most part, in this country, most Canadians don't have a well-thought out position on drug policy. They… also don't understand the wider implications of the current drug policy on Canadian society, where, from my perspective, the vast majority of the harms associated with drug use are from the current drug policies, not from the drugs themselves.*

- The top-down flow of typical policy implementation seems to run in the very opposite direction of the upward movement of policy innovation, which renders harm reduction discourse taboo for higher officials. Bureaucrats with their advisory capacity and relative permanence may be considered a more valued audience than elected officials; however, they are often not free to publicly affirm support.

- Some strategic questions raised during this discussion: Given the influence of UN conventions on domestic policies, is it necessary to seek more clout there first? Or, given that federal representatives often misrepresent even policies and principles recognized within their country, and since drug policy is perhaps more politicized than other areas, is it necessary to change opinion and meaningful positions at a local level first?

*Drugs aren't the issue. They're a symptom of a much larger problem or a series of much larger problems that until we turn our resources away from enforcement and start addressing those issues, we're never really going to get ahead on things. So from my perspective, if we want to have meaningful engagement, we need to change public opinion about what meaningful drug policy is at the local level.*

QUESTION 2:
WHAT IS THE EXPERIENCE OF NGOS IN ENGAGING WITH UNODC AND OTHER UN ORGANIZATIONS AND AGENCIES AT THE COUNTRY, REGIONAL OR HEADQUARTER LEVELS?

- The predominate sentiments about NGO participation heretofore with UN bodies in relation to drug issues were those of disappointment and frustration over lack of opportunity to have much if any input into and affect on their decision-making.

- The INCB in particular is viewed as being very closed, holding secret meetings, publishing no records, and not subject to shadow reports. Composed of no lawyers, it cites no precedents and has disagreed with UN legal experts, being at times dubious and sometimes even erroneous in judgments on permissibility. While some may suppose its independent quasi-judicial status protects it from external influence on its operations, other NGOs advise that it should be made more open to attendees and accountable to outside evaluations.

*I think that there's a certain amount of frustration people feel about being allowed to come into the room and not be heard, so anything that's actually going to facilitate having voices and viewpoints be heard, whether they are agreed with or not, I think is a good thing.*

- The CND is regarded more as a legislative body, albeit providing few seats for NGOs with minimal opportunity to speak, thus discouraging participation. It needs to train its session moderators to facilitate NGO expression.

- The UNODC, unlike other UN bodies in different domains, has not contracted personnel to ensure civil society involvement nor

designated staff to interact with NGOs and orient them for engagement. This needs to be done.

- Those NGOs who have gained ECOSOC consulting status in one form or another advise that it is advantageous to obtain it as a credential that does afford significant access to discussions. However, more than one NGO that has applied reported a very protracted period (three years) of unfinished processing without response.

*I think as soon as the term drug policy is raised then you get much more of a closed door.*

- In contrast, NGOs reported very encouraging involvements in several other UN initiatives where very concrete measures were taken to ensure their voice was heard as a contributing party to deliberations, decisions and declarations. Among the examples cited of real inclusion were the 2001 World Conference on Racism, the Geneva committee for the UN Commission on the rights of the child, 2001 UN AIDS, the Framework Convention on Tobacco Control. It was noted that UNODC belongs to UN AIDS and thus has direct exposure to the inviting approach practised there.

*This has been a real education for me… We need information, we need education, we need leadership, and then we're going to need some resources to support that… We should work together to provide the information to organizations and create the pathways for influence as well as just opening it up a lot more.*

- In these other UN connections, delegates spoke of ongoing opportunities to be involved in organizing sessions, to submit briefs, make presentations, speak to audiences of government representatives, participate in discussions evaluating convention articles and provide comments that will be represented in formal reports. NGOs would highly welcome such forms of participation in the area of addressing drug issues with the relevant UN bodies.

- Inadequate funding for substantial involvement with UN bodies was a repeatedly expressed concern, a contrast being observed with the apparent lobbying influence of amply resourced pharmaceutical companies. Also acknowledged was the need for proper orientation in how NGOs might deal most effectively with UN agencies.

- NGO presentations are often contrary and embarrassing to the stance of official member states and, in an intergovernmental institution such as the UN, governments often decide the mechanisms of access. It is more difficult to influence that government voice with regard to drugs since there is much less consensus than around issues pertaining to children and disease. Vocal NGO advocacy not in line with government positions tends to lessen the likelihood of federal funding and sufficient means to be an active player at an international level. With the UN much influenced by US demands, it is crucial that NGOs be heard outside the national stage.

*If the UNDCP is really interested in NGO input, then they ought to provide some system of funding to support that type of input.*

QUESTION 3:
TO WHAT EXTENT ARE NGOS AND CIVIL SOCIETY ORGANIZATIONS INVOLVED IN PREPARATORY WORK FOR KEY UN MEETINGS LINKED TO DRUG CONTROL ISSUES, SUCH AS THE COMMISSION ON NARCOTIC DRUGS, ECOSOC MEETINGS, AND RELEVANT MEETINGS OF, FOR EXAMPLE, WHO, UNESCO, ILO AND UNAIDS?

*You cannot simultaneously ask for consultation of a member of civil society at the same time you threaten to gag them with a criminal sanction for giving you that consultation… Perhaps we could agree that we'd at least like to hear the voices of people who are affected without them having to fear social death threats basically.*

- In general, NGOs reported not being involved in well-grounded preparatory work for such occasions. Beyond addressing the lack of formal accreditation, a sense of exclusion and inadequate funding, there was an acknowledged ignorance of modes and means of engagement on that level. NGOs confessed a need to do more groundwork in helping the public to better appreciate and address the larger problems of which harmful drug use is symptomatic.

- A further need felt in regard to preparation was for continued efforts to support broad coalitions incorporating at all levels of discussion the input of various affected groups otherwise not readily represented in such settings. Highlighting victims of violence engendered by the criminalization approach to drugs, these groups would include users, prison rights' groups, youth, spokespersons for organized religions, people of color and poverty, women's groups (and representation of girls and women in all the other groups listed).

