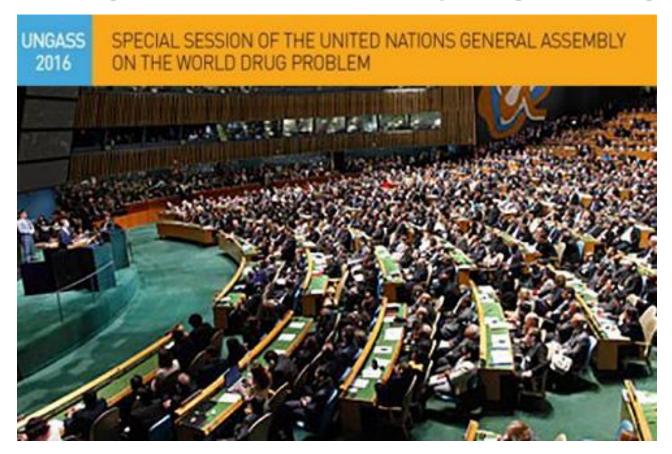
WHY DO WE NEED ACTION NOW?







Harm Reduction Decade

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WHY DO WE NEED A HARM REDUCTION DECADE?

Towards a Harm Reduction Decade

The Kuala Lumpur Declaration

Sign the Harm Reduction Decade Declaration and stand up for human rights of people who use drugs, their families and communities!

Your email address here

I SUPPORT THE HARM REDUCTION DECADE

DECLARATION







Briefing paper: Decriminalisation of Drug Use and Possession for Personal Consumption

Decriminalising drug use and possession for personal consumption is permitted by the international drug control conventions and is a key element of the HIV response among people who use drugs

This document clarifies the position of UNODC to inform country responses to promote a health and human rights-based approach to drug policy. It explains that decriminalising drug use and possession for personal consumption is consistent with international drug control conventions and may be required to meet obligations under international human rights law.

Terms and definitions

Decriminalisation of drug use for non-medical purposes and possession for personal consumption can be as a matter of law ("de jure") and as a matter of practice or policy ("de facto"). De jure decriminalisation is the removal of criminal sanctions with the optional use of civil or administrative sanctions, such as fines or education. De facto decriminalisation (sometimes called depenalisation) is the decision in practice or as policy to not apply criminal or administrative penalties for certain offenses. In de jure decriminalisation models, personal possession and use remain unlawful, but are not criminal. In de facto decriminalisation models, personal possession and use remain criminal but may be addressed with alternative sanctions for offenders who are drug dependent or have committed minor crimes.

Negative effects of criminalisation





Conclusions

The international drug control conventions do not impose on Member States obligations to criminalise drug use and possession for personal consumption. Member States should consider the implementation of measures to promote the right to health^{xvi} and to reduce prison-overcrowding,^{xvii} including by decriminalising drug use and possession for personal consumption, and by:

- Ensuring that their existing legislation, policies and enforcement practices are up-to-date with respect to scientific evidence on drug use, drug dependence, HIV and conform to international human rights obligations.
- Meaningfully involving members of the affected communities in developing, implementing, monitoring and evaluating services and policies that affect their health and lives.
- Implementing and scaling up the comprehensive harm reduction package of interventions for HIV among people who inject drugs, as spelled out in the WHO, UNODC, UNAIDS Technical Guide.xviii
- Investing more resources in science, evidence and human rights-based interventions, including drug use prevention, treatment of drug dependence and other harm reduction^{xvix} interventions.











UNAIDS, UNODC and HLM 2016

2020 UNAIDS TARGETS

- Commit to reducing new HIV infections among people who inject drugs by 75% compared to the 2010 base line.
- Ensure that 90% of people who inject drugs have access to combination
 HIV prevention services.
- Ensure 90% of people living with HIV who inject drugs know their HIV status, 90% of people who know their status are receiving treatment and 90% of people who inject drugs and are on HIV treatment have suppressed viral loads.
- Ensure 90% of people who inject drugs report no discrimination, especially in health, education and workplace settings.





 Civil Society Recommendations for the EU consolidated position for the UNGASS 2016 Outcome Document – September 2016

Recommendations of the Civil Society Forum on Drugs on the UNGASS outcome document - October 2015

EU Common Position on UNGASS 2016 – 6 November 2016





Possibilities for the EU to involve the CSF on drugs in its work on the UNGASS and other areas of drug policy

There are various ways in which the EU can involve the CSF in its deliberations:

- Invitation of the CSF to present its recommendations at upcoming HDG meetings
- Invitation of the CSF at the National Drugs Coordinators Meetings
- Read the CSF suggestions around EU positions at upcoming CND intersessionals and other preparaton UNGASS events
- Organisation by the EU Presidency of briefings with the CSF Core Group at the beginning and the end of its mandate
- Participation of HDG members in the CSF/HDG joint sessions at the annual CSF meetings
- As individual member states of the HDG, engage in constructive dialogue between the National Drug Coordinator and national civil society organisations on EU and international drug policy issues.¹



