



THE PRESIDENT  
OF THE  
GENERAL ASSEMBLY

9 March 2016

Excellency,

Further to my letter, dated 20 January 2016, informing Member States of the informal interactive stakeholder consultation that was held on 10 February 2016, on the preparatory process in the lead up to the Special Session of the General Assembly on the World Drug Problem (UNGASS), I have the honour to attach hereto the Summary of that consultation.

Please accept, Excellency, the assurance of my highest consideration.

A handwritten signature in cursive script, appearing to read 'Mogens Lykketoft'.

Mogens Lykketoft

All Permanent Representatives  
and Permanent Observers to the United Nations  
New York

**Summary of the President of the General Assembly on the Informal  
Interactive Stakeholder Consultation in Support of the Preparatory Process  
for the United Nations General Assembly Special Session on the World Drug  
Problem (UNGASS)**

**10 February 2016  
United Nations Headquarters, New York**

The following is a summary of key themes from the Informal Interactive Stakeholder Consultation in Support of the Preparatory Process for the UNGASS:

**Overview:**

In accordance with Resolution 67/193, a Special Session of the General Assembly on the world drug problem (UNGASS) will be convened from 19 to 21 April, 2016 to review the progress made in the implementation of the Political Declaration and Plan of Action, including an assessment of the achievements and challenges in countering the world drug problem, within the framework of three international drug control conventions and other relevant United Nations instruments.

The Commission on Narcotic Drugs, tasked by the UN General Assembly to lead the preparatory process (resolution 69/200), is working closely with the Office of the President of the General Assembly to ensure an effective and coordinated approach leading to the UNGASS.

In order to support the inclusive, active and substantive engagement of civil society and other relevant stakeholders in the process, the President of the General Assembly convened an informal interactive consultation on 10 February 2016. The consultation, organized in partnership with the Civil Society Task Force for UNGASS 2016, provided all relevant stakeholders with an opportunity to contribute to the ongoing preparatory process in a day of interactive panel discussions that included Member States, as well as over 330 representatives from civil society, non-governmental organizations, the academic and scientific community and others.

The consultation focused on taking stock of the various aspects of drug policy and practice and encouraged an interactive exchange of views on key priorities for UNGASS, while underscoring best practices on the ground, and highlighting the special challenges faced by civil society organizations and other stakeholders working in the field.

**Opening segment:**

As the only Special Session of the 70<sup>th</sup> session, the President of the General Assembly, H.E. Mr. Mogens Lykketoft expressed that UNGASS is a major event on the 2016 General Assembly calendar. He underscored that his office has been working closely with the

Commission on Narcotic Drugs (CND) to ensure its success. He reiterated that the world drug problem presents common challenges and shared responsibilities for all Member States, as well as civil society actors. The President also highlighted how the global drug problem touches on a series of issues such as human rights, social cohesion, sustainable development, criminal justice and international law and diplomacy. He greatly encouraged inclusive, open and transparent preparations for the special session and welcomed the important contribution civil society and other relevant stakeholders have made to the process.

The UN Secretary-General highlighted the important role civil society and other stakeholders play in advancing the sustainable development agenda. Furthermore, he stressed that as a cross-cutting issue, the balanced implementation of the drug conventions requires the continued involvement of the UN system, and all relevant stakeholders particularly in the areas of human rights, health and development. He also said he was extremely grateful for the contribution being made by civil society and other relevant stakeholders, and will count on hearing their continued and experienced voices during these important debates.

H.E. Mr. Khaled Shamaa, Chair of the UNGASS Board, Commission on Narcotic Drugs thanked the Civil Society Task Force, whom he stated has been working tirelessly to make heard the voices of civil society during the preparatory process. He added that the world drug problem is a complex, multifaceted issue that the international community must address in a comprehensive and integrated way, addressing all its aspects, including health, human rights, criminal justice, international cooperation and development. Ambassador Shamaa also emphasized that full implementation of comprehensive solutions to the drug challenge was required, keeping in mind that the well-being of people and societies was at the core of those efforts. He explained that the many manifestations of the world drug problem, as well as the complex relationship between drugs and crime have an impact on the ability of Member States to achieve the Sustainable Development Goals.

