



On behalf of



Federal Ministry
for Economic Cooperation
and Development



Drug Commissioner
of the Federal Government



Government of the Netherlands



Norwegian Ministry
of Health and Care Services



This report summarises the discussions and conclusions of the meeting, but does not reflect the institutional positions of the co-hosting parties

MEETING REPORT

5TH BRANDENBURG FORUM ON DRUGS AND DEVELOPMENT POLICIES

“THE POST-2019 SCENARIO: TRENDS AND CHALLENGES IN GLOBAL DRUG POLICY”

The 5th Brandenburg Forum on Drugs and Development Policies took place from 11th to 13th February 2020, at the Schloss Lübbenau in Brandenburg, Germany. The Forum was organised within the framework of the Global Partnership on Drug Policies and Development (GPDPPD).¹ GPDPPD is commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) and implemented under political patronage of the German Federal Government’s Drug Commissioner. The meeting was co-hosted by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of BMZ, the Office of the German Federal Drug Commissioner, the Government of the Netherlands, the Norwegian Ministry of Health and Care Services, the Transnational Institute (TNI), and the International Drug Policy Consortium (IDPC).

The Forum brought together 48 participants (25 male and 23 female), including government representatives from Albania, Belgium, Canada, Colombia, Finland, Germany, Ghana, Mexico, Myanmar, the Netherlands, Norway, Pakistan, Peru, Portugal, Spain, Switzerland, and the United Kingdom – alongside representatives from the European Union (EU) and African Union (AU), as well as the International Narcotics Control Board (INCB), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Development Program (UNDP), and the United Nations Office on Drugs and Crime (UNODC). The meeting was also attended by several leading civil society and academic organisations, including representatives of people who use drugs.

In order to promote open dialogue, the discussions were conducted under ‘Chatham House Rule’ whereby the contents can be shared and used, but neither the identity nor the affiliation of any participants may be revealed.²

PART 1: REFLECTIONS FROM 4TH BRANDENBURG FORUM

After warm welcomes from senior representatives of the German and Norwegian governments, as well as IDPC, participants were invited to each of four “stations” around the venue to revisit the recommendations made at the 2019 Forum with regards to public health, human rights, development, and new trends.³ In particular, it was felt that several of the actions had been progressed in the previous 12 months – for example:

- Adoption of the 2019 Ministerial Declaration, including operative language on the role of civil society and a relatively comprehensive statement of the ongoing challenges from the last decade.

¹ For more information on the Partnership, please visit www.gpdppd.org

² <https://www.chathamhouse.org/about/chatham-house-rule>

³ https://www.gpdppd.org/fileadmin/media/bbf4_report.pdf

- Launch of the “International Guidelines on Human Rights and Drug Policy” outlining a rights-based public health approach to drugs, and the development of a dissemination and training strategy.⁴
- Promotion of the new United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration,⁵ and the UN system coordination Task Team.
- Development of the new UNODC Annual Reports Questionnaire (ARQ).
- Efforts to connect Geneva and Vienna (and New York) policy-making processes and stakeholders, including the first ever Geneva Drug Policy Week.
- Resolutions at the UN Commission on Narcotic Drugs (CND) on access to medicines and palliative care.
- Further research and analysis on the opioid overdose crisis.
- Promoting better data collection on new psychoactive substances (NPS) and ineffective versus effective responses.
- Data gathered on alternative development from households and families (see below).
- Greater presence of OHCHR (and other UN agencies) at the CND in Vienna.

However, for many of the recommendations from 2019 it was felt that they remained valid priorities for our collective efforts this year too – and would therefore need to be discussed further in the working groups later in the agenda.



⁴ <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/international-guidelines-on-human-rights-and-drug-policy.html>

⁵ <https://www.unsceb.org/CEBPublicFiles/CEB-2018-2-SoD.pdf> (see Annex 1)

PART 2: PLANNING FOR THE 63RD COMMISSION ON NARCOTIC DRUGS (CND)

Continuing from the successful experiences at previous Brandenburg Fora, a representative of the current CND Chair updated the participants with the latest information regarding the CND meeting in Vienna, scheduled for just a few weeks after the Forum. He updated participants on the informal consultations that have taken place with regional groups and member states, the five submitted resolutions, the ARQ revision, the scheduling recommendations covering NPS and cannabis, and the more-than 100 side events during the week. This was followed by a short input from the International Narcotics Control Board (INCB), focused on the scheduling recommendations on cannabis – which are of special interest to the Board.

