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

6TH BRANDENBURG FORUM ON DRUGS AND DEVELOPMENT POLICIES
“PROMOTING PROGRESS: CONTINUING EFFORTS TO IMPROVE GLOBAL DRUG POLICIES”

MEETING REPORT

The 6th Brandenburg Forum on Drugs and Development Policies took place from 2nd to 4th November 2021, in person at the Schloss Lübbenau in Brandenburg, Germany. The Forum was organised within the framework of the Global Partnership on Drug Policies and Development (GPDPD).1 GPDPD 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 Norwegian Ministry of Health and Care Services, the International Drug Policy Consortium (IDPC), and the Transnational Institute (TNI).2

Against the backdrop of global travel restrictions and meeting regulations related to the COVID-19 pandemic, the 6th Brandenburg Forum was purposefully smaller than its predecessors – bringing together 35 participants including government representatives from Belgium, Canada, Germany, Ghana, Mexico, Nigeria, Norway, Peru, Portugal and Spain, as well as officials from the European Union, the Office of the High Commissioner for Human Rights (OHCHR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and some of the leading civil society, community-led and academic organisations.

In order to promote open dialogue, discussions were conducted under the ‘Chatham House Rule’ whereby contents can be shared but neither the identity nor the affiliation of any participants may be revealed.3 This meeting report also reflects the Rule, with the exception of the formal presentations listed in the agenda.

OPENING SESSION

The meeting was formally opened with welcome remarks from GPDPD, the Office of the German Federal Drug Commissioner, the Norwegian Ministry of Health and Care Services, and IDPC – including an outline of the special measures in place relating to COVID-19 and physical distancing. The co-hosts highlighted their pleasure at convening a physical meeting after more than a year of the challenges and frustrations of online engagement. A written statement of welcome was also presented on behalf of the Netherlands Ministry of Health, Welfare and Sport. Participants were also informed of the rationale for moving the Forum from its previous February schedule and into November – to allow for more advanced preparation and planning for the UN Commission on Narcotic Drugs (CND) in four months’ time.

1 For more information on the Partnership, please visit www.gpdpd.org
2 Unlike in previous years, the Government of the Netherlands was unable to co-host the event in 2021 due to COVID-19 related restrictions on international events.
3 https://www.chathamhouse.org/about/chatham-house-rule
The session concluded with an interactive presentation recalling and summarising previous Brandenburg Forums: in July 2016, February 2017, February 2018, February 2019, and the most recent event in February 2020. Over time, the four pillars of the Brandenburg Forums (development, public health, human rights and new trends) have become well established, as has the methodology of having participants ‘vote’ in order to help establish priorities for collective action (see below).

So much has changed since the last Forum and its recommendations, yet the presentation also overviewed some of the achievements of the past 20 months, as well as some actions which remain open for discussion. For example, the presence and work around the UN System Common Position on drugs continues to move forward, and a parallel common position on incarceration has also been developed. The International Guidelines on Human Rights and Drug Policy (featured in recommendations across several Forums) continue to be effectively rolled-out and socialised with governments. And, within the framework of GPDPD, a first Brandenburg-Geneva Forum was held online in February 2021, as well as Expert Group Meetings on alternative development and harm reduction. A new online learning platform was also launched in 2020 – the Brandenburg Academy on Drugs and Development.

The global COVID-19 pandemic has understandably dominated the public and political agendas, yet it has also shone a light on inequalities, marginalisation and the essential role of civil society and communities – all of which featured heavily in the Political Declaration on HIV/AIDS adopted in June 2021. At the same time, multilateral negotiations on drugs and related topics have undoubtedly become more difficult as a result of online formats and deepening divides between certain countries.

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4 https://www.gpdpd.org/fileadmin/media/bbf3_report.pdf
5 https://www.gpdpd.org/fileadmin/media/bbf2_report.pdf
6 https://www.gpdpd.org/fileadmin/media/bbf3_report.pdf
7 https://www.gpdpd.org/fileadmin/media/bbf4_report.pdf
8 https://www.gpdpd.org/fileadmin/media/bbf5_report.pdf
9 https://unsceb.org/united-nations-system-common-position-supporting-implementation-international-drug-control-policy
PRIORITIES FOR THE COMMISSION ON NARCOTIC DRUGS (CND)

Participants were then divided into two parallel groups for moderated discussions on the dynamics, opportunities, challenges and issues anticipated during the 65th Session of the CND (14-18 March 2022). Over two sessions, participants were invited to brainstorm potential initiatives that further promote the Brandenburg Forum pillars of development, human rights and public health, and to then elaborate one or two of these proposals in greater detail for discussion in plenary.

