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PREPARATIONS FOR THE SPECIAL SESSION OF THE UNITED NATIONS GENERAL
ASSEMBLY ON THE WORLD DRUG PROBLEM

JOINT STATEMENT

prepared by

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COMMUNITY OF PEOPLE WHO USE DRUGS (LATVIA)

Honorable Chair, dear representatives of the UN Member States,

I would like to thank the organizers for the opportunity to make an oral statement.

I am making this statement on behalf of the community of people who use drugs of the Republic of Latvia, Coalition “I Can Live” which is an advocacy group working on drug related policy issues in Lithuania, the Eurasian Harm Reduction Network and the European AIDS Treatment Group.

First of all I would like to call your attention to civil society recommendations to the UNGASS outcome document, based on the outcomes of consultations organized by the EU Civil Society HIV Forum and two regional consultations organized by Eurasian Harm Reduction Network:

- The outcome document of the UNGASS on drugs should be based on the principles of public health, human rights and on scientific evidence.
- People who use drugs should have access to evidence-based treatment options, harm reduction and care instead of being the subject to criminal penalties, incarceration or other forms of repression.
- Response to the HIV epidemic among people who inject drugs will only be effective if governments are willing to apply harm reduction measures that are proven to be productive and successful.
- The abolition of the death penalty in all circumstances, including drug-related crimes, should be an absolute priority.

The UNGASS outcome document should call for meaningful involvement of civil society in policy, programs and services as one of the fundamental principles of effective and transparent drug policies.

Unfortunately, we do not see this reflected in the current version of the UNGASS outcome document. We believe that this is due to the low involvement of the civil society in this process.

Current European Union Drugs Strategy commits to “Promote and encourage the active and meaningful participation and involvement of civil society, including non-governmental organizations as well as young people, drug users and clients of drug-related services, in the development and implementation of drug policies, at national, EU and international level”.

We would like to express our concern regarding the absence of proactive steps of most

European and Central Asia region government agencies to consult with civil society and involve it in the preparation for UNGASS 2016. We acknowledge that there have been some good examples of positive government engagement with civil society, which led to broader discussions of country positions for UNGASS. However, despite closely monitoring the situation, we are unaware of government institutions responsible for drug policy in Member States proactively initiating discussions with civil society while preparing for UNGASS 2016. This clearly shows lack of compliance with the EU Drugs Strategy.

In this situation, our calls for a more balanced and public health oriented drug policy remain mostly unheard. In Europe and Central Asia drug policies still lack the balance between drug supply and demand reduction. It remains mostly focused on drug control, while the public health interventions that address drug demand and reduce the harms associated with drug use are still not given proper attention and investments.

We believe that the efforts of law enforcement authorities should be directed towards reducing drug-related harm for individuals, the society and national security – not towards the criminalization of people who use drugs.

By imposing administrative fines for the use of drugs and possession of drugs for personal use, the countries are creating a vicious circle for the persons being punished, thus further aggravating their unenviable situation. It is therefore recommendable that countries introduce alternatives to punishment in the form of referral to receive high-quality social and medical help, including harm reduction, substitution therapy, rehabilitation and social reintegration programs.

At the same time, we observe barriers for accessing drug dependence treatment; the coverage of harm reduction services remains low according to WHO standards. We deem it necessary that the countries develop and finance such high-quality social and medical services, including harm reduction and rehabilitation centers. We request that the UN bodies provide technical support aimed to increase sustainability of harm reduction, treatment and rehabilitation programs and help countries engage business companies in the provision of such programs as part of their social responsibility.

We believe that the provision of opioid substitution treatment and efficient rehabilitation programs in prisons, timely provision with housing and assistance in employment on release pave the way for successful resocialisation and reintegration of people who use drugs. We would like to note that Lithuania remains the only EU member state in which opioid substitution treatment is not available in prisons and is abruptly discontinued if a person on treatment gets incarcerations.

We also propose changing the approach to the opioid substitution therapy program and regarding it as a comprehensive program targeted at the improvement of the quality of life of addicted persons rather than as exclusively pharmacological therapy.

We believe that the countries should expand the range of available services within the above-mentioned programs, including through the development of overdose prevention programs with naloxone distribution among people who use drugs, as recommended by the WHO.