The EU then provided inputs from its perspective on their two resolutions, the ARQ reform, and the cannabis recommendations by the WHO. For the latter, one proposal on the table was for new working groups to look further into the issue – but the concerns are around cost-efficiency and added value. It was even raised the concern during the discussion that if CND does not take action, it could potentially be interpreted as sign of weakness. The final inputs came from civil society, and a strong NGO presence is anticipated once again this year. Civil society space is being restricted in many settings and systems, so the continued expansion of engagement at CND is welcome. Meetings are planned with the incoming UNODC Executive Director to secure her ongoing support for civil society participation. Other key priorities include the cannabis scheduling recommendations, supporting references to the UN system Common Position, the anticipated adoption of the new ARQ, and the role that the UN Task Team can play in data collection.

In the subsequent discussion, a question was raised about whether a vote could proceed on some of the World Health Organisation (WHO) recommendations related to cannabis, but not all of them, or with some details and elements deferred for later decision. Legal advice has already been sought, but it was suggested in the discussion that member states were able to decide on which course to take at the CND.

PART 3: 2020 VISION: KEY DEVELOPMENTS FROM AROUND THE WORLD

To further prepare for the working group sessions later in the agenda, two plenary sessions were held in which some of the key developments and areas for discussion were presented by experts from member states, UN agencies and civil society.

Firstly, the **UN system Common Position**⁶ and the implementation of its human rights commitments was presented on behalf of the UN Task Team. The Common Position was formally adopted by the Chief Executives Board for Coordination in November 2018, to ensure effective interagency cooperation and that the UN speaks with one voice ahead of the 2019 Ministerial Segment in Vienna. It is an internal UN document, yet nearly all of the commitments and points can be found in the political documents agreed in 2009, 2016 and 2019, among others. In the realm of human rights, development and public health, the directions for action in the Common Position include a rebalancing of drug policies, respect for the dignity and rights for people who use drugs, access to essential medicines, and the provision of support services in prisons. Other specific human rights concerns include compulsory drug rehabilitation centres, the death penalty for drug offences, the principle of proportionality and the decriminalisation of people who use drugs, forced crop eradication and aerial spraying, and ensuring legal guarantees, due process and fair trials. The debate also highlighted the International Guidelines on Human Rights and Drug Policy⁷ as an important tool to implement the commitments of the Common Position.

Questions were asked about the dissemination plans for the Common Position – both internally within the UN system but also concerning translation, better online access and wider promotion. It was stated that

⁶ <https://www.unsceb.org/CEBPublicFiles/CEB-2018-2-SoD.pdf> (see Annex 1)

⁷ <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/international-guidelines-on-human-rights-and-drug-policy.html>

colleagues from across the UN agencies are taking on this task, and briefings have been held in Vienna and Geneva with the support of the EU. There are also plans for an additional briefing in New York in the coming months. Discussions also covered the future work plan of the UN Task Team, and UNODC's role as the convening agency "within the framework of the Secretary-General's Executive Committee" (as laid out in the Common Position itself). It was highlighted that the position of the new UNODC Executive Director will be crucial. Participants agreed that it should no longer be controversial for anyone within the UN to champion human rights issues.

