

# THE CND IS DYING

Time to put People who use drugs, evidences and Human Rights at the center of the response.

**By Bikas Gurung and Rajiv Kafle (March 23, 2018)**

The 61<sup>st</sup> session of the Commission on Narcotics Drugs (CND) was held from March 12-16, 2018 in Vienna, Austria. It was a disappointment like any of the last sixty sessions. It has become an automated session that follows the same algorithm in which member states would come, present usual blah blah blah, praise for their stupid accomplishments on drugs seizures, field eradications and compulsory rehab programs rather than introduction to right-based programmes/policies and lives saved.

The world is far more progressive or regressive than the CND deliberations – but it is not what member states are allowed to see, hear and speak. **It reminded us of Gandhi's three monkeys – See no evil, Hear no evil and Speak no evil.**

In 2009, the WHO, UNODC and UNAIDS technical guide recommended a comprehensive package of interventions for the prevention, treatment and care of HIV among people who inject drugs – widely known as comprehensive harm reduction package. In 2016, Harm Reduction International (HRI) reported that 90 countries implemented needle and syringe programmes (NSPs) to some degree and 80 had at least one opioid substitution programme (OST) in place. Worldwide, at least 20 countries have allowed cannabis for medicinal purposes; some more of them have introduced decriminalization for possession of cannabis for personal use; few have already introduced a regulated cannabis industry; and few have decriminalized all forms of drugs for personal use. The first thing anyone attending the CND would notice is that the CND does not resonate these facts –**no mentioning of “harm reduction”, “medicinal cannabis” or “decriminalization”.**

The other thing CND avoided mentioning in its formal sessions are the consequences and miseries brought by the horrible interpretations (contentious pluralism is what diplomats prefer to call it) of the 1961, 1971 and 1988 UN drug conventions. It really did not matter if the Philippines government's nation-wide war on drugs was responsible for 20,000 deaths since June 2016; if the Indonesian government killed 107 people extra-judicially in 2017; if the Chinese government has been publicly sentencing and later executing more people than the rest of the world combined annually; if the Cambodian government arrested 17,000 people suspected of drug use in 2017; if criminal justice systems are over-burdened and prisons are overcrowded; if at least 33 countries and territories prescribe the death penalty for drug offences in law; and if the compulsory drug detention centres in East and Southeast Asia have detained more than 235,000 people who use drugs in an inhumane condition. The CND also avoided seeing, hearing and speaking the failures of the 2009 political declaration and plan of action

on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem and yet member states would be willing to reaffirm their commitments.

Compared to the experiences from a decade back, many believe that the CND has become more open to the participation of community and civil society organizations but only to the extent of side-events and informal NGO dialogues – leaving plenaries and the committee of the whole (COW) sessions only for observation. Some have even started believing that the CND is a waste of time and resources.

**Advocates from the International Network of People who Use Drugs (INPUD), Asian Network of People who Use Drugs (ANPUD), European Network of People who Use Drugs (EuroNPUD), Eurasian Network of People who Use Drugs (ENPUD), from African, Latin America, and North America community groups attended the CND.**

**The plenaries and COW** sessions are miserable. You really need to have patience and good grip of your temper to attend these. There are a minority of countries who are supportive of an alternative approach that is based on evidence and human rights, in which South and Southeast Asian countries do not belong. As explained above, despite the fact that harm reduction services exist in practice at country level, member states will not dare to challenge the “drug free world” rhetoric. At some point we were under the impression that UNODC country offices might have had a big role in drafting these statements because all of them sounded so similar. The COW sessions are playground of words and punctuation marks. Resolutions suggested by member states go through a consensual process in front of a big screen. If there are any good resolutions by progressive member states, the function of the COW is to basically water it down to a point where horrible interpretations can be made depending on country context.

We attended several side-events, including those organized by Pakistan, Singapore, UNODC, WHO and few others that were focused on the situation of harm reduction, people who use drugs and the Philippines war on drugs crisis. It was hilarious that Pakistan considered themselves an opium free country and an estimated 6.7 million drug users were the result of spill over from their neighbor country – Afghanistan.

“Everyone calls themselves a transit country and blames their neighbors – it’s a classic sign of denial – 60 years of denial is leading us nowhere”, said Rajiv in a conversation with the Pakistan Director General.

A concerted advocacy effort of communities and civil society organizations successfully halted the finalization of the WHO and UNODC’s “International Standards for the Treatment for Substance Use disorders”. During the side-event, WHO official accepted that the standard document contained some of the most stigmatizing languages that could potentially harm people who use drugs. Both UNODC and WHO agreed to include people who use drugs network representatives to review the standard document.

“The language used in the standard document is validating the claims of President Duterte of the Philippines that the brains of people who use drugs are melted and therefore should be killed. We all know that ASEAN governments are waiting for this kind of document to justify their war on drugs”, said Bikas to Dr. Gilberto Gerra, Chief of Drug Prevention and Health Branch, UNODC.

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### **Why is the CND dying?**

Because nothing happening in the sessions during those 5 days is real. The CND has become just an unrelenting insanity – repeating same mistakes and expecting different results. We repeat that member states resemble the three monkeys of Gandhi. High Income Countries who are mostly donors are out of UNODC’s grip and have already introduced better policies without violating the UN drug conventions. It is the low income; lower middle-income; and upper middle-income countries (mostly Asian) that are sandwiched between the conventions and national health focused approaches. Maybe some countries do believe in punitive approaches but it is a fact for almost every other country in South and Southeast Asia that they have been implementing some combination of harm reduction services, including NSP and OST. Are the Asian governments afraid thinking what will happen to their nation if they challenged the UNODC rhetoric? Are the Asian governments afraid that they will be punished by some diplomatic reasons to cut the foreign aid and to revoke trade agreements?

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