

International drug policy: the impact of civil society and opportunities for addiction professionals to engage

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Summary

This paper discusses civil society engagement in drug policy making processes and political spaces at the United Nations. Reviewing the structure of international drug policy making, mechanisms of NGO participation, its challenges, and the considerable progress in changing the landscape of the debates at the Commission on Narcotic Drugs, the authors offer their practical expertise. The make-up and functioning of the global drug control system, the interagency approaches at play, and the role of civil society in the international structure of drug policy making is explained. The paper takes account of the history of civil society engagement, the efforts of non-state actors to influence high-level debates and offers practical ways for practitioners and non-diplomats to be involved in advocating for and engaging in policy reform from the ground.

Keywords: civil society engagement, United Nations, international drug control system, drug policy reform

Zusammenfassung

Dieses Papier diskutiert das zivilgesellschaftliche Engagement bei drogenpolitischen Entscheidungsprozessen bei den Vereinten Nationen. Die Autoren geben einen Überblick über die Struktur der internationalen Drogenpolitik, die Mechanismen der Beteiligung von Nichtregierungsorganisationen, ihre Herausforderungen und die beträchtlichen Fortschritte bei der Veränderung der Debatten in der Suchtstoffkommission und bieten ihre praktische Expertise an. Der Aufbau und die Funktionsweise des globalen Drogenkontrollsystems, die behördenübergreifenden Ansätze und die Rolle der Zivilgesellschaft in der internationalen Struktur der Drogenpolitik werden erläutert. Der Beitrag berücksichtigt weiters die historische Entwicklung des zivilgesellschaftlichen Engagements, die Bemühungen nichtstaatlicher Akteure, die Debatten auf hoher Ebene zu beeinflussen, und bietet praktische Möglichkeiten für Praktiker und Nicht-Diplomaten, sich für politische Reformen vor Ort einzusetzen und zu engagieren.

Schlüsselwörter: Beteiligung der Zivilgesellschaft, Vereinte Nationen, internationales Drogenkontrollsystem, Reform der Drogenpolitik

Civil society, including addiction practitioners, have been actors in policy spaces since United Nations (UN) drug control debates began under the Leagues of Nations (Bruun, 1975). Since the early 1990s, prime responsibility for UN drug-related matters has been held by Vienna-based institutions. Although initially experiencing limited space for engagement with UN institutions and Member States, opportunities for civil society to influence international drug policy have grown, with the recognition of the

importance of collaboration with non-government organisations (NGOs) increasing across all major UN agencies and institutions managing drug-related matters. This paper aims to provide knowledge on international drug policy and the role and engagement of civil society, highlight interagency approaches and various opportunities for civil society engagement, and call to attention possibilities for addiction practitioners to influence international drug policy.

History of drug-related international conventions and UN structures

Early drug-related conventions and the UN system (1909–1945)

International forums to discuss drug-related matters can be traced as far back as 1909 – to the *Shanghai Opium Commission*, originally organised to exchange data and information on opium trade and consumption, enable identification of main opium trade flows, and to bring together all the major producing, manufacturing and drug consuming nations (United Nations, n.d.). The 1909 Commission paved the way for the first international drug convention in 1912, the *International Opium Convention of The Hague*, which formally established narcotics control as an element of international law. The 1912 Convention established the groundwork of the current international drug control system and included concern for public health – restricting those member states to use drugs for medical and other legitimate purposes only (Fedetov, 2012). Over the next few decades other conventions, protocols and agreements relating to international drug-related matters were agreed upon – including: the 1925 amendment to the *International Opium Convention* (to extend restrictions to control cannabis along with opium), the 1931 *Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs*, and the 1936 *Convention for the Suppression of the Illicit Traffic in Dangerous Drugs*.

The Commission on Narcotic Drugs (1946–current)

The Commission on Narcotic Drugs (CND) is the principle policy-making body of the United Nations (UN) with responsibility for drug-related matters. CND was first established in 1946 in New York as a functional commission of the UN Economic and Social Council (ECOSOC) – designed to carry out specific responsibilities

within the mandates assigned to ECOSOC. CND supervises the application of international drug control treaties and advises on all aspects of the control of psychotropic substances and their precursors globally.