The next presentation was on the next steps as member states try to **implement a "one-track approach" to the existing commitments** from the political documents agreed in 2009, 2014, 2016 and 2019. The language has edged forward over time: the 2009 Political Declaration had a clear absence of human rights language and the continued goal of "a society free of drug abuse", but on the other hand the demand reduction section is longer than in subsequent years. The 2016 UNGASS Outcome Document shuffles the system from three chapters – demand reduction, supply reduction and international cooperation – to seven, and is the most detailed document of the decade. It recognizes that drugs are a health issue, and that law enforcement alone cannot solve the problem, while providing new chapters on access to medicines, (alternative) development, and human rights. Last year's Ministerial Declaration was a shorter, more political message. It was highlighted that these documents now have to be implemented in one track, and this implementation needs to be accelerated to ensure more countries strive to fulfil the commitments. It was stated that, in order to do this, cooperation within the UN is of utmost importance, as is data collection and an honest review of progress in 2024. In the discussions, it was mentioned that, according to analysis done by Norway, the 2016 document covers almost everything from 2009. To move forward, it was suggested by some participants that the multilateral focus must be on implementation and must not get stuck in quarrels about language.



The following presentation was from the **Norwegian Drug Reform Committee**, on their ground-breaking proposal to move "from punishment to assistance" through a model of decriminalisation – one which imposes no sanctions for the use, possession and acquisition of a limited amount of drugs, while maintaining that such behaviours remain illegal. It was stated that, after the Committee's deliberations, there was found no empirical evidence in favour of punishing or criminalising people who use drugs – only on the adverse effects of doing so. The recommendations also include a stronger focus on harm reduction, prevention, treatment, and the reduction of stigma and marginalisation, and a commitment to evaluation, including by UN agencies. In the framework of the debate it was clarified that public health authorities will be mandated to follow-up with counselling etc. as alternatives to criminal punishment. Yet there are no sanctions being proposed for people who do not attend the counselling, just attempts to maintain therapeutic contact. In practice, the necessary services to cater for the new policy already exist in Norway across both primary and specialised services, and consent will be the key concept. The Committee's recommendations are now open for public consultation before any decision is made by the Government, which has committed to this process since 2018. An English version of the summary will be available soon, while Norway will present the reforms at the 63rd CND.

UNODC presented the outcomes of their study on the number of **small-scale farming households involved in illicit drug crop cultivation**, and the Global Overview of Alternative Development 2013-2017.⁸ There remain significant ranges between the high and low estimates – with between 600,000 and 1 million households involved in illicit drug crop cultivation at a global scale. It was stated that cultivation is not static: every year it can change (due to drought, dry seasons, etc.), so it may not be useful to look at numbers for just one year

⁸ https://www.unodc.org/documents/crop-monitoring/Research_brief_Overview_of_AD.pdf

alone nor to provide short-term interventions. Over time, the total annual budget dedicated to alternative development is reported to have increased – driven for example by work in Colombia based on the peace agreement. However, data show that the majority of projects are of short duration, and are small-scale or pilots. Questions from participants included why the focus was only on opium and coca, not cannabis, and what UNODC does with these data and reports once they are released. It was explained that the ultimate goal was to change the narrative around alternative development – to show that it is not about the number of hectares eradicated.

The next presentation was on the resolution that has been submitted by Croatia (on behalf of the EU) and Australia – on “Promoting awareness-raising, education and training as part of a comprehensive approach to **ensure the access to and availability of controlled substances for medical and scientific purposes** and improve their rational use”.⁹ The resolution is designed to be in line with the 2016 UNGASS Outcome Document, with a focus on adequate access to, as well as availability of, controlled substances. It was a reaction to the perception that the situation is not improving, and it was opined that one of the greatest barriers is that healthcare professionals need education and awareness training. Belgium, France and the EU have provided funding to UNODC, working with WHO and civil society, and this resolution aims to stimulate capacity building and training in a way that does not leave anyone behind. In the discussions, participants discussed the need to support language on the use of controlled substances for all medicinal purposes (including opioid substitution therapy, and not just pain medication).