UNODC Executive Director, Mr. Yury Fedotov welcomed the spirit of the inclusive preparatory process that has been led by the CND Board tasked in partnership with the Office of the President of the UN General Assembly, with the support of UNODC. He added that diverse stakeholders, including civil society as well as UN entities and international and regional organizations have enriched the process with their thought-provoking contributions.

Mr. Fedotov also mentioned the UNGASS website: (<http://www.ungass2016.org>) and regular events held in New York, Geneva and Vienna which have helped to foster broad participation and debate on the multifaceted and complex challenges posed by drugs.

Ms. Asia Ashraf, Director Rehabilitation and Head Psychology Department, Sunny Trust International Addiction Treatment and Rehabilitation Centre, Islamabad, spoke about the neglected areas of drug abuse in many parts of the world including her own country of Pakistan, where health services are limited and female drug abuse is on the rise. She emphasized that UNGASS 2016 must take on these challenges head on and set goals, priorities and benchmarks, for realizing a drug-free world within our lifetime.

**Roundtable 1 - Drugs and Health: Perspectives from the Experts at the Grassroots Level:**

1. There was broad agreement over the need for a people and human rights centered and public-health based approach to drug control. Participants underscored that from a public health perspective, punitive and repressive policies are damaging and counter-productive as they exacerbate drug-related harms, such as HIV and HCV epidemics and high levels of overdose. In addition, some participants suggested that as a result of legal and policy restrictions, stigma and overregulation, only 1/6 of people who use drugs receive the necessary treatment.

2. Several participants voiced concern regarding the lack of access to controlled medicines for the relief of pain and suffering continues which they stated to be a serious failing in the public health system and a violation of the right to health. They stressed that this gap must be addressed urgently, in particular for funding and technical support to be made available to better educate drug control officers, lawmakers and healthcare professionals. They underlined that those who need pain relief must receive it, both in developed and in developing countries. Several participants highlighted the importance of Morphine in this regard.

3. There were many calls highlighting the urgency to implement and scale up comprehensive harm reduction services and evidence-based drug dependence treatment, and to ensure that these services are gender-sensitive and are also made available to young people who require them. Participants urged governments to make these health services available in prisons and other closed settings and underlined how denying people who use drugs access to harm reduction programs is a violation of their right to health. Various participants expressed that risk and harm reduction measures have proven effective and must be openly acknowledged. Furthermore, participants said there should never be non-consensual medical treatment in relation to drug dependence and compulsory or coercive drug treatment can also undermine recovery.

4. Several panelists stated that drug addiction should be perceived as a multi-factorial health issue not a criminal issue. They suggested that this can be best addressed through an integrated spectrum of responses ranging from prevention, harm reduction, treatment,

recovery and social reintegration. There was also a call for a psycho-social and cognitive behavioural approach to primary drug prevention in order to counter the social acceptability of drug use. Panellists explained that recovery and social reintegration must be promoted as important and achievable outcomes for drug dependence treatment programs.

5. There were numerous calls for the active involvement of young people in the development and design of drug policies, which was characterized as critical. Several participants said there must be accurate formal and informal education and information available for young people regarding drugs as part of comprehensive and evidence-based early intervention and prevention programs. Also, the need for evidence-based drug dependence treatment and harm reduction for young people was stressed by several participants, as was the need for young people not to be criminalized for the use of drugs. Particular attention was drawn to the responsibility of Member States to prevent and discourage illicit drug use in children and young people.

6. Participants highlighted that repressive drug control measures have detrimentally affected women and families, through policies and practices that disempower women and violate the principles and values fundamental to women's equality. In addition to the provision of gender sensitive health services, the particularly social and economic vulnerabilities faced by women must be acknowledged and addressed in the design of drug policies. It was also highlighted that women who use drugs should be consulted as part of policy and program development.