The CND meets annually to consider and adopt a range of decisions and resolutions related to drugs policies. The 53 elected member states that formally comprise the CND (United Nations Office of Drugs and Crime)¹ also decide on the (re)classification of narcotic drugs and psychotropic substances under international control, based on the recommendations from the World Health Organization (United Nations Office of Drugs and Crime, 2020). Ever since the very first meeting of the CND in 1947, some civil society organisations (CSOs)/non-governmental organisations (NGOs) were documented as being in attendance (Fordham, 2018).

Throughout the history of the CND, additional protocols regarding international drug-related matters were signed by member states – including the 1948 *Synthetic Narcotics Protocol* (United Nations Office of Drugs and Crime). Between 1954 and 1964, civil society involvement at CND sessions continued to be documented (Fordham, 2018).

The International Drug Control Conventions (1961, 1971 and 1988)

The modern-day international drug control system is based on three UN treaties:

- 1) the *Single Convention on Narcotic Drugs* (1961, amended by the *1972 Protocol*),
- 2) the *Convention on Psychotropic Substances* (1971),
- 3) and the *Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988).

The main purpose of all three conventions is to prevent the “misuse” of psychoactive substances.

¹ It is worth noting that all other UN member states are able to participate fully in CND meetings, with the sole exception of when votes are held.

The Vienna NGO Committee on Drugs (VNGOC) is a non-governmental organisation, legally registered in Austria. It was founded in 1983 to provide a link between NGOs around the world and the UN’s drug control bodies and fora based in Vienna. Its main organizational objective is to support NGOs to engage with the UN on matters related to drug policy, strategy and practice (Vienna NGO Committee on Drugs). The VNGOC currently has around 250 members from every region of the world (Vienna NGO Committee on Drugs), spanning a broad range of perspectives and expertise, providing a wide range of interventions to prevent illicit/harmful drug use and related problems, and the committee is steered by a democratically elected board.

Established just one year later, in 1984, the New York NGO Committee on Drugs (NYNGOC) also provides a platform for the discussion of drugs and drug-related subjects between NGO members from around the world and the UN, especially the General Assembly and ECOSOC based in New York (New York NGO Committee on Drugs). The NYNGOC currently has around 100 members from all regions.

The two Committees have a long history of collaborations, as will be explored later in this paper. Many NGOs are also members of both Committees simultaneously, in order to stay connected with the UN drug discourse across different hub cities.

Box 1

The NGO Committees on Drugs (Vienna and New York)

es, while simultaneously ensuring their availability for medical and scientific purposes. The 1961 and 1971 Conventions classify substances based on their alleged harmfulness and therapeutic value into four schedules, broadly indicating the level of control they each require. The 1961 Convention also established the *International Narcotics Control Board (INCB)* – an independent, quasi-judicial expert body established to act as a “watchdog” of the treaties. The 1988 Convention binds countries to target all aspects of illicit drug production, trafficking, and possession with criminal sanctions, and establishes the control of chemicals, reagents, and solvents used in illicit drug production. In order to ensure the functioning of the drug control system, these treaties assign official roles to three institutions within the UN system:

- 1) the CND,
- 2) the INCB,
- 3) and the World Health Organization (WHO).

High-level UN meetings and developments on drug-related matters since the 1980s

A high-level ministerial segment, the *International Conference on Drug Abuse and Illicit Trafficking* was convened in Vienna in 1987 (United Nations Office of Drugs and Crime, 1987), to generate universal action on drug-related matters – just prior to the formal adoption of the 1988 Convention. It was accompanied by the first civil society international forum, co-organised by the VNGOC and NYNGOC; to build on these discussions, the General Assembly devoted its first Special Session (UNGASS) to the drugs issue in February 1990 (United Nations General Assembly, 1990), adopting a *Political Declaration and Global Programme of Action*, which mentioned the relevance of NGOs in contribution to drug education programmes (Paragraph 11) and demand reduction (Paragraph 33).