The final presentation was from the African Union, who presented their new **AU Plan of Action on Drug Control (2019-2023)** which was formally adopted on 7th February 2020. The speaker stated that this initiative was a product of the Brandenburg Forum – specifically the 2nd Forum in 2017, at which the idea to revise the Plan of Action was born with support from civil society and other partners. The Plan of Action is based largely on the 2016 UNGASS Outcome Document, as reflected in the structure. The accompanying Implementation Matrix specifically includes harm reduction, alternatives to incarceration, alternative development and other key policy commitments, and both documents will be available online soon in four languages. The next steps for the Plan of Action are now crucial – to raise awareness and political support, and to align the Plan with national policies and responses across Africa. With US support, a “Pan-African Network on Drug Use” is being implemented to support and expand national surveillance systems in many countries. According to debates, there is an increasing interest in Africa and the AU framework to adopt development responses to the drugs issue, including on alternative development.

PARTICIPANTS’ FEEDBACK

Evaluation forms were completed by 86 percent of the participants and, as with previous years, the feedback was overwhelmingly positive – especially regarding the meeting logistics, structure and content, while 100% of respondents were “very satisfied” with the venue.

For more than half of the participants, the agenda content was their main reason for attending. Reassuringly, all but two reported acquiring new ideas which they would utilise in their future work. Other beneficial aspects included networking and discussions with experts from around the world that hold a variety of viewpoints.

Participants also provided many good suggestions for future Forum agendas – including more work to capture the overlap between the four thematic areas, more discussions on controversial topics, and a focus on the fifth anniversary of the UNGASS 2016.

89% of the respondents considered GPDPD to be an established forum for discussing development and health oriented drug policy approaches.

⁹ The final version of this resolution, after the CND negotiations, can be found at <https://undocs.org/E/CN.7/2020/L.4/Rev.1>

PART 4: KEY ISSUES AND RECOMMENDED NEXT STEPS

In the final segments of the Forum, two sets of four working groups were established – on the Brandenburg Forum themes of development, public health, human rights, and new trends – allowing each participant to attend two of the discussions. The working groups comprised between 5 and 25 people at a time, and had assigned moderators and rapporteurs. Their task was to reflect on the discussions and presentations from the Forum, and to agree and elaborate a series of recommendations and priorities for the coming year or two. The findings and recommendations from the working groups were presented in the plenary on the final day of the Forum, and all participants were then invited to ‘vote’ by placing coloured stickers on the recommendations which they felt were the most important for the group’s collective work over the coming years. The results of these ‘votes’ are useful to indicate a sense of prioritisation amongst the group, and are included below in square brackets.

Across the four themes, it is important to note that the working groups and their recommendations included several key cross-cutting issues – for example, the UN system Common Position and the importance of cross-UN collaboration and coordination were overlapping themes throughout, as was the importance of existing and emerging licit cannabis markets around the world. Across all themes, the CND was also a key target for many suggested actions and advocacy.

a: Development

Discussions focused on several key issues within the development sector – such as current challenges in the field of alternative development in the key illicit drug crop growing settings as well as challenges to the environment and climate due to drug crop growing. The adaptation of the alternative development approach to the specific needs of African countries was also discussed. Part of the debate was the possibility of using the potential of medical cannabis as a source crop for alternative development in countries that have legalized medical uses for the plant. This was described by some participants as market substitution rather than the traditional focus on crop substitution and should be done in collaboration with the private sector as well as UNDP and other partners. The implementation of alternative development in drug trafficking settings was also discussed, with Thailand highlighted as an example alongside experiences in Europe and in Colombia.

The recommendations from the development working groups were as follows, in order of prioritisation following the participants’ voting exercise:

1. **[34 votes] Using the UN system Common Position to generate more system coordination on development – firmly placing alternative development under the umbrella of the Sustainable Development Goals (SDGs).**
2. **[32] Link environmental and drug policies – including through a special chapter in the World Drug Report on environmental issues, and giving more attention to indigenous communities.**
3. **[29] Holding an Expert Group Meeting on small-scale farmer involvement in emerging licit medical cannabis markets involving governments and the private sector, possibly resulting in a compendium of best practices.**
4. [17] Foster stronger private sector involvement in development projects and in the key principles of alternative development.
5. [17] Setting up an AU alternative development programme to engage African countries, including in the annual CND alternative development resolutions.
6. [11] Foster the exchange and joint positioning of CND and the Commission on Crime Prevention and Criminal Justice (CCPCJ) with regards to development-related responses to drugs and crime issues.
7. [11] Promote development approaches beyond illicit crop cultivation, drawing on lessons learned from community-based interventions in urban areas and monitoring the human rights of farmers.
8. [2] Continued monitoring and reporting by UNODC of the number of farmers engaged in illicit drug crop cultivation.