- Simply securing up-to-date reports through normal channels is an important part of preparatory work. NGOs were encouraged to make use of freedom of information provisions and seek implementation of such a process in regard to UN drug bodies. Improvement on the part of the Vienna NGO committee in their own technology would facilitate better connection with them.

*Can you imagine a group looking at women's rights and the only people in the room were men? Could you imagine an Aboriginal empowerment process and there were no Aboriginals in the room? Could you imagine a racial group looking at racial issues and the only people in the room were white people? I find it bizarre that the drug users' groups aren't represented at all levels.*

- Conducting ethics reviews of drug policy decision-making processes and impacts would be a beneficial task. Governments could be held accountable at all levels for the degree to which they promoted civil society involvement, with such candidate benchmark indicators as inclusivity, timeliness, responsiveness and transparency.

- One suggestion was for NGOs to influence the UN Drug agencies through the activities and findings of the World Health Organization.

- NGOs were also urged to consider holding international congresses with funding to be sought under UN auspices.

QUESTION 4:
HOW MIGHT NGOS BE MORE EFFECTIVELY ENGAGED IN THE DEVELOPMENT OF POLICY, STRATEGY AND PRACTICE IN THE FIELD OF DRUG CONTROL?

- NGOs felt somewhat alienated by a presumption that they should concur with goals of the current prohibitionist regime. While various NGOs expressed a preference for an entire rewriting of the treaties,

some were interested in at least putting forward proposals for improving language within the existing declarations in order to make them more inclusive. Suggestions included substituting the word 'control' with 'regulate'.

*Women's groups have not been invited… This is surprising to me… also because the prison population in Canada and the United States has tripled over the last 30 years substantially from drug offenses, and most of these women are poor and women of colour and most are mothers, and these policies directly impact women. And when women are in prison, they're no longer in the community able to care for their families or just to care for themselves.*

- NGOs admitted a need to do more homework, becoming more conversant with policy, law and economics in relation to substance use issues.
- However, the UN drug bodies (following the lead of their counterpart agencies elsewhere in the UN) could do much to make NGOs more effective by providing not only increased funding, but also solid orientation on established channels of communication and possible avenues of advocacy. Expediting the application process for consultative status would certainly help move engagement forward.
- NGOs can seek to have their perspective included in government reports, besides issuing and circulating shadow reports of their own on government actions. Official policy executors at the national and international level often privately manifest favor for judgments they are not free to state publicly (e.g., on contestable appeals to INCB positions). Such measures as secret ballot straw polls and immunity from reprisals could be pursued to encourage expression of dissenting views, opening up debate that would entertain significant change in an evidence-based direction.
- NGOs must hold their governments accountable for stances that are oppressive against the vulnerable (e.g., US certification which coerces aid-dependent countries into unwilling compliance with its drug policies; DEA exercises deemed illegitimate). Countries that are intimidated often privately solicit NGOs to protest on their behalf.
- Other UN bodies whose work is affected by drug policies and who have human rights concerns (including the UN High Commissioner on Human Rights) need to be encouraged to put pressure on the drug bodies to honor such responsibilities.

*The point of keeping the UN and holding their feet to the fire is holding our government's feet to the fire.*

- There is need to articulate mechanisms of accountability whereby NGO delegates will be truly representative of the range of collective concerns. The establishment of a North American task force reporting to the UN was another suggested means of giving much greater voice to NGO concerns in regard to strategy, policy and practice.
- UNODC support for the present Beyond 2008 forum with its opportunity for NGOs to candidly express disagreement and grievance was welcomed as a hopeful signal indicator of future developments. A review process already underway of the UN system at large is demanding more consultation with civil society.

***OBJECTIVE 3—HIGH ORDER PRINCIPLES***

QUESTION 1:

IN YOUR COUNTRY, HAVE CONTROLS OR LEGISLATION INTRODUCED TO FULFILL THE OBLIGATIONS OF THE UN DRUG CONTROL CONVENTIONS SUPPORTED ACHIEVEMENT OF THE OBJECTIVES OF THE CONVENTIONS?

- The majority of comments in response to this question, even when not calling for their countries to renounce the conventions, were decidedly negative. Control objectives zealously supported by these federal governments had not been achieved, with very extensive adverse results accruing instead and causing considerable damage. A much more humanitarian approach was desired.

- A minority expression cited a number of examples striking them as successful reductions of supply and use, while agreeing that negative impacts associated with such efforts needed to be addressed. Fearful of a Pandora's Box being opened through a system of regulation and control, this viewpoint asked for pursuit of what it considered a more balanced pragmatic middle ground.

1. a) *positive and/or negative impact of controls or legislation to prevent the illicit production, distribution and use of the targeted substances?*

    - Claims of positive impacts in the US appealed to reduction in prevalence of use over the decade (shown e.g., in Monitoring the Future) with the admission that the connection to control measures was not incontestable. Also listed as effective were passage of a methamphetamine act (in getting rid of labs), establishment of drug-free communities and school zones, the COPS initiative, random student drug testing and a drug-free workplace act in reducing use and impact on children.

    - Many, however, were more than skeptical of reduction in use, arguing that the overall evidence pointed in the opposite direction, with illicit substances also being more readily accessible than ever in spite of strong efforts in enforcement. Evidence does not support reduced use among students from random drug testing, and awareness campaigns that engage in misinformation and scare tactics are readily discredited and foster use rather than curb it.