Some key themes and common questions emerged from these discussions – including around the value and outlook for health, human rights and development-oriented CND resolutions. At this early stage, participants shared information around planned resolutions for 2022 – including on alternative development, on early years drug use prevention, drug disposal and precursors. Other submissions are anticipated in the coming months, and the importance of strong and early coordination was repeatedly emphasised – especially if negotiations will be virtual as they were at the 64th CND in March 2021. There was a widespread perception that the process in the Committee of the Whole had been difficult to follow at times, especially for those outside of Vienna, resulting in a burden being carried by just a few delegations.

Some participants reflected on the intense workload, the challenge of protracted negotiations, and the political energy required for some resolutions. It was highlighted that the most impactful resolutions are often those which are followed-up with dedicated funding and activities, such as Canada’s 2018 resolution on “Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users”. The normative and symbolic value of innovative resolutions was also highlighted by many participants, reflected in the overall advances that have been made in the CND’s agreed language over the past decade.

One of the working groups proposed a new CND resolution focused on public health – possibly drawing together various issues from health-focused resolutions in recent years, as well as highlighting the new Political Declaration on HIV/AIDS and its focus on communities and decriminalisation. Such a resolution could bring on board new allies, reiterate where follow-up is still needed, and showcase the evidence and tools that are available. Yet the political climate was discussed as a key consideration. Given the difficult framework and conditions for negotiations at the current time, there may be risks of losing some of the progress made in the agreed language in previous years. There would also be challenges in negotiating such a far-reaching resolution within the five days of CND, and there was no immediate candidate country identified willing to draft and submit the document.

The second working group’s main proposal was for greater coordination between like-minded governments for all CND resolutions. Concrete steps included the identification of a lead for the negotiations, separate from the member state(s) that have submitted the resolution. Some participants spoke of the value of a physical meeting between colleagues in advance of CND, as well as greater clarity on respective roles and inputs. Others emphasised the value of civil society inputs (such as those coordinated by IDPC each year) into these Forum discussions, especially when these come early enough in the process. It was suggested that such inputs could also happen via the EU’s Horizontal Drugs Group and its Civil Society. The constitution of like-minded coalitions would naturally vary from one topic to another, and should be explicitly opened to a range of allies – including those who are traditionally less engaged in the Vienna spaces.

Another key issue discussed across both working groups was the UN System Common Position on drugs, and one proposal involved a high-level ‘special event’ during CND to further build awareness, highlight the progress made by the Task Team, and encourage debate and the airing of differences between governments on this issue. Such an event could be co-sponsored by the relevant UN agencies (including UNODC) as well as member states, with interventions from UN leadership and other high-level speakers in order to elevate it

above the regular side event programme. One challenge, however, is that all side events may be online in 2022 (as they were in 2021).

A further proposal focused on the existing CND agenda item on “inter-agency cooperation and coordination of efforts”, and using this opportunity to coordinate and amplify supportive statements in favour of the Common Position, alternatives to punishment (such as decriminalisation), human rights and harm reduction. This agenda item could also be used to emphasise the importance and utilisation of the Common Position at the national level, and highlight developments such as the report of the UN Working Group on Arbitrary Detention,14 and the Political Declaration on HIV/AIDS.

PROMOTING PROGRESS FOR 2022-2024

Participants were once again divided into working groups for moderated discussions dedicated to each of the Brandenburg Pillars: development, public health, human rights and new trends – with each participant able to attend two of the discussions. Each group was tasked with considering longer-term recommendations and potential opportunities for collective action over the coming years. After engaging discussions, the following recommendations from each of the working groups were presented in the plenary on the final day of the Forum. 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. As in previous years, the results of these ‘votes’ (below in square brackets) provide a useful indication of the group’s sense of priorities.

A: DEVELOPMENT

1st [18 votes] Develop and socialize thematic briefs focused on licit or transitional markets for cannabis, as input for dialogue and exchange amongst all interested parties (such as governments, private sector and farmers).

2nd [17 votes] Prepare a CND resolution and Expert Group Meeting on alternative development and the environment, with a focus connected to human rights and social harms.

3rd [13 votes] Enhance the evidence base for drug and development policies, such as through an African drug report (possibly involving the African Union and the UN System Task Team).

[10] Convene an international expert consultation on seized assets and illicit financial flows as a way to support development programmes, collaborating with a range of actors.


[8] Develop a framework for holistic impact assessments of alternative development programmes, including focus on environmental and human rights components.


B: PUBLIC HEALTH

1st [19 votes] High-level special event at CND for UN agencies (and perhaps the UN Strategic Advisory Group on HIV and Drugs) to raise Vienna’s awareness of the new Global HIV/AIDS Strategy and Political Declaration, and other key developments.

=2nd [17 votes] Coordination of the second formal Geneva-Vienna Dialogue under the auspices of the CND Chair, to cover a range of public health and human rights issues relating to drugs.\(^\text{15}\)

=2nd [17 votes] Use the CND intersessional on human rights (Autumn 2022) to engage the Special Rapporteur on Health, and human rights experts on Indigenous populations, racial equality, and people of African descent, etc.

[10] Proactively invite more low- and middle-income countries to showcase their national public health responses through CND statements, bilateral dialogues, other UN forums, etc.

[10] Enhance ways of communicating the latest developments relating to harm reduction implementation, evidence and cost-effectiveness – through more accessible or bite-size tools for busy government delegations (summary videos, ‘cheat sheet’ briefings, etc).

[5] Inserting Global HIV/AIDS Strategy and Political Declaration, harm reduction, social enabler and stigma language into as many relevant CND resolutions and side events as possible.

[3] Engage in the World Health Assembly side event on access and availability, including a focus on specific examples of where the access and availability of controlled medicines is not working.

[3] Explore the potential of online drug markets as digital health technologies to disseminate harm reduction information and reach those being left behind in the provision of drug services.

C: HUMAN RIGHTS


\(^{15}\) Mexico hosted the first Geneva-Vienna Dialogue in May 2018 as the then-CND Chair, alongside Switzerland, OHCHR and others.
2nd [22 votes] Develop and submit a new Human Rights Council resolution on human rights best practices and challenges related to the world drug situation.\(^1\)

3rd [15 votes] Formulate a priority map of strategic target countries for national dialogues to further disseminate the Guidelines at the national level.

[5] Launch a public engagement strategy to socialise what human rights approaches to drug policy mean, including succinct visualisation tools.

[4] Begin to map good practices of integrating intersectional approaches to drug policy at the national and global levels.


[3] Work with UN agencies and the UN Task Team to explore global strategies to end forced treatment.


D: NEW TRENDS

1st [23 votes] Progressive member states to put themselves for the ECOSOC Committee on Non-Governmental Organizations, the mechanism which makes decisions on civil society accreditation with ECOSOC, but whose processes are currently being widely abused with the vast majority of applications being “deferred”.

2nd [16 votes] Consult with civil society organisations through existing networks across Africa to gather more information and data on drug trends and drug use in the region.

3rd [15 votes] Protect the mandate of the World Health Organisation within the scheduling system, including by highlighting and removing the current misinterpretations in the CND Secretariat’s brochure and e-learning tools on scheduling.

[12] Keep monitoring COVID-19 impacts on drug markets, mental health, socio-economic conditions and drug services. This was highlighted as a potential role for the UN Task Team.

[6] Ensure that UNODC’s proposed global mapping of NGO partners does not endanger or expose NGOs or individuals in certain countries.

[6] Develop new technical guidance for countries to implement harm reduction for non-injecting drug use, particularly stimulant use and for young people who use stimulant drugs.

\(^1\) It was proposed that this would build on resolutions 28/28 and 37/42 by requesting a regular biannual report by the OHCHR on drug policies and human rights (thereby removing the need for repeated resolutions in the future), and also requesting that the reports are shared formally with the CND.
[6] Ensure the continuation of elements of the online CND format, even after COVID-19 travel restrictions are fully lifted – such as the web-casting of all plenary sessions, the option for online side events, etc.

The recommendations were also followed by a plenary discussion including questions and answers as well as ‘spontaneous reactions’ from different regions. Issues highlighted included: the importance of international guidelines and documents for national policy making; continuing to break down the Vienna silos through cross-UN dialogues and coherence; the use of well-developed arguments in addition to the human rights narratives (such as cost-effectiveness); the notable closure of civil society space across various UN processes; the promotion of the new EU Drugs Action Plan (2021-2025);[17] the importance of learning lessons from the COVID-19 pandemic; and concerns that more progressive voices have not come forward in UN discussions.

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**PARTICIPANT FEEDBACK**

Evaluation forms were completed by 63% of the participants and, as was the case for previous events, the feedback was overwhelmingly positive.

When asked for their main reasons for attending the Forum, most participants selected the content and the networking opportunities. Reassuringly, therefore, all but one participant said that they had acquired new ideas which they can use in their future work. All respondents fed back that the Forum was beneficial – with many emphasising their appreciation for the opportunity to meet face-to-face.

Participants also provided many good suggestions for future Forums – including greater numbers and regional representation (which will hopefully be easier to facilitate in 2022), and more dedicated discussion of environmental issues.

Finally, all respondents agreed that the Brandenburg Forum is an established platform for discussing development- and health-oriented drug policy approaches.

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