b: Public Health

Discussions started with the existing investment case for health-based policies, and the remaining gaps and needs. The economic, social and human costs of inaction have still not sufficiently been defined and laid out, and cost-effectiveness was outlined by some participants as a useful narrative. It was suggested that there may be a role here for UNODC's scientific network or the UN Task Team to look at the cost-benefit analysis. On cross-UN collaboration, the need to also involve New York was highlighted, as was the need for UNODC to have some form of presence in Geneva. It was stated by some participants that the ultimate goal was to try and bring the Vienna debate more in line with that in Geneva and New York, where the same member states can sometimes have very different narratives. Plans for a Brandenburg-Geneva meeting in 2020 were raised, as well as a suggestion to engage the heads of the Human Rights Council, World Health Assembly etc to future Forums as well as the CND Chairs.

On the new ARQ, due for adoption at CND in March, discussions focused on the increased focus on public health data – but also on the need to ensure that data collection is based firmly on consent, and not at the detriment of people who use drugs (avoiding punitive surveillance systems, mandatory registration of service users, the use of data to support criminal charges, etc). Linked to this was a strong feeling by many participants that law enforcement needs to be more centrally engaged in the public health discussions – including at the Brandenburg Forum itself. The debates in Norway were seen as an interesting example of this importance.

The recommendations from the public health working groups were as follows, in order of prioritisation following the participants' voting exercise:

1. **[33 votes] Promote studies on the cost-effectiveness of health-based approaches to drug policy, especially further studies in low- and middle-income contexts.**
2. **[30] Engage law enforcement in advocacy for health-based responses to drug use.**
3. **[24] Support responsible data collection, ensuring that the implementation of the ARQ is accompanied by capacity building and technical and financial support on methods that protect health and human rights.**
4. [22] Push for greater recognition of the health needs of refugees, migrants and/or displaced persons who use drugs, and engage with the responsible agencies.
5. [18] Further strengthen the evidence-base for harm reduction interventions and treatments for stimulant use.
6. [13] Further strengthen connections and synergies between Vienna, Geneva and New York, with an emphasis on collaborations between the UN agencies.
7. [10] Promote non-stigmatising attitudes in line with [CND Resolution 61/11](#).
8. [9] Proactively follow up the resolution to address barriers to access to controlled substances.

c: Human Rights

As with the public health groups, there was a lively discussion about the new ARQ and the need to protect the rights and consent of people who use drugs, but also how best to include human rights data through cross-UN collaborations. The International Guidelines on Human Rights and Drug Policy were also discussed, especially the next steps in global implementation, the need to improve awareness, training and uptake by UNODC, other agencies, and at the national level. From the UNODC perspective, the position of the new Executive Director on these human rights issues was deemed to be important – but it was also stated that this may be influenced by the member states that provide the bulk of their funding. Environmental justice and climate change were also topics for discussion, and these issues were not seen as being on the radar in Vienna

yet despite clear links to drug crop production. Participants also raised the importance of Geneva and Vienna coordination, and the possibility of securing more systematic civil society engagement across the two UN hubs.

The recommendations from the human rights working groups were as follows, in order of prioritisation following the participants' voting exercise:

