

“Expectations for UNGASS 2016” as part of the 4th Civil Society Hearing to be held Monday, 9 March, from 3 – 6pm.

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

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

IOGT International Member Organizations – 121 NGOs from 54 countries – work with all aspects of drug-related harm; they do advocacy, prevention and treatment and social work programs on grass-roots, national, regional and global level. It is my distinct honor to share with you today the priorities of our Member Organizations towards the UNGASS 2016 process.

1) A Child-centered approach stipulated by the Convention on the Rights of the Child

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-centered.

We expect the UNGASS 2016 process to serve for empowering governments to create an enabling environment 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 which at first might seem to have nothing to do with children.

2) Putting development perspective at the core

Development perspectives deserve far greater prominence in global drug policy discussions, including in the UNGASS 2016 process. For far too long global drug-policy discussions, including the UNGASS 2016 process, have inadequately considered the conditions and needs of populations in developing countries. Those discussions have often been dominated by Western experts, focused on Western solutions to Western problems. The resulting dialogue has little to do with drug use issues in the global south.

We expect the UNGASS 2016 process to serve for underpinning the urgency of protection of societies in the global south from drug-related harm. This is uniquely important because experience shows that substance use, whether alcohol or other drugs, has stronger negative consequences for poor and marginalized people than for those in more affluent groups.

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.

3) A public health approach

Drug use is not only a health issue that can cause severe consequences for individuals; it is also an important matter of public health. The overall positive health benefits of population-based approaches far exceed those that are available only from clinical interventions on the individual level.

We expect Public health-oriented policies to be highlighted as they serve both to define and understand the structural causes of drug use within a society and help to determine interventions that can reduce drug-related harm at the population level.

We urge governments to address risk factors on a population level and thus to dramatically improve both the health of individuals and populations.

4) Prevention first

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 people-empowering, and the most humane policy option, particularly in the context of protecting and assuring the best interests of the world's children.

We expect the UNGASS 2016 process to serve as capacity-building facilitator for States Parties with regard to the fact that the UN Drug Conventions and the CRC do provide substantial guidance and latitude for countries seeking to design broad, balanced and humane drug policies that are consistent with the principles of Human Rights.

We urge governments to follow UNICEF's Child Protection Strategy 2009, which has determined prevention as the first priority for child protection.

5) Civil Society Engagement

Tackling the world's drug problem requires strong international collaboration. The current international drug control treaties establish an international framework to combat drug-

related harm by reducing both supply and demand. In that context, further international collaboration is needed to address the world drug problem and implement evidence-based, high-impact solutions.

We expect the UNGASS 2016 process to establish mechanisms that stimulate the exchange of prevention methodologies and practices among countries and regions, including broad participation from civil society.

We urge Member States to support a transparent process of civil society participation throughout the course of the UNGASS 2016 process and highlight the need for allocating more resources to UNODC, in order to ensure broader participation of civil society organization with vast know-how but with fewer economic resources.

6) Hearing the silent majority

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 helps keep drug-related harm relatively low, and reflects that a large majority of humans reject the risks associated with drug use.

We expect the UNGASS 2016 process to take into consideration not just the interests of those that are extremely well-financed and extremely loud and aggressive, but to ensure that the rights, needs and interests of the global, silent majority to live free from drug-related harm are well taken care of.

The silent majority, especially children and women as well as developing societies certainly have a right to it.

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