GWI United Nation Representative
Advocacy Report Vienna
2020

GWI advocacy goals
1. 100% of United Nations Member States commit to policy, legislation, budget and infrastructure to facilitate transition of girls from primary to secondary school and ensure gender parity and gender equality throughout secondary education by 2030.
2. By 2030 100% of United Nations low income Member States have increased access to tertiary education for girls and women by 50%.
3. 100% of United Nations Member States commit to and implement policies for continuing education to empower women throughout the life course, within the formal and informal economies.
4. Influence the implementation of Sustainable Development Goal (SDG) 4.
5. All 17 SDGs will include girls’ education targets.

Meeting attended: (place, date, time, name of meeting)

UN Commission on Narcotic Drugs (CND) 63rd Session
Vienna International Centre, 2-6 March 2020

Subject of meeting:
The Commission on Narcotic Drugs is the central policymaking body within the United Nations system on drugs. An estimated 271 million people worldwide aged 15 to 64 are using illegal drugs. Around 585,000 people are estimated to have died as a result of drug use in 2017, and the rates of overdose deaths continue to rise in North America, Europe and elsewhere.

This year’s CND Session adopted five resolutions, on: improving data collection and analysis to strengthen evidence-based responses to the world drug problem: involving youth in drug prevention efforts: ensuring access to internationally controlled substances for medical and scientific purposes: partnerships with the private sector: and promoting alternative development approaches to illegal crop cultivation. Various of these resolutions contain gender related measures. 13 new substances were placed under international control. ‘Scheduling’ decisions on cannabis and related substances will be taken in December.

Nearly 1,500 participants from more than 130 countries, 17 inter-governmental organizations, more than 370 civil society representatives and members of the scientific community took part in the Session. This was the last major event at the UN in Vienna before the Coronavirus related lockdown.
The new UNODC Director-General, Ghada Waly, urged countries to scale up their responses to the world drug problem. She said that 35 million people around the world suffer from drug use disorders but only one in seven receive treatment. **Far fewer women than men are able to get the treatment and services they need** due to persisting barriers and stigma.

Over 100 side events were held, covering the broad range of issues involved in tackling the world drug problem. Various of them touched on women’s or youth related themes – women as victims, the issues faced by women with substance use disorders, youth participation in drug use prevention, the role of family and of communities in supporting effective drug education and prevention, etc. Great amounts of information and data were shared - on drug markets, the opioid crisis, the main drugs themselves (heroin, cocaine, amphetamines, new psychoactive substances), drug smuggling routes, the importance and impact of corruption, organized crime and trafficking, the role of the darknet ...

**Herewith the UN assessment of World Drug Use:** [https://undocs.org/E/CN.7/2020/4](https://undocs.org/E/CN.7/2020/4)

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**Themes influencing Global Drug Policies**

**The UNODC’s Strong Families Programme**

Rather than summarise all the side events I attended, I will report in more detail on just a few:

1) **“Family-oriented policies in drug prevention”** on 2 March organized by UNICRI (United Nations Interregional Crime and Justice Research Institute), with co-organizers: UNODC, EMCDDA, Pompidou Group, Council of Europe. Speakers included Bettina Tucci Bartsiotas, Director of UNICRI, Alessandro Cortese, Permanent Representative of Italy to UNOV, Gilberto Gerra, Chief, UNODC Drug Prevention and Health Branch, and a group of experts.

UNICRI has recently launched a research study, supported by the government of Italy, identifying what significant role families can play in the prevention of drug use and in ‘the creation of pathways to young people’s resilience and recovery within the system of services’. By adopting a context-specific and people-centered approach, the study aims to identify both the common and culturally unique elements that can support families in getting more actively involved with social and health services. The speakers discussed the policies and practices that have proven to help the prevention of drug use within the family context.

There is much evidence now on the role families can play both in creating the conditions for the onset of drug use - “Some parents don’t set rules because they don’t think they will be observed” - but also, more importantly, in preventing it. The collaboration between families and professionals, including teachers, is one of the most effective strategies in prevention and recovery processes. 5000 teachers in Italy have been trained, two per school, to create a support network. Dr. Gerra: ‘Very
simple things are being taught like ‘My father is bothering me so much because he does care about me’; mother to mother and father to father learnings are encouraged. ‘Don’t wait until they are 16!’

Structural or social barriers may prevent families from accessing services dedicated to drug use prevention and treatment. Stigmatization, too little information about available services and lack of adequate financial resources are other factors that create barriers preventing families’ involvement in support programmes. In developing countries, further obstacles include economic insecurity, geographical distance or unavailability of services.

Dr Sharifa Al-Emadi Executive Director, Doha International Family Institute (DIFI), presented the results of a survey carried out in schools in Qatar exploring the relationship between parents and children - such as the level of emotional