    - Among the most commonly cited negative impacts were a huge increase in arrests and imprisonments, leaving families separated and children deprived of parental care. Inmates are exposed to heightened risk of

*The conventions embody a particular model of human nature which presume that human beings can be threatened or punished into good behaviour, that general deterrence works. This model is a philosophical a priori. It cannot be refuted by evidence because it's grounded in late Victorian ideology and carries with it all the classist, sexist and racist implications associated therewith.*

*The statistic about over 800,000 cannabis arrests, I mean, that is probably the single most misleading statistic when looking at U.S. drug policy simply because of this. In most jurisdictions arrest for marijuana possession is treated almost like a parking ticket… People are not in jail for non-violent, simple marijuana possession for long periods of time.*

*60 Minutes interviewed a 19 year old girl and she was in a car with three boys and two girls, she's 19 years old. The driver of the car, male, had created a moving violation. They were pulled over by a state trooper who got all five of them out of the car. They searched the car and they found marijuana in the trunk and the three boys that were there said it belonged to them. The girls had nothing to do about it, we're just driving them from point A to point B and please clear them, but we will admit to this marijuana being ours. It went to court and guilt by association and this girl was given 10 years in a federal state penitentiary.*

*We have demonized drug users to the point where we treat them as subhuman and don't afford them the basic human rights they are entitled to as human beings.*

contracting infections (HIV, Hepatitis C) and face formidable barriers to future education (due to ineligibility for student loans in the U.S.) and secure employment. Bearing the worst brunt of enforcement have been the poor and people of color, who are disproportionately represented in arrests and incarceration.

- Attempts at control have arguably left it rather in the hands of higher-level drug traffickers, with policing personnel falling prey to corruption and youth among those lured into profit from crime. Substantially increased violence has ensued from the campaign to cut down on production and capture drug criminals.

- Criminal enforcement control priorities and the unregulated use they perpetuate have been detrimental to personal and public health by contributing to the spread of disease and death. Harm has been if anything maximized rather than minimized. Activities undertaken to conduct enforcement have resulted in a wide range of human rights infringements and civil rights violations.

*We all have very similar ultimate goals of human rights, whether we look at the human rights of the drug user or whether we on balance weigh human rights of groups that want to live free from drugs and communities that want to be free from drugs.*

- The strongest complaints of such negative impacts were raised in regard to US actions aimed at control. Examples of human rights violations included censorship against freedom of speech (suppression of transit advertising in the nation's capital advocating change in drug laws), prevention of democratic referendum (in the same location on medical use of cannabis), encroachment on personal privacy (in sudden entry to inspect premises and in imposed drug testing), confiscation of property with onus to prove innocence, felony disenfranchisement, and racial discrimination (systematic with instances of local targeting that appealed to false or fabricated informants).

*Bans on psychoactive botanical biota, regardless of whatever hidden agendas may additionally be at work, undermine long-standing medicinal, cultural and religious practices and foolishly attempt to politically suppress the universal human drive for psychoactivation by categorically forbidding natural substances and policing populations for compliance. This policy, which we do call a war on drugs, or drug abuse prevention and control policy, is more appropriately seen as a low grade persistent prisoner taking war on the acquired human drive to psychoactivate.*

- Beyond diverting resources from public health measures and feeding a flourishing black market fueling organized crime, activities aimed at controlling production, trafficking and use have served to fund terrorism and wreak devastation on foreign farmers by removing their livelihood.

- In Canada the government has not given permanent status to Vancouver's supervised injection site (despite substantial high-quality peer-reviewed scientific research confirming its positive health and public order

outcomes) and it is countenancing mandatory minimum sentences despite social justice and health concerns.

*The reality is that if you ask anybody who is over the age of, say, 45 or so who has a teenage kid and you ask them where do they get their marijuana, it's from their children, so it's our drug laws that have actually created a situation where it's easier for kids to get marijuana than alcohol and where parents have to go to their kids to obtain marijuana.*

1. b) *positive and/or negative impact of controls or legislation to limit the diversion of pharmaceutical products?*

- No delegate spoke specifically in response to this part of the question. One acknowledged in passing that, in contrast to his impression of reduced use of illicit drugs among adults, an area of apparent increase has been in the non-medical use of pharmaceutical products, mainly opioids (esp. oxycodone [OxyContin]).

1. c) *positive and/or negative impact of controls or legislation to maintain adequate supplies of drugs for therapeutic needs?*

- The US government has not acknowledged the therapeutic value of cannabis despite ample evidence supporting it. This allows an ideological approach to bar access to a vital treatment for many, including those suffering with HIV/AIDS and Hepatitis C, apparently in accordance with the UN convention.

*I mention only two things where there is virtually no flexibility. The first one is that the conventions follow a bottom down approach in the sense that it is governments that have the overwhelming say in the way in which these conventions are adhered to. The second one is the principle that the three drug conventions at least are based upon a regime in which there are criminal sanctions against certain kinds of activities, but apart from that, there is endless flexibility.*

- In Canada, the federal government has approved access to medical cannabis only through its own program. While this program is far from adequate to supply the population in need, it refuses to license non-profit community-based distribution centers that already serve many more.

- Limiting legal access to medical cannabis results in a situation in which people are obliged to acquire their medicine from the black market where quality is unknown. It also forces those in medical need to choose between their liberty and their health, which contravenes their constitutional rights.

- Government policies limiting access to methadone and other opioid substitution has a negative impact on the spread of HIV/AIDS and Hep C.

QUESTION 2:
IN YOUR COUNTRY, HAS NATIONAL, STATE OR CITY LEGISLATION USED THE FLEXIBILITY WITHIN THE UN DRUG CONTROL CONVENTIONS?

- These conventions have a basis in control, especially by way of criminal sanctions which limits flexibility precisely where many NGO delegates felt it was needed. However, representatives from various vantage points recognized the allowance within the conventions for

countries to apply those conventions in different ways responding to particularities of their national context. Nations need not ignore benefits or impose severe punitive measures.

*I feel that much of the world has manipulated that flexibility to facilitate drug use and further drug use.*

- Views on the actual utilization of this latitude varied. A larger segment found positive employment in provisions for production and use for medical purposes to be far too modest if not minimal, and lamented lack of action from UN drug bodies to encourage if not challenge governments to apply the flexibility more extensively. A concern was expressed over whether the UN drug bodies were permitting flexibility in order to perpetuate absence of clarity. More precise definitions of categories (like medical and scientific use) would require more consistent compliance with the ethical obligations indicated.

- Human rights should not be considered something about which nations can be flexible; rather, they are to be regarded as mandatory obligations.