1. [32 votes] **Develop a set of complementary practical tools to operationalize the [International Guidelines on Human Rights and Drug Policy](#) – covering health, development, criminal justice and best practices that can be applied in different country contexts.**
2. [27] **Explore alternative avenues for data collection on human rights within the UN machinery.**
3. [26] **Develop a spotlight report that features a diverse range of best practices and innovations, using the Guidelines to highlight human rights elements.**
4. [21] Produce research and analysis around the current and potential human rights dimensions of emerging licit drug markets, collating best practices and lessons learned from other areas.
5. [14] Catalyse human rights and drug policy discourse within the UNODC crime prevention mandates – through CND and CCPCJ side events, the Kyoto Crime Congress, and regional Heads of National Drug Law Enforcement Agencies (HONLEA) meetings.
6. [14] Include the core group of member states on human rights and drug policy in the Brandenburg-Geneva event planned for 2020, to bridge the Vienna and Geneva political discussions.
7. [9] The four co-sponsors of the International Guidelines (UNDP, UNAIDS, WHO and OHCHR) should establish an inter-agency group for training and dissemination.
8. [5] Fund and hire a Geneva-based civil-society focal point on drug policy to promote, monitor relevant discussions and opportunities to mainstream drug policy within deliberations and processes there.
9. [4] Examine the intersections between environmental protection, human rights and drug policy – developing research to raise awareness.
10. [4] Promote human rights and drug policy in both the HIV2020 and AIDS2020 conferences.
11. [2] Repeat the Geneva Drug Policy Week initiative for a second year.
12. [1] Harness various spheres of influence to persuade UNODC to become more actively engaged on human rights, including through the International Guidelines.

d: New Trends and Developments

Discussions started with the UN system Common Position, and how to better clarify its purpose and ensure awareness and support. One suggestion from the floor to help depoliticise the document was to clarify how the Common Position reflects existing consensus-based language from 2016 UNGASS, the SDGs, etc – and this could be a role of the UN Task Team. Additional steps could include translation, more accessible online presence, and asking member states and UN agencies to continue mentioning the Position in their own work and statements (starting with the CND resolutions being debated next month). Trends in cannabis regulation were also prominent in discussions, and the need to carefully assess the costs and benefits of the vastly different models being applied or considered around the world. As in the development working groups, some participants highlighted the need to protect and support traditional small-scale farmers to be able to engage in emerging licit markets– learning lessons from corporate-driven models of regulation. Further political debate was also urged on the clear clash between cannabis regulation and existing treaty obligations. The issue of access to medical or non-medical cannabis markets emerged in both the development and new trends working groups. Therefore, some participants suggested to convene an Expert Working Group meeting could help shape a comprehensive set of policies from a sustainable development angle.

Another new trend for discussion was the global opioid overdose crisis, and the dangers of extrapolating the North American situation to further limit the availability of opiates for medical purposes in low- and middle-income countries. Yet it was also agreed that there are important lessons that do need to be transferred across borders to ensure “rational use”. The ongoing WHO revision of their guidelines for pain medicines was seen as especially important in this regard. Some participants also advocated for the licit use of less harmful alternatives such as kratom and cannabis, while others cautioned that further scheduling of substances such

as tramadol and NPS, without properly assessing and tracking the impacts of these decisions, may be counter-productive. Many participants agreed that scheduling can, of course, be an important part of the solution – but it was widely felt a more people-centred, rather than substance-centred, response was desired.

The recommendations from the new trends working groups were as follows, in order of prioritisation following the participants' voting exercise:

1. **[26 votes] Address specific challenges of “rational use” of pain medicines (including tramadol), especially in Africa.**
2. **[26] Socialize the UN system Common Position in various UN fora and processes, including during the 63rd CND (March 2020).**
3. **[23] Analyse current models and impacts of cannabis regulation (medical and non-medical), examining private sector practices and access for small farmers.**
4. [23] Promote balance between restrictive pharmaceutical regulation on opioids, and the need to increase access to, and affordability of, medicines.
5. [17] Share good practices in response to the opioid overdose crisis – including heroin-assisted treatment, drug consumption rooms, and the use of kratom and cannabis as milder substitutes.
6. [16] Acknowledge the role played by the private industry in national and international policy making and explore constructive engagement.
7. [10] Examine alternative responses to NPS to complement national and international scheduling systems (including drug checking).
8. [6] Develop and promote harm reduction policies and responses tailored to the expanding cocaine and methamphetamine markets.
9. [6] Promote research and policy debates on online drug markets and new distribution mechanisms.
10. [5] More open and transparent approaches from member states to addressing the tensions between cannabis regulation and the UN drug control treaties.