With the recognition of the need for a more integrated and comprehensive approach to drug-related matters, the ECOSOC and the UN Secretary-General created the *UN International Drug Control Programme* (UNDCP) in 1991 to coordinate effective leadership in UN drug control matters and ensure adequate financial and other resources were allocated to drug-related matters (United Nations Office of Drugs and Crime, 1991).

The UNDCP supported the *NGO World Forum on Drug Demand Reduction* led by the VNGOC and NYNGOC in Bangkok, Thailand in 1994, where the NGO Bangkok Declaration (NGO Committee on Narcotics and Substance

Abuse, 1994) was established by representatives of NGOs from 112 countries, noting concern for rising trends in drug demand, the need for comprehensive and culturally specific approaches, and that the stigmatisation of people who use drugs violates human rights principles.

The *UN Office for Drug Control and Crime Prevention* was then established in 1997 by combining the UNDCP and the Crime Prevention and Criminal Justice Division – and was later renamed the *United Nations Office on Drugs and Crime (UNODC)* in 2002.

A second UNGASS relating to drugs was held in New York in 1998, aiming to counter the world drug problem by controlling precursors, achieving significant results in demand reduction, and eliminating or significantly reducing cultivation of coca, cannabis and opium by 2008 (United Nations General Assembly, 1998b). The 1998 UNGASS had one official side event led by civil society, and an “NGO village” space was jointly coordinated by the VNGOC and NYNGOC just outside of the UN building to support the engagement of the handful of NGOs present (Fordham, 2018). The Special Session resulted in a new *Political Declaration* (United Nations General Assembly, 1998b) – which called upon “non-governmental organizations and the media worldwide actively to promote a society free of drug abuse” (Paragraph 12) – and an accompanying “Declaration on the Guiding Principles on Demand Reduction” (United Nations General Assembly, 1998a).

As the ten-year anniversary and review of the 1998 UNGASS approached, a ‘Beyond 2008’ NGO Forum and global consultation was hosted by the UNODC, VNGOC and NYNGOC – the first ever initiative for civil society engagement at this scale (“Beyond 2008” Forum, 2008). More than 200 NGOs, including addiction professionals, attended the Forum itself, agreeing by consensus a declaration and three resolutions which were then formally submitted to member states to inform their deliberations – with mixed impact. “Beyond 2008” had three main objectives: to highlight NGO achievements in the field of drug control, to review and propose best practices related to collaboration mechanisms among NGOs, governments and UN agencies, and to adopt a series of high-order principles to table with UNODC and CND (United Nations Office of Drugs and Crime, 2008).

CND also passed a resolution (Resolution 51/4) in 2008, that specifically encouraged civil society to partake in the preparatory process for the following high-level segment planned for 2009 (The Commission on Narcotic Drugs, 2009). 2008 was also the first year that “informal

dialogues” were held between civil society and senior UNODC officials, aiming to aid communication between civil society and UN bodies (Fordham, 2018). Today, these dialogues are still held every year with the Executive Director of the UNODC, the President of the INCB, and the CND Chair.

A high-level segment of CND was held in Vienna in 2009 (rather than another UNGASS in New York), where the *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem* was adopted. Perhaps influenced by the “Beyond 2008” efforts, the Political Declaration highlighted the important role of civil society, and noted that representatives of affected populations and civil society entities should be enabled to play participatory roles in the formulation and implementation of drug policies, where appropriate (United Nations Office of Drugs and Crime, 2009).

In 2011, the CND adopted its first resolution focused on civil society: CND Resolution 54/11 entitled *Improving the participatory role of civil society in addressing the world drug problem* (The Commission on Narcotic Drugs, 2011), followed up by an invitation to Member States to report on their experiences working with civil society (Commission on Narcotic Drugs, 2012).