*Current regulations… are essentially a Rorschach test to the nations that observe them where you can see what you need in them, where I look at the conventions and see a defence for the community-based distribution of medical marijuana, where someone on the other side of the room might see them as a defence for locking up anyone who uses any substance*

2. a) *are there instances where legislation adopted to fulfill the obligations of the conventions is, in a systematic fashion, not fully enforced?*

    - In the US especially, but also to some degree in Canada, criminal charges are not leveled against primarily white and affluent offenders in any comparable measure to the way in which such enforcement is pursued against the poor and people of color. A non-criminal justice approach, focusing predominately on demand reduction and treatment, would be more appropriate to personal and social needs, and more conducive to equality.

2. b) *has legislation been adopted that exceeds the obligations of the conventions?*

    - Enactment of mandatory minimum sentences is a conspicuous example. These require imprisonment, do not allow for due process tailoring punishment to the circumstances of the offense, and expose inmates to added health risks while being incarcerated. Imposition of the death penalty for cultivation and trafficking of larger amounts of cannabis in some countries was cited as another instance exceeding any UN mandate.

*We do have laws, certain laws in the U.S. that, you know, are enforced in places like southeast D.C. but not in Georgetown, and they wouldn't be tolerated in Georgetown; they are tolerated in Compton, but not in Beverly Hills*

    - Enforcement actions conducted in the pursuit of control that go beyond convention obligations include local militarized SWAT teams being increasingly used in raids against people suspected of low-level offenses.

- US scheduling of cannabis is excessive, especially considering that the FDA is typically more stringent in regard to pharmaceutical products than it is toward plants.

- Enforcement's greater focus on street level dealing rather than on major international trafficking also moves past UN obligations.

- The current minority Canadian federal government's threat to shut down Vancouver's supervised injection site, the INCB stance notwithstanding, reaches well beyond, indeed goes against convention obligations. Closure would constitute serious backtracking on human rights requirements, an infraction recognized in international law.

*The insertion of one simple word, if we were to talk about preventing problematic use instead of preventing use, we could turn this whole discussion on its head.*

2. c) *are there instances where the discretionary measures (e.g., education and treatment as an alternative to or in addition to prosecution and punishment) provided for in the convention are not available?*

- NGOs cited numerous examples of where such flexibility has not been taken advantage of, with opportunity missed to apply more humane and health-conducive practice instead of harsh penal measures. Discretionary measures should be given priority over punitive sanctions, if not even made mandatory rather than just discretionary.

*I think looking at prevention from the broadest base, particularly when you are talking about youth, would have us put more focus and emphasis on not only drug education, but education in general.*

- Constraints on flexibility begin at a UN level where there is broad opposition to use (except for medical and scientific purposes). Rather it should only be against truly harmful and thus problematic use. By failing to distinguish between use *per se* and problematic use, the present position militates against use that is benign and beneficial in other respects than the current exceptions.

- An evidence-based framework at the UN level outlining situations that call for flexibility would encourage governments to ensure the availability of discretionary measures. Such a framework should be readily extended at the UN level to also address which initiatives in prevention, education and treatment really work. Recognition of creative and effective responses often moves from the local level up.

*I would be really happy if we could come out of this room with a general consensus and agreement that part of an emphasis on prevention should be looking at the structural environment that people are in that places them in either higher risk for drug abuse or higher risk for being involved in the drug trade.*

- One obstacle to flexibility is the INCB itself. This body has failed to help ensure access (e.g., in Russia) to methadone substitution treatment so important in the

fight against the HIV epidemic. Instead of supporting an initiative to provide critical and evidence-based health service, it has actively criticized Canada's attempt to carry out this responsibility in the form of supervised injection sites. The WHO, with its health mandate, would be more suited to undertake the role the INCB is not fulfilling.

*It's more than likely that youth will grow up making responsible and healthy choices if they experience positive relationships and interactions from the world or the communities they live in.*

- Treaty flexibility has been properly exploited in the US with regard to psychedelics (precipitating a renaissance in research) and, e.g., buprenorphine. It has not been consistently available on cannabis, with state interpretations often more receptive than the federal stance, and more immediately relevant.

- Priority funding for treatment provided in the criminal justice system—which requires a guilty plea for access and reduces available funding for voluntary programs—makes treatment less affordable for people. Service providers observe an evident lack of sufficient detoxification beds in parts of Canada.

*Human rights abuses in the name of treatment should not be regarded as one of the positive applications of discretion.*

- Treatment in many countries basically amounts to incarceration. Treatment in the US, when prescribed in place of incarceration for essentially minor offenses, is often irrelevant. What is really needed in such cases is more assistance in skill development to facilitate applying for and retaining employment.

- Many jurisdictions supply no life-saving harm reduction education for people especially vulnerable to overdose upon being discharged from treatment or prison.

- Prevention should be viewed in very broad perspective, cognizant of how the structure of the social environment bears on youth continuing in and completing public schooling. Acquiring general education is critical towards enhanced employment possibilities and diminished risk for unhealthy involvement in drug use and trade.

QUESTION 3:
IN YOUR COUNTRY, HAS EMPHASIS ON SUPPLY-SIDE CONTROLS WITHIN THE CONVENTIONS AFFECTED THE DEVELOPMENT AND IMPLEMENTATION OF DEMAND REDUCTION MEASURES?

*Governments are behind the eight ball as it relates to demand or reduction measures if they are to be in conformity with the conventions.*

- There was a strong expression of belief that an emphasis on reducing supply has had an adverse impact on initiatives to decrease demand in a number of respects.

- It has certainly diverted funding away from demand reduction efforts in Canada, using up 75% of federal money available as

determined in a 2003 study by the BC Centre for Excellence in HIV/AIDS. The overall disparity had been even greater (95% vs. 5% according to a 2001 Auditor-General report). 70% of supply-side spending is devoted to cannabis prohibition, as in the US. Funding has been diverted from general voluntary treatment to criminal justice mandated treatment which reflects control concerns and gives recipients the stigma of a criminal record.

- The emphasis on supply-side controls has fostered the impression that "drug users are bad people," producing a discrimination and stigma that by marginalizing them actually increases demand. Internalized oppression from criminalization is a huge barrier to accessing treatment. It generates distrust and hopelessness about future prospects for recovery and progress.

