

## **IOGT International Statement on Drugs and Human Rights, Youth, Women, Children and Communities 11.03.15**

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Dear Chairman, distinguished delegates, ladies and gentlemen good morning everyone.

It is an honor to address you today and it is a privilege I highly appreciate to be part of this important discussion.

Please allow me to start by saying that **"The Civil Society Task Force has invited me to participate in this discussion today based on my expertise in my field. However, because civil society views on this topic are broad and diverse, my statements should not be taken as representative of civil society as a whole. I hope that my input will open the door to broader discussions about these issues in the future."**

My organization works for the prevention and reduction of harm caused by alcohol and other drugs not because it is an end in itself but because harmful substances are **obstacles** to development, democracy, Human Rights and peace.

We work from the premise that social problems **cannot** be solved by military means. The militarization of so many aspects of society is worrying. **There is too little peace in the world** and there are too many wars, such as the "war on want", the "war on drugs", and the "war on poverty".

This matters for our discussion because drug-policy development, including the UNGASS 2016 process, is currently hampered by a focus on the **false dichotomy** of drug legalization and decriminalization on the one hand and fighting an endless, unwinnable **war-on-drugs** on the other hand.

It is my distinct honor to share with you today the five perspectives of our Member Organizations concerning drugs and human rights:

1

## 1) The 3rd way in drug policy – delivering on the full potential of UN Conventions

Such a polarized debate is counterproductive for the development of **broad, balanced** and **humane** drug policies, for **three** reasons:

- a) It dramatically shrinks the policy space between the portrayed extremes, limiting the discussion to only a few options and **eliminating a range of useful alternative approaches**, for example a Child Rights-centered approach.
- b) It constrains the many nuances normally present in policy discussions and promotes simplistic solutions; and thirdly
- c) It wrongly identifies many effective prevention interventions as part of the meaningless "war-on-drugs" policy argument.

In reality, plenty of middle ground exists. **We call it the third way**. It offers a wide variety of effective policy options. Their support or implementation requires no fundamental changes in UN Drug Conventions or in most national legislation. As a matter of fact, the global community has not yet managed to live up to the potential of the policy space that the UN Conventions offer – the third way is our best chance to finally do so.

## 2) A Child Rights-centered approach

[SHOW SLIDE 1]

The CRC is the first international instrument to explicitly recognize children as social actors and active holders of their own rights, on the basis of their **special needs for protection**. Protection against drugs is clearly a **Human Rights issue** and a **universal obligation** for governments.

The primacy and universality of the **Best Interest principle** stipulated by the CRC means that general drug policy-making shall be child-centered – as opposed to adult-centered or user-

2

centered. The CRC stipulates **comprehensive** measures to protect children. A **comprehensive multi-sectorial** effort is called for.

A Human Rights-based approach to drug policy development empowers governments to create enabling environments for protecting children from drug use. For this to happen the most conducive policy goal is to ensure a drug free society.

We urge governments to live up to the CRC and make the Best Interest of the child **a primary consideration** in all policy making that affects children, even in areas that at first might seem to have nothing to do with children.

### **3) Women in focus – for mutually reinforcing gender-sensitive policies** [\[SHOW SLIDE 2\]](#)

Women are especially vulnerable to drug-related harm – far too often, simply because they are women. More often than not, women are taking care of the family. More often than not, women are mothers – and so drug use is putting them, their children and families in danger. Many examples can be named and billions of stories be told, of structural inequality harming women and girls.

Drug policy development needs to be in line with the UN Human Rights infrastructure. This matters, among others, for:

- Women with a past of abuse during their own childhood, that makes them more susceptible to drug use,
- Mothers with drug-related problems avoiding treatment and rehabilitation because of fear of losing their children, and because they are exposed to stereotypes and stigma in the legal justice as well as the public health systems,
- Women with HIV/ Aids infections,

- Or women who are unable to take part in prevention programs that would serve to empower and protect them.

It is these women that the Beijing Declaration from 1995 means, when it stipulates “mutually reinforcing gender-sensitive policies and programs to Empower and Advance women.”

It is these women that drug policy development needs to see and needs to cater to.

The Beijing Declaration and Platform for Action do provide for a Human Rights-based approach to drug policy.

We urge governments to deliver on their promises made 20 years ago in Beijing, for example with regards to Strategic objective C.2. Strengthen preventive programmes that promote women’s health and with regards to Strategic objective L.3. Promote and protect the rights of the girl child and increase awareness of her needs and potential.

#### **4) Human Rights for all – Hearing the silent majority in developing societies**

The World Drug Report 2014 estimates that **approximately 95% of the world’s population** between the ages of 15 and 64 **did not** use any illicit drugs in 2012. This global reality reflects that a large majority of humans reject the risks associated with drug use.

An approach to drug policy in line with the UN Human Rights infrastructure needs to ensure the rights, needs and interests of the global, silent majority are well-taken care of. Evidently, a vast silent, global majority chooses to live free from drug-related harm.

The silent majority, especially children and women as well as communities in developing societies certainly deserves this approach. In the context of the discussion here today, we should admit: **Development perspectives** need greater prominence in global drug policy discussions, including in the UNGASS 2016 process – and with the **Post-2015 process**, there is a

chance to link this discussion with other on-going process within the UN System.

Use of harmful substance use has stronger negative consequences for poor and marginalized people than for those in more affluent groups. Simply stated, the poor and marginalized people of the world need no additional burdens beyond the considerable ones they already bear.

We urge governments to put a high priority on assuring that substance use in developing countries does not increase to the levels that exist in Western countries and that the corresponding harms from substance use do not reach similar high levels.

#### **5) It's possible: Empowering people with Human Rights-based drug policy**

Preventing problems from occurring or expanding represents by far the best approach to reducing drug-related harm. The "Prevention-first" approach holds four major benefits:

- It is the most cost-effective, the most sustainable, the most humane policy option and it is the most people-empowering.

A focus on using the full potential of the UN Drug Conventions, the CRC, the Beijing Declaration and Platform for Action and other relevant parts of the UN Human Rights infrastructure do provide substantial guidance and latitude for countries seeking to design **broad, balanced** and **humane** drug policies that empower people.

We urge governments to follow **UNICEF's Child Protection Strategy 2009**, which has determined prevention as the first priority for child protection. It becomes clear that the first objective of a **public health-oriented drug policy** is to prevent drug-related problems from occurring.

**Whole-population strategies** that discourage drug use and reduce the availability of drugs are a central element of prevention.

5

Mr. Chairman, distinguished delegates, ladies and gentlemen,

Please, allow me to conclude my remarks with the following three points:

There is a need for a comprehensive approach to drug-related harm, with a **strong focus** on prevention and early intervention, as well as control measures, health services, treatment and rehabilitation for users. Such a comprehensive approach is best positioned to protect especially vulnerable groups, like **communities** with lower socio-economic status, **women**, adolescents and **youth** and the world's **children**. The UN Human Rights infrastructure of which I have cited crucial paragraphs and sections here, provides a powerful framework whose potential has not yet been fully realized.

I thank you for your attention and for consideration of these points.



**Kristina Sperkova**  
International President

IOGT International,

**United Nations, Vienna, 11 March 2015**