In 2012, the Presidents of Mexico, Colombia and Guatemala formally requested the UN General Assembly to hold another Special Session on drugs and urged the UN and member states to “conduct an in-depth review [...] in order to establish a new paradigm”. The UNGASS was eventually confirmed for April 2016 and prompted the reinvigoration of the NYNGOC (which had become dormant in the preceding years). In December 2014 (several months after the mid-term UNODC high-level review on the implementation of the 2009 Political Dec-

laration), the VNGOC and NYNGOC formally launched a Civil Society Task Force (CSTF; see Box 2) to act as the official civil society platform for the UNGASS (United Nations Office of Drugs and Crime).

The following year, 2015, brought the first opportunity for the CSTF to work together on the selection of geographically diverse civil society speakers to the UN General Assembly Thematic Debate on drugs in New York (Fordham, 2018). Also that year, the broader 2030 Sustainable Development Agenda was adopted in New York by member states and the whole UN system, incorporating a range of goals and targets relevant to international drug policy, and embodying collaboration with global civil society throughout (United Nations).

The CSTF worked with the President of the General Assembly’s Office in 2016 to hold *Informal Interactive Stakeholder Consultations* in New York in the months leading up to the UNGASS, with the inclusion of over 300 civil society representatives submitting more than 50 interventions. However, many preparatory meetings for the UNGASS were closed to civil society, with certain organisational shortcomings limiting planned civil society participation (Fordham, 2018).

The 2016 UNGASS itself brought new opportunities for civil society involvement. Hundreds of NGOs attended the event in New York, including many addiction professionals, and the CSTF selected 11 civil society speakers for the roundtable sessions despite extensive screening and scrutiny from UN officials. The President of the General Assembly (PGA) specifically mentioned the role and visibility of civil society in his closing remarks. The *UNGASS Outcome Document* (agreed by consensus by the CND in Vienna in the month prior to the Special Session) contained the most comprehensive

Mission

To serve as the official liaison between the United Nations and civil society in the preparatory process of and at the United Nations General Assembly Special Session (UNGASS) on the world drug problem in 2016.

Objective

To ensure a comprehensive, structured, meaningful, and balanced participation of civil society during this process.

Structure

26 members, including 18 regional representatives (two for each of: Australia, New Zealand and the Pacific; Eastern Europe and Central Asia; Latin America and the Caribbean; Northern Africa, the Middle East and Central Asia; North America; South Asia; South-East and East Asia; Sub-Saharan Africa; and Western Europe), and eight representatives of affected populations and key global issues. A steering committee comprised representatives from VNGOC (as Chair and Second Vice-Chair) and NYNGOC (as First Vice-Chair and Secretary).

Activities

Working closely with the UNODC Civil Society Unit Team, the CSTF was established to:

- (i) identify speakers and participants for all relevant UNGASS 2016 preparatory events,
- (ii) lead regional consultations,
- (iii) host a fourth VNGOC Civil Society Hearing during the 58th session of CND, and
- (iv) co-host with the Chair of the CND and/or the President of the General Assembly (PGA) an Interactive Civil Society Hearing for all stakeholders prior to the UNGASS, whose conclusions would be an officially recognized document of the UNGASS preparatory process (Civil Society Task Force, 2015).

Box 2

The Civil Society Task Force (CSTF)

and supportive language to date on the important role of civil society (Bridge, 2017), specifically with the emphasis on implementing international drug policy with a stronger human rights and health-centred approach:

“We recognise that civil society ... plays an important role in addressing and countering the world drug problem, and note that affected populations and representatives of civil society entities, where appropriate, should be enabled to play a participatory role in the formulation, implementation, and the providing of relevant scientific evidence in support of, as appropriate, the evaluation of drug control policies and programmes, and we recognise the importance of co-operation with the private sector in this regard.” (United Nations, 2016)

In 2018, the CSTF was reformed by VNGOC and NYNGOC to once again coordinate civil society engagement for the next UN milestone in the drug control timeline – the 2019 High-Level Ministerial Segment (marking the ten-year review and target date set in the 2009 Political Declaration). The mission of the CSTF was broadly the same as for 2016, although the structure was changed slightly (for example, the VNGOC and NYNGOC now co-chaired the initiative) and the work plan was notably different due to there not being a large operational document to influence, nor the resources to conduct the same level of regional consultations as a few years prior. Crucially, this time the CSTF achieved a significant landmark by being specifically named in the CND resolution (Resolution 61/10) outlining the modalities for the High-Level Ministerial Segment (Commission on Narcotic Drugs, 2018), thereby cementing the role of NGOs in the preparations.