*There's no doubt that the emphasis on supply-side measures has severely limited our capacity to deal with drugs from the demand side.*

- Convention language allows for disparate interpretations with some pursuing community-based distribution of medical cannabis and others locking people up for any use at all. Enforcement on cannabis has led to an increase in use of methamphetamine in states such as Hawaii and California.

- Cannabis control in the US has caused a bifurcated market with 50% buying a cultivated import and 50% buying a domestic hydroponically grown product. In some places this has left cannabis more expensive than more harmful cocaine and heroin.

- Reduction of local meth labs (through control of precursor chemicals) has reduced local environmental hazards, but has abetted increase in super labs producing a more potent and more addictive meth.

- Project Hope in Hawaii working with arrested meth users gives opportunity for treatment versus simple incarceration. A counter contention is that resources would have been better spent in community level work. There has been high potency meth in Hawaii, and until recently no treatment for women (50% of meth users) who, in order to access this treatment, have to plead guilty and place themselves under criminal justice supervision.

*Any kind of education and information to young people so they can make informed decisions is a good thing.*

- Enforcement sometimes interferes with activities such as prevention and harm reduction. For example, a zero-tolerance stance militates against education in open discussion of harm reduction issues. How is the Canadian Centre on Substance Abuse, for instance, going to produce a practically helpful curriculum if it has to fall under a slogan such as "no safe drugs, no safe amounts, no safe methods of ingestion"?

- Obligations toward the conventions put governments behind the eight ball in regard to prevention and treatment. Appeal needs to be made to the UN bodies towards equity for demand reduction.

*QUESTION 4:*
*DO YOU BELIEVE THAT ADHERENCE TO THE CONVENTIONS HAS RESULTED IN UNINTENDED CONSEQUENCES FOR YOUR COUNTRY, WHETHER POSITIVE OR NEGATIVE IN CHARACTER?*

*In terms of the granular consequences on the unintended consequences of drug prohibition, we kill people, we kill people at home and abroad, we force people into disease and death, we turn into racists and we corrupt our police and politicians.*

- NGO representatives enumerated various unintended consequences, for the most part very negative in character.

- Beyond the complaint that drugs are now more accessible and of greater purity and harmful potency, was the lament that organized crime has been strengthened in the control of a flourishing and expanding underground market. Enforcement efforts have enabled this economy to evolve at a lightning pace, weeding out lower-level inefficient traffickers, artificially inflating the value of drugs and creating an obscene profit motive, luring people into the trade.

- Besides fostering violence among competitors and victims from that conflict, law enforcement's greater priority on waging war against drug supply and use has left other unrelated serious criminal activities inadequately addressed in investigation (e.g., rape, murder, property and environmental damage), with courts clogged processing minor drug offenders.

*If you are a person drowning in a lake and you see someone on the shore holding a life jacket and a rock, which one would you rather they throw at you, the life jacket or the rock, and I hope that that decision wouldn't be based on whether you are a person who uses drugs.*

- The criminalization campaign against drugs has created a generation of scofflaws among benign users for medicinal and pleasure purposes. They resent the imposition of evidently ineffective laws and lose respect for legal authority. Youth in particular (and not just users among them) become more inclined to disrespect enforcement, and those who cooperate sometimes face violent retribution because of their support for a system held in such massive distrust.

- There is a growing disrespect for the meaning of a criminal record when the domain includes those who are and those who aren't a serious threat to public security. Otherwise law-abiding citizens are criminalized. Those more disposed to rebel are more readily criminalized, resulting in polarization of families and communities.

- Cannabis consumers, including those using for medicinal purposes, remain susceptible to the full weight of the criminal justice system and all the severe social losses that accompany prosecution (asset forfeiture, right to livelihood, discrimination in the workplace, loss of public housing, benefits, access to education, disqualification from certain medications for chronic pain). These people already live in fear of suspicion and stigma.

*Policies which produce unconscionable price supports for criminal organizations and those which cause criminal organizations to evolve at a lightning pace are counter-productive.*

- Political activists become targets for expressing their dissenting points of view, and national sovereignty is compromised by external efforts to pursue charges through extradition (e.g., Marc Emery's pending extradition from Canada to the U.S. for cross-border cannabis seed sales).

- Money spent in foreign aid is expended to support economies plagued by the drug crime that supply controls foster. Efforts at imposing US-styled policies in crop eradication do serious environmental damage, depriving indigenous farmers of livelihood and threatening them with starvation. This serves to drive a large number among millions of displaced peasants into the ranks of militant rebel bodies on all sides of the revolutionary spectrum, including terrorist operations that kill Canadian and U.S. soldiers.

*An unintended consequence of this international control of these plants has been a de-emphasis on substances that really can eradicate life and destroy societies.*

- Western intelligence agencies have tapped into the profits of the drug war to fund ideologically aligned groups in foreign territories and finance anti-democratic activities for political and economic advantage.

- Correctional services have been overburdened with increased drug use and the spread of serious infections. Drug testing measures have led to use of harder-to-detect and more harmful drugs. A spirit of narcophobia has been fueled with resultant withholding of pain-killing prescription medications.

- The primacy given to supply control has detracted from health care to the general public, not just the prison population, with First Nations people being very much subjected to increased mortality from the spread of HIV/HCV. Marginalization of users inhibits them from accessing treatment.

- The designation of illicit substances is unfounded on scientific and medical grounds. The narrow focus on these substances diverts attention and resources away from more harmful licit substances, such as tobacco and alcohol; indeed, this focus reinforces a commercialized approach to alcohol and tobacco and makes it more difficult to deal with them in a public health perspective.

- The international effort to control certain naturally evolving plant species has taken away from due attention to substances that do pose a grave threat to humanity.

*It forces people to hide, making our work as service providers very challenging to reach these people, to even get the messages to them and the care that they need.*

- Claims of some positive unintended consequences include an increase in mutual assistance on precursor chemicals, resource sharing in regard to extradition, legal and technical assistance, model drug legislation, money-laundering laws, crop eradication efforts and anti-drug coalitions. It was, however, questioned whether such results in support of supply control are really unintended.

