



Disappointment – albeit predictable – in Vienna

The UN Commission on Narcotic Drugs is hindering progress say **Claudia Rubin** and **Emily Crick**

The recent UN Commission on Narcotic Drugs (CND) meeting in Vienna had particular significance. It marked the end of the 10-year UN drugs strategy agreed at the 1998 General Assembly Special Session, and signified the culmination of a year-long evaluation and review process resulting in a new political declaration to guide the next 10 years of international drug policy. For campaigners hoping that the failures of the last 10 years might lead to reforms, specifically that harm reduction (HR) would become a more explicit corner stone of CND policy, the meeting ended in disappointment with a small cabal of hard-line countries (including the US, Japan, Russia, Italy and Sweden) vetoing any mention of HR in the declaration. While 26 countries, including the UK, registered a formal objection to this omission, the 'consensus at any cost' process meant that all parties ultimately agreed the final text, largely unchanged from the 1998 equivalent declaration.

The review process involved an elaborate civil society dialogue with seven regional consultations culminating in representatives of over 300 NGOs meeting in Vienna in 2008 to agree a declaration that included a commitment to HR despite the diversity of opinion represented. This was presented to the CND, but to no avail.

The CND's failure is particularly remarkable given the broad and unambiguous support for key HR interventions from the rest of the UN family. The Executive Director of the UN Office on Drugs and Crime (UNODC), Antonio Maria Costa, has been keen to declare his commitment to HR over the last 18 months and to point out the 'often forgotten' fact that 'health is the first principle of drug policy.' More outspoken has been UNAIDS, which, for example, in a statement to last year's CND meeting, reminded members that they had committed

themselves 'to intensify efforts to ensure a wide range of prevention programmes, including harm reduction'.

The battle to include a reference to HR reflected the evidently growing political tensions within the CND between the pragmatic and hard-line positions of different states, and between UN agencies. This suggests that the strain on the 'Vienna consensus' is approaching a critical level and that more substantive reform is inevitable if the CND is to remain a meaningfully functioning entity. That said, any more substantive challenge to the overarching punitive paradigm enshrined in the UN conventions remained as far from the debating floor as it does from frontline UK politics. For all the excellent work in the drug policy field taking place elsewhere in the UN, the CND seems not only increasingly isolated and irrelevant, but overtly political, anti-science and actively hindering progress.

"Health is the first principle of drug policy"

In the context of the CND the UK sits among the more progressive group as regards HR, yet it was notable that the UK only sent a junior minister to Vienna, and as the Drugs and Health Alliance pointed out in 2008:

'[There has been a] severe neglect of harm reduction services, which have been deprioritised and marginalised over the last 10 years. The consequences of this are reflected in the increasing levels of HIV infection, the high levels of hepatitis C infection, and the high incidence rates for these infections among young people. The UK once led the world in harm reduction for HIV/AIDS prevention and successfully avoided the levels of infection that occurred in many other countries. That

advantage is in danger of being lost. We are on the verge of moving from a public health success to a public health disaster'.

While it is hard to gauge the impact of the CND declaration on UK policy it certainly does not help an HR field already somewhat on the back foot, or correct the perception that HR is drifting off the government agenda – the declaration potentially providing political cover for this trend should it continue unchallenged. Already we have seen the HR/public health discourse receiving only passing mention in the new UK drug strategy that seems more preoccupied with managing public perceptions and wider political concerns around a populist law and order agenda. Both domestically and internationally, political considerations continue to trump pragmatism and evidence at almost every turn. This is unlikely to change while public health decision-making remains within the ambit of criminal justice and enforcement agencies.

The one positive feature is the increased presence of the NGO community in the UN drug agency deliberations. The level of civil society engagement was unprecedented, particularly within the various formal and informal coalitions advocating pragmatic reform, making calls for evidence-based policy making and better evaluation, and for a shift away from the failings of a punitive enforcement paradigm towards proven public health and harm reduction-led interventions. Where positive pressure for reform did emerge, it was invariably led by NGO engagement with their national delegations making interventions in the various international policy forums, providing both the template and inspiration for future action and offering hope that the wider drug field will have a bigger say in future international drug policy developments.

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