During the 2018 launch of the UNODC World Drug Report, preceding the High-Level Ministerial Segment, the new CSTF introduced itself with its representatives making coordinated oral statements in Vienna, New York City, Nairobi and Geneva. The same year, 40 civil society panellists and speakers took part in the “thematic CND intersessionals” that sought to follow-up on each chapter of the 2016 *UNGASS Outcome Document*. The CSTF also conducted a global consultation for civil society organisations, the preliminary results of which were presented to member states during the reconvened CND session in Vienna in December 2018.

In 2019, the CSTF hosted Civil Society Hearings in New York (co-hosted by Mexico) and Vienna (co-hosted by Switzerland; United Nations Office of Drugs and Crime, 2019b) – bringing

together member states, UN officials and civil society participants to present the final consultation report and highlight the role for NGOs in the coming decade.

The UN High-Level Ministerial Segment itself then took place in March 2019 in Vienna, and a conference room paper was submitted by Switzerland on behalf of CSTF, highlighting the civil society views and achievements (Conference Paper 7; Commission on Narcotic Drugs, 2019).

Member states eventually adopted the *Ministerial declaration on strengthening actions at the national, regional and international levels to accelerate the implementation of joint commitments made to jointly address and counter the world drug problem* (United Nations Office of Drugs and Crime, 2019a). In the Declaration, member states resolved to review in 2029 the progress made in implementing the policy commitments, with a mid-term review in 2024. Later that year, member states also agreed on a new four-year work plan to lead up to 2024 – with further thematic CND intersessionals dedicated to the main challenges and shortcomings identified in the 2019 Ministerial Declaration. Crucially, the role of civil society in these meetings – as observers, expert panellists and speakers – has once again been explicitly included.

Civil society involvement in the 2019 Ministerial Segment was stronger than ever before. The CSTF Co-Chair – VNGOC Chair Jamie Bridge – was invited to make formal opening remarks at Opening Segment of Ministerial Segment, with civil society again selecting panellists for formal “roundtable” discussions and several side events.

The relevant UN bodies and how they work with civil society

The United Nations Office of Drugs and Crime

As stated above, the UNODC was created in 1997 and renamed in 2002 – with the goal to assist in better coordinating a comprehensive response to the inter-related issues of illicit trafficking and abuse of drugs, crime prevention and criminal justice, international terrorism and political corruption. UNODC is based in Vienna but employs between 1,500 and 2,000 people worldwide across country and regional offices as well as its headquarters. It also houses the Secretariats for the CND and the INCB. As the lead UN agency on drugs, UNODC conducts research, produces normative guidance to support the adoption and implementation of

the drug control system, and provides technical and financial assistance to governments.

Each year, the UNODC produces the World Drug Report, assessing the state of international drug-related matters by providing estimates and information on trends in the production, trafficking and use of internationally scheduled substances; based on data and estimates collected or prepared by Governments, UNODC and other international institutions.

The UNODC Secretariat also houses a small Civil Society Unit Team to coordinate and support the agency's various levels of engagement with NGOs around the world (United Nations Office of Drugs and Crime). The mechanisms for, and extent of, civil society engagement by UNODC varies enormously between departments and mandates – for example, the teams focused on HIV prevention, treatment and drug use prevention have an excellent track record of engaging civil society in their consultations and discussions, compared to other areas such as supply reduction and treaty affairs. Nonetheless, in 2017, the VNGOC signed a Memorandum of Understanding with the UNODC (renewed in 2020) to support their collaborations together, and the Office continues to support and fund civil society engagement at the CND and other fora.