- An unintended consequence of efforts to eliminate larger cannabis crops was the proliferation of lower-scale grassroots indoor cultivation. While this scenario poses a unique set of problems, it has also resulted in the growth of the market for cultivation equipment and an expanded interest in plant cultivation. Other benefits are a

higher quality product, and less involvement of organized crime and associated violence.

QUESTION 5:
WHAT OVER-ARCHING PRINCIPLES MIGHT BE SUGGESTED FOR CONSIDERATION BY CND AND OTHER UN BODIES WHEN DEVELOPING PROPOSALS FOR DRUG CONTROL IN THE FUTURE?

*Over-arching principles: First, do no harm. Drug policies should not cause greater harms than the drugs they seek to control.*

- Higher order governing principles offered for future UN efforts to address drugs tended to reflect commitment to primacy for human rights, scientific justification, considerations of public health, social justice and personal wellbeing, and also for non-punitive measures.

- Inclusive participation of stakeholders was another major theme, with a concern expressed to honor state sovereignty without ignoring a nation's accountability. Local empowerment also featured in several comments.

*Beneficial use must be recognized, and in fact celebrated. Harming people for informed consensual use is not okay.*

- The preponderant sentiment urged abandoning the rhetoric or illusion of control under the current prohibitionist regime. Instead, most participants want control based on principles of public health and human rights. The presiding focus should be on constructively addressing use that is truly problematic because of the actual harms associated with it. This would recognize the existence of legitimate personal use beyond medical purposes, and apart from religious ceremony and research interests.

- Regarding enforcement, when not calling for broad regulation, the insistence was on flexibility to forego punitive measures and pursue alternatives to incarceration. Exercise of penal sanctions should come only as a last resort when legal action can be shown locally effective (and not in violation of human rights norms). There was an appeal for investigation of the concept and practice of punishment over existence of any evidence supporting its effectiveness.

- Adherence to human rights standards should be a requirement of all UN declarations related to the issue of drug use, and mandatory for all nations in the policies they develop in this area. Such standards are essential for preservation of civil liberties and protection against social, economic and racial discrimination.

*Criminal or quasi-criminal prohibitions concerning what one chooses to take into one's body or how one chooses to experience the world are the most invasive means of interference of the private life and autonomy that are available to the state.*

- The moral constraint of compassion would be to do no harm and so not enact policies that would make things worse. Impacts on minorities (e.g., indigenous people, mothers) should be carefully taken into account.

- Women's rights, and how prohibition intersects with their reproductive rights in relation to the criminalization of pregnancy, disproportionately impacting poor and racialized women, should

function as a guiding principle. So also unification of the family and supports as opposed to break-up and dislocation.

- Human rights considerations should acknowledge religious, spiritual, cultural and mental or cognitive liberty. They should respect the freedom of individual agents in personal private choice of substance ingestion for varied purposes, absent clear and direct harm falling thereby on others.

*As an over-arching principle we must respect the moral agency of humans and their fundamental right to autonomous decision making, particularly with respect to decisions about their mental and physical states.*

- Clear and comprehensive evidence should govern reclassification of substances (esp. cannabis) and all changes made to UN treaty language and obligations. This would follow from recognition of the need for conventions to be living documents aligning with growing knowledge in the field. UN drug bodies should acknowledge and account for any deviation from an evidential consensus on efficacy of intervention. Claims should be backed up by a credible source.

- Grounding the conventions within a broader framework, in which the social determinants of health provide a focus for endeavor and achievement, would far better situate the UN declarations than the present emphasis on control via criminalization. Canada's National Framework provides one example (cf. Health Canada's statement on determinants). At the very least there should be equity or equilibrium between supply and demand reduction strategies, with what are presently discretionary measures considered rather to be mandatory requirements for effectively addressing needs.

*For those of us who subscribe to a four pillar approach, clearly there is no equity across the four pillars, it's often described as three toothpicks and a tree trunk, and it's time for there to be equity between supply and demand strategies.*

- Not only should states have opportunity without fear of reprisal to opt out of portions of the present conventions in order to pursue regulation more in accord with human rights, no country should be allowed to coerce others to adopt inhumane laws that would not meet such standards or domestic constitutional obligations.

- Nor should member countries be permitted to use biological control agents (i.e., fungi such as fusarium oxysporum and pleospora) toward eradication of plant species, many of which have medicinal purposes. In question, moreover, is the ecological and cultural legitimacy not just of fumigation, but of selective targeting of basically ten botanicals out of hundreds with psychoactive potency, with destruction contrary to ages-old community cultivation practices. The state, through their laws and actions, is inappropriately assuming ownership over these plants that in fact are owned by the people of the world.

*Drug plant crops are also useful medicinal crops, they are also the basis of social cohesion, religious practice, ritual practices and they also play a role in the health care infrastructure of developing countries…*

- The demand for inclusive dialogue in formulation and implementation of UN stances would require participation not just of health care providers (e.g., the nursing profession) but also of dissenting voices and representation of users themselves, concurring with the latter's contention "nothing about us without us."

- UN drug policy should be guided by the recognition that human society, across a wide range of levels of life, has and always will want to use psychoactive drugs for good or for ill. A continuum of responses in prevention and education, treatment and rehabilitation needs to correspond to the spectrum of reasons for which people use. Love should govern and recognize not just the inhumanity of sustaining addicts as slaves to drugs, but also address the range of conditions that generate misuse, e.g., poverty, poor education and a criminal record.

*History shows us that laws are not static nor are policies, treaties and conventions, and this is a positive thing…and thank goodness, because the legal witch hunts and slavery would never have ended, though some of us could argue whether or not they have.*

QUESTION 6:
WHAT PROCESSES MIGHT BE ADOPTED TO FACILITATE APPLICATION AND REVIEW OF THESE PRINCIPLES?

- Delegates concurred that a number of means could be pursued to further the process of putting such principles into effect, reviewing them and monitoring compliance with them. Some of these ways have already been alluded to earlier in this report. Existing bodies and initiatives within the UN could and should be utilized.

- Among UN-related mechanisms mentioned as facilitators of human rights incorporation are precedents in such creations as the UN's founding Charter, the Universal Declaration of Human Rights, the Convention on the Prevention and Punishment of the Crime of Genocide, UN AIDS (with its Declaration of Commitment on HIV/AIDS), UNDP, ILO, the Centre for Refugees and WHO. UN positions on drugs should conform to the acknowledgments affirmed in those contexts. The recent review process on the functioning of the overall UN and the Millennium Development Goals provide other mediums through which the cause of human rights implementation can be hastened.

*How many people in this room have a good dear friend who is a user of illicit drugs under the treaty? All right. This is really quite pervasive in society. We need a voice, a legitimate voice on the UN and in future policy making.*

- Hiring of an ethicist or human rights specialist at UNODC is urged as a crucial component for ensuring that such rights will be enshrined and upheld. The office of the UN Human Rights Commissioner provides another resource for confirming compliance or identifying violations.

- Resolutions should explicitly target most egregious examples of violations in the course of enforcement (such as capital punishment and extrajudicial executions). The Syracuse Principles, insisting on principles of evidentially substantiated necessity and proportionality when applications of law limit rights, should serve as a criterion for objective assessment of enforcement measures.

- In the interest of a check against illegitimate interference, drug enforcement agencies from all countries could be required to give an annual public account of involvement in other nations.

- There should be regular documentation on the composition of those impacted by punitive policies and practices, with quantification of collateral consequences and not just traditional measures of interdiction such as rate of use and onset. A cost-benefit analysis should elucidate the amount of resources diverted from education and health-care to enforce supply-side laws.
- In consideration of the criminalized status and stigma associated with drugs, mechanisms must be created to remove barriers and ensure participation of drug users, producers and distributors.
- A critique could be conducted on whether policies harm or support families. A moratorium on the criminalization of pregnancy is in order, with challenges to legality already taking place.
- WHO could be invited by CND to develop human rights-based standards for drug dependence treatment and then collaborate with UNODC in producing an evaluation mechanism to gauge performance in that domain. The INCB could have WHO do the monitoring of practice and report on the degree to which such standards are honored.
- Illicit substances should undergo rigorous and ethically-based peer-reviewed scientific analyses regarding potential for harmful usage (as was done by the International Drug Policy Consortium and published in the British Medical Journal). To attain a full picture, the assessment of beneficial uses and inclusion of drug users as experts should be pursued. Such assessments should serve as the basis for a credible classification and appropriate goal-setting.
- The call for an end to penal sanctions of current illicit drugs, particularly but not only cannabis, echoed again and again. A regulated market should be created for the production and distribution of these substances, drawing on existing models already being tried and tested such as the Swiss Heroin trial, the NAOMI, various stimulant maintenance initiatives such as the CAST (Chronic Addiction Substitution Treatment), ritual and ceremonial use, and community-based medical cannabis dispensaries.
- Further pilot projects, exploiting local expertise and learning opportunities, could be approved and conducted toward wider implementation of regulation. Not-for-profit NGOs could be providers of psychoactive substances, operating from a health promotion harm reduction framework.
- The Fair Trade group could serve as a model for ensuring that foreign farmers, whose income would be affected by regulation replacing prohibition, be properly represented and supported under such a new arrangement.

*I would like to think about why there was a UN after World War II…there was a demand of peace between countries…. I would like to be realistic about peace, about how we make it. Try to think to be kind to each other, be kind to my family, my street people and my community…. Love needs time and work, but to be kind is really easy.*

- Hemp should be removed from the present restrictions in view of its utility as a sustainable food, fibre and fuel crop. The nutritional and medical uses of coca and opium should also be recognized.

- Among other suggestions to facilitate more inclusive participation in support of human rights and public health concerns are
    - an NGO advisory body with more official status to UN drug divisions including the INCB,
    - inclusion of the WCC (World Council of Churches) and representatives from other religions in discussion,
    - formation of an NGO North American task force to report to the UN drug bodies, and
    - annual or biannual NGO conferences in Canada hosted by the CCSA (Canadian Centre for Substance Abuse) and CARBC (Centre for Addictions Research of BC).

- Canadian mechanisms for moving forward include the National Framework's collaborative priority on "Modernizing Legislative, Regulatory and Policy Frameworks." It could serve as an NGO platform to inform convention revision initiatives and ongoing engagement. Another resource model is the formulation of a medical cannabis patient's bill of rights (available from Canadians for Safe Access) which could serve as a template for other user groups' input into revision initiatives.

## ATTENDEES:

| | | |
|---|---|---|
| DNGOCR | Michel Perron | |
| UNODC | Sandeep Chawla | |
| | | |
| Addictive Drug Information Council | Billy Weselowski | Participant |
| AIDS Vancouver | William Booth | Participant |
| Alcohol-Drug Education Service | Darko Berisavac | Participant |
| Alcohol-Drug Education Service | Judi Lalonde | Participant |
| American Civil Liberties Union | Graham Boyd | Participant |
| Association of BC Treatment Directors | Marie Anderson | Participant |
| Association of British Columbia First Nations Treatment Programs | Yvonne R-Jones | Participant |
| Association of Substance Abuse Programs in British Columbia | Sherry Mumford | Participant |
| BC Centre for Excellence in HIV/AIDS | Irene Day | Participant |
| BC Centre for Excellence in HIV/AIDS | Kora DeBeck | Participant |
| BC Centre of Excellence for Women's Health | Lorraine Greaves | Participant |
| BC Civil Liberties Association | Kirk Tousaw | Participant |
| Breaking the Chains | Deborah Peterson Small | Participant |
| Canadian AIDS Society | Lynne Belle-Isle | Participant |
| Canadian Association of Nurses in AIDS Care | Irene Goldstone | Participant |
| Canadian Cannabis Coalition | Debra Harper | Participant |
| Canadian Centre on Substance Abuse | Karen Cumberland | Participant |
| Canadian Centre on Substance Abuse | Matthew Graham | Participant |
| Canadian Executive Council on Addictions | Gail Czukar | Participant |
| Canadian Foundation for Drug Policy | Diane Riley | Participant |
| Canadian Foundation for Drug Policy | Eugene Oscapella | Participant |
| Canadian Harm Reduction Network | Walter Cavilieri | Participant |
| Canadian HIV/AIDS Information Centre | Ian Culbert | Participant |
| Canadian HIV/AIDS Legal Network | Richard Elliott | Participant |
| Canadian Society of Addiction Medicine | David Marsh | Participant |
| Canadians for Safe Access | Philippe Lucas | Participant |
| Cannabis Trade Association | Eric Nash | Participant |
| Canadian Association of School Health | Gillian Corless | Participant |
| Centre for Addiction and Mental Health | Louis Gliksman | Participant |
| Centre for Addictions Research of BC | Benedikt Fischer | Participant |
| City of Toronto | Susan Shepherd | Participant |
| City of Vancouver Drug Policy Office | Zarina Mulla | Participant |
| Common Sense for Drug Policy | Douglas A. McVay | Participant |
| Creative Resistance | Susan Boyd | Participant |
| D.A.R.E. BC Society | Brian Whiteford | Participant |
| Drug Free America Foundation | Kelly Corcoran | Participant |
| Drug Policy Alliance | Daniel Abrahamson | Participant |

| | | |
|---|---|---|
| Drug Prevention Network of Canada | Colin Mangham | Participant |
| Drug Reform Coordination Network | Terry McKinney | Participant |
| DrugSense | Matthew M. Elrod | Participant |
| Educators for Sensible Drug Policy | Judith Renaud | Participant |
| Efficacy | Clifford Thornton | Participant |
| Former Vancouver Mayor | Phillip Owen | Participant |
| freedomtour.ca | Neil Magnuson | Participant |
| Green Cross Society of BC | John Berfelo | Participant |
| Green Cross Society of BC | Paul Hornby | Participant |
| Green Cross Society of BC | Paul Hunt | Participant |
| Green Harvest | William Small | Participant |
| Harm Reduction Coalition | Daniel Raymond | Participant |
| Health Officer Council of BC | Brian Emerson | Participant |
| Health Officer Council of BC | Richard Mathias | Participant |
| Heffter Research Institute | Dennis McKenna | Participant |
| Hey Way Nogu Healing Addiction | Dennis Easter | Participant |
| Human Rights and the Drug War | Mikki Norris | Participant |
| Iboga Therapy Society | Sandra Karpetas | Participant |
| Institute for Policy Studies | Sanho Tree | Participant |
| International Council of AIDS Service Organizations (ICASO) | Joseph Mahase | Participant |
| John Howard Society of Canada | Craig Jones | Participant |
| Justice Institute of BC | Mark Haden | Participant |
| Law Enforcement Against Prohibition | Jack A. Cole | Participant |
| Law Enforcement Against Prohibition | Jerry Paradis | Participant |
| Medical Student | Larisa Hausmanis | Participant |
| Medusers | Michelle Rainey | Participant |
| Méta d'Âme | Guy Pierre Lévesque | Participant |
| MindBodyLove | Warren Michelow | Participant |
| Multidisciplinary Association for Psychedelic Studies | Rick Doblin | Participant |
| North American Council of Aids Service Organizations | Shaleena Theophilus | Participant |
| Narcotics Anonymous | Jane Nickels | Participant |
| National Alliance of Methadone Advocates | Roxanne Baker | Participant |
| National Association of Alcoholism and Drug Abuse Counselors | Cynthia Moreno Tuohy | Participant |
| National Organization for the Reform of Marijuana Laws | Dale Gieringer | Participant |
| November Coalition | Nora Callahan | Participant |
| Open Society Institute | Daniel Wolfe | Participant |
| Patients Against Ignorance Discrimination on Cannabis | Tim Meehan | Participant |
| Patients Out Of Time | Ethan Russo | Participant |
| Persepolis | Bijan Nassirimanesh | Participant |
| Public Health Agency of Canada | Kelly E.M. Stone | Participant |
| Simon Fraser University | June Francis | Participant |

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| Students for Sensible Drug Policy | Kris Krane | Participant |
| Substance Abuse Librarians and Information Specialists | Andrea Mitchell | Participant |
| Supporting United Nations Drug Initiatives And Legislation | Kevin Sabet | Participant |
| Triage Emergency Services & care | Shawn Spear | Participant |
| Turning Point Program | Vincent Hayden | Participant |
| Vancouver Area Network of Drug Users | Dean Wilson | Participant |
| Vancouver Area Network of Drug Users | Richard Utendale | Participant |
| Virginians Against Drug Violence | Michael Krawitz | Participant |
| Washington Physicians for Social Responsibility | Sunil Aggarwal | Participant |
| Western Aboriginal Harm Reduction Society | Sook Lee | Participant |
| Western Aboriginal Harm Reduction Society | Chris Livingstone | Participant |
| YouthCo AIDS Society | Stephanie Grant | Participant |

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| BC Ministry of Health, Communicable Diseases and Addictions Prevention | Kenneth Tupper | Observer |
| BC Ministry of Public Safety and Solicitor General, Policing and Community Safety Branch | Mark Tatchell | Observer |
| Canadian Centre on Substance Abuse | Anne Lavack | Observer |
| Canadian Centre on Substance Abuse | Darryl Plecas | Observer |
| Health Canada | Mark Edwards | Observer |
| Health Canada | Ray Edwards | Observer |
| Senate of Canada | Ann Charron | Observer |

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| BC Centre for Excellence in Women's Health | Nancy Poole | Support Team |
| CARBC–policy analyst for dialogue | Gerald Thomas | Support Team |
| Centre for Addictions Research of BC | Tim Dyck | Support Team |
| Centre for Addictions Research of BC | Bette Reimer | Support Team |
| Centre for Addictions Research of BC | Rielle Capler | Support Team |
| Centre for Addictions Research of BC & organizer | Dan Reist | Support Team |
| Keeping the Door Open | Jean Kavanagh | Support Team |
| Keeping the Door Open & organizer | Gillian Maxwell | Support Team |