7. Several participants explained how the health and well-being of people who use drugs is severely undermined by the criminalization of drug use, as it deters people from accessing health services for fear of arrest and imprisonment. It increases the risks and vulnerabilities of an already marginalized population group. There were several calls to consider decriminalization, depenalization and alternatives to punishment and incarceration for people who use drugs to improve their health outcomes. Several participants expressed the view that recovered drug users must also not face stigma and discrimination, particularly in a way that undermines opportunities for employment and education. In addition, there were calls for Member States to consider the responsible legal regulation of drugs, including of medical cannabis, as part of a harm reduction response to drug use.

8. The role of civil society, representing affected and marginalised populations, was strongly highlighted, since it can promote and support effective and sustainable drug policies and programmes. Panellists underlined that broad and integrated involvement of civil society is critical to the success of the UNGASS and the review of the 2009 Political Declaration and its Plan of Action. There was a strong call for Member States to take into account the evidence from the ground, as well as the recommendations from the Civil Society Task Force and

other civil society organisations submitted during the negotiation process on the UNGASS outcome document.

**Roundtable 2 - Drugs, Human Rights, Community and Development: Creating Synergies between Member States and Civil Society to Empower Communities**

1. There were many calls for drug policies to be soundly grounded in the principles of human rights. Participants voiced concern that repressive drug policies have fuelled violence, mass incarceration, and environmental degradation and have undermined development outcomes and the enjoyment of many human rights including the right to health and life, and the right to not be arbitrarily detained or tortured. Human rights need to be central to drug policy.

2. Panelists called for a more focused approach to address the link between current drug policies and poverty and insecurity and violence, especially in least developed and developing countries, where resources are limited. A call was made for further investment in public health, since public health measures have proven to be cost-effective as well as in line with the obligation to meet the right to health.

3. There was a strong call for proportionality of sentences for drug offences and for the abolition of the use of the death penalty for drug related crimes. Some participants expressed the usefulness of guidance for Member States regarding what constitutes a serious offence in the context of the Conventions, especially regarding proportionality, the use of the death penalty and international law.

4. Participants underscored the traditional use of plants (such as cannabis, coca, opium) should be recognized, and even removed from prohibition, as they are used in various health and religious practices by indigenous groups, whose rights should be respected.

5. Panelists underlined that in order to achieve sustainable alternative development, farmers must to be included in the process of designing and implementing alternative development policies and programs, with the aim of protecting the human rights of farmers and their communities as a key guiding principle and recognizing that punitive policies towards farmers have a detrimental effect on their livelihoods.

6. The linkages between addressing the world drug problem and the implementation of the Sustainable Development Goals (SDG) were highlighted. There was a call for enhanced system-wide coherence and a multi-stakeholder approach in the shared responsibility of addressing these issues. Towards this end, Member States were called upon to ensure that the contribution of all relevant stakeholders including UN agencies towards the UNGASS outcome document are taken into account during the negotiations.

7. There were several calls for a more effective use of metrics and indicators in order to measure the success of drug policies, as many expressed that current measurements do not address poverty, inequality, discrimination, food insecurity, environmental damage, as well as the links between terrorism and organized crime, including drug trafficking. This would largely contribute to the achievement of just, peaceful and inclusive societies (including in the context of SDG 16).

8. Concerns were voiced over the legalization of drugs in developed countries and the effects of such policies and the associated marketing of private companies in least developed and developing countries, especially on children and youth. Varying points of view were expressed concerning the legalization of drugs, which merits further evidence-based discussions.

9. The concept of a drug-free world was discussed but no consensus was reached.

10. There were several calls to set up an independent mechanism to assess the implementation of the international drug control conventions, which would be tasked to provide a set of comprehensive suggestions at the 2019 review of the 2009 Political Declaration and its Plan of Action.