The International Narcotics Control Board

As stated above, the INCB is an independent, quasi-judicial expert body established by the 1961 *Single Convention on Narcotic Drugs*. The Board was a merger of two predecessors: the *Permanent Central Narcotics Board*, created by the 1925 *International Opium Convention*; and the *Drug Supervisory Body*, created by the 1931 *Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs*. The INCB has 13 members, each elected by the Economic and Social Council for a period of five years. Ten of the members are elected from a list of persons nominated by member states, and three are elected from a list of persons nominated by the WHO for their medical, pharmacological or pharmaceutical experience. Members of the Board are expected to serve impartially in their personal capacity, independently of Governments and can be re-elected (International Narcotics Control Board).

In order to fulfil its mandate, the INCB estimates the quantities of narcotic drugs required for licit purposes and monitors licit production and trade of controlled substances through a system of export and import authorizations. It

also works to improve the national and international control system by identifying weaknesses and providing recommendations to address them. For this purpose, the Board also maintains an ongoing dialogue with Governments and assists them in complying with their obligations, such as preventing the diversion of substances from licit to illicit manufacture (International Narcotics Control Board).

The INCB has been accelerating its engagement with civil society in recent years – having at one point been widely regarded as a very secretive and closed body as far as some NGOs were concerned (Barrett, 2008). At each CND meeting, the INCB President and Secretariat participate in an informal dialogue with civil society. With support from VNGOC, the INCB also now regularly seeks NGOs to meet with during their scheduled country visits every year. In May 2018, the INCB held its first ever Civil Society Hearing, with the VNGOC selecting ten civil society representatives from different regions and perspectives to speak on *“the use of cannabis for medical and non-medical purposes”*, either in person and via video link. The second INCB Civil Society Hearing was then held in May 2019 on *“young people and drugs”* with eight civil society speakers selected, in what looks like becoming a mainstay of the INCB calendar. Addiction professionals are often selected as speakers in these sessions and can apply to speak through the VNGOC.

The INCB also issued a statement in late 2019 on *“The role of civil society in the development and implementation of drug policies on prevention, treatment and social reintegration”*, supporting a health-centred approach to international drug policy, and reaffirming the important role of civil society in effective, evidence-based drug policies (International Narcotics Control Board, 2019).

The World Health Organization

The WHO is an international body operating in 194 Member States across six regions, whose primary role is to direct and coordinate international health within the United Nations system. Regarding the drug control system, WHO is responsible for assessing the medical properties of substances and making recommendations to the CND about their potential (re)scheduling through its *Expert Committee on Drug Dependence (ECDD)*. The ECDD is an independent group of experts in the field of drugs and medicines, who assess the health risks and benefits of the use of psychoactive substances according to a set of fixed criteria. Depending on the outcome

of their assessments, the ECDD may advise that the CND place a substance under international control, transfer a substance from one Schedule to another, delete the substance from a Schedule, or keep the substance under surveillance outside of the Schedules. The ECDD recommendations are presented by the Director General of the WHO to the UN Secretary General and the CND who vote on whether to follow this advice (World Health Organization).

In Geneva, the WHO also engages with CSOs, as outlined in the 2016 *Framework of engagement with non-State actors* through five main types of engagement: participation, resources, evidence, advocacy, and technical collaboration. The WHO is also actively working to improve civil society engagement through the recently established WHO-CSO Task Team, which is another avenue that addiction professionals can explore (United Nations Foundation). WHO Expert Committee meetings such as the meetings of the ECDD are not open to civil society, however “open sessions” are now held in which civil society representatives may register to participate in order to present information to committee members on relevant agenda items (World Health Organization). Returning to Vienna, the most recent CND session held in 2020 brought another opportunity for civil society to engage with the WHO with the addition of another “informal dialogue” session held between civil society and the WHO Mental Health and Substance Use Department.

Other UN agencies

The interplay of work conducted by the WHO and Office of the High Commissioner on Human Rights (OHCHR), i.e. creation of the *UN Task Force on Transnational Organised Crime and Drug Trafficking* and adoption of the *2030 Sustainable Development Agenda* for the UN System in 2015, have highlighted the strong need for UN interagency approaches to address drug-related matters globally. Since the adoption of the *Single Convention*, international drug control measures have highlighted the concern of implementing drug control measures that “respect the health and welfare of human beings” and “respect fundamental human rights” (United Nations, 2013).

In the lead up to the 2016 UNGASS session, multiple UN agencies made submissions upon invitation by the UN General Assembly in order to achieve an inclusive preparatory process for the session. This process shows the intricacy of drug-related matters across UN entities, as the General Assembly received submissions

from many UN agencies (United Nations Office of Drugs and Crime, 2016), detailing the importance of incorporating civil society in drug-related matters.

Finally, in the lead up to the most recent milestone UN meeting on drug-related matters, the 2019 High-Level Ministerial Segment at the CND, the UN System produced the “*UN System Common Position supporting the implementation of the international drug control policy through effective interagency collaboration*”. This document recognises that “the concern for the health and welfare of humankind underpins the three international drug control conventions” and aims to “support the development and implementation of policies that put people, health and human rights at the centre”. The document is also a further endorsement of the work being done by civil society organisations in respect of prevention, harm reduction, treatment, rehabilitation, access to medicines, universal health coverage, alternatives to conviction and punishment, measures to reduce stigma and eliminate discrimination, and “changes in laws, policies and practices that threaten the health and human rights of people” (UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters, 2019).

Opportunities to influence international drug policy by civil society

As a result of the continuous advocacy and engagement of NGOs working on drug-related matters, and the growing acknowledgement and respect being achieved from member states and UN agencies, there are now many ways in which civil society groups, including addiction practitioners, can and should engage in drug-related UN processes to influence policies and practices. While some are of the opinion that the most impactful civil society interventions take form outside of official processes, there is little doubt that the increased civil society presence and participation has contributed to a shift in the general narratives at the UN in Vienna. There is more focus than ever before on public health, human rights and balanced policy responses. Against a global backdrop where civil society space is increasingly shrinking and is threatened (CIVICUS Monitor, 2019), this is a welcome development.

Today, general options for engagement include: participating in CND sessions (by physically attending the meetings, submitting written and oral statements, coordinating

or participating in side events, and engaging with – or even being invited on to – government delegations); engaging via the VNGOC and NYNGOC (by joining the Committees, submitting applications for the open calls for speakers that are launched for various UN meetings, and participating in surveys and consultations held by UNODC and others).

CND sessions

The CND meeting may be one of the few occasions that civil society representatives have the opportunity to meet with senior government officials and policymakers – and vice versa. This is an opportunity for civil society, including addiction professionals, to build relationships with diplomats working in Vienna, but also with those developing and implementing policy and practice in capitals. Meeting over coffee, lunch, at a side event or reception allows for informal discussion and the chance to relay the expertise, viewpoints, evidence and experiences that civil society has. It can also provide a basis for future collaboration and partnership between civil society and Member States.

Most other international treaty regimes have built-in monitoring and evaluation mechanisms to review implementation problems encountered by the parties (Chesterman, 2019). Since the three drug control conventions lack such mechanisms that enable the evolution of the system over time, civil society are especially important contributors in the system design of international efforts to reduce drug related problems.

Typically, any NGO with a valid ECOSOC status can send a physical civil society delegation of up to ten people to the main CND meeting, although this number may be changed due to online and hybrid UN sessions currently being held as a result of the COVID-19 pandemic around the world. NGOs without this status can ask others to include them in their delegations instead. For those unable to attend the CND, NGOs can engage in a variety of ways – submitting written statements (up to 2,000 words), following the proceedings online via webcasts, social media and blogs, or finding out who forms the national delegation and requesting to meet them before or after the CND meeting (ideally as part of a network of NGOs). The VNGOC and NYNGOC are primed to support and advise any NGOs wishing to engage and navigate these options. The VNGOC produces a civil society guide to CND each year. This guide can be found at <https://vngoc.org/>.

Conclusion

International debates and decisions directly influence and shape on-the-ground practice in the field of addiction. Though national policies are generally made on the state-level, signatories of the drug control conventions are bound to follow their commitments to the treaties and have limited sovereignty in unilaterally regulating internationally scheduled substances. The narratives, power-dynamics and decisions on the highest levels trickle down to regional policy making, so it is very important to shift the debate from substances to people at the highest level, so drug policies can operate effectively on the national level.

With Member States coming together each year at the CND to agree on ways forward in international drug policy, adopt resolutions and vote on key issues, a significant opportunity to engage with the process lies in Vienna. Any organization with an ECOSOC status can attend these meetings and, with the help of the Vienna and New York NGO Committees, can take part in the proceedings. The NGO Committees' regular newsletters and respective communications channels offer up-to-date information about current opportunities for members of civil society, and through their online marketplace (mp.vngoc.org) provide a platform for organizations to follow trends across the globe.

Civil society engagement and attendance at CND sessions throughout the year is crucial, in order to bring "real world" issues and the voices of affected populations to the forefront of the UN debates. Addiction practitioners are critical in relaying information on evidence-based practice to these forums, to ensure that international drug policies follow scientific evidence and not preconceived ideologies, and to guarantee health-centred and rights-based approaches prevail in the global drug control framework.

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NACHRICHT

Moderate Tabaksteuererhöhung: vertane Chance für die Gesundheitsprävention

Nach Informationen des Nachrichtenmagazins „Der Spiegel“ plant Bundesfinanzminister Olaf Scholz, ab dem 1. Januar 2022 die Tabaksteuer in fünf Schritten moderat zu erhöhen.

Zu der vorgeschlagenen Tabaksteuererhöhung sagt Katrin Schaller, kommissarische Leiterin der Stabstelle Krebsprävention am Deutschen Krebsforschungszentrum: „Wir begrüßen grundsätzlich den Vorstoß für eine Erhöhung der Tabaksteuern. Wiederholte, spürbare Tabaksteuererhöhungen sind die wirksamste Maßnahme, um Raucherinnen und Raucher zum Nicht-

rauchen zu motivieren und so zahlreichen tabakrauchbedingten Krebserkrankungen vorzubeugen – allerdings nur, wenn sie tatsächlich den Zigarettenpreis deutlich erhöhen. Da besonders Jugendliche, denen meist wenig Geld zur Verfügung steht, bis zu dreimal stärker auf Preiserhöhungen reagieren als Erwachsene, schützen deutliche Tabaksteuererhöhungen Jugendliche vor dem Einstieg ins Rauchen und dienen in besonderem Maße dem Jugendschutz.“

Die nun geplante Erhöhung um fünf Cent pro Packung und Jahr sind viel zu wenig, um Menschen zu motivieren, mit

dem Rauchen aufzuhören. Um gesundheitspolitisch wirksam zu sein, müssen Studien zufolge die Preise jährlich um mindestens zehn Prozent erhöht werden – im ersten Schritt also um etwa 60 Cent.

Nach Ansicht der Präventionsexpertin spielen die vorgeschlagenen moderaten Erhöhungen der Tabakindustrie in die Hände: An solche geringen Preiserhöhungen gewöhnen sich Raucherinnen und Raucher leichter und rauchen weiter – genau dies erhoffen sich die Hersteller.

Das DKFZ fordert daher die Politik auf, der gesundheitspolitisch bedeutsamen Lenkwirkung der Tabaksteuern die erforderliche große Bedeutung beizumessen und die Steuern um jährlich zehn Prozent zu erhöhen. Nur so kann die Steuererhöhung als wichtiges Instrument für die Gesundheitsprävention Wirkung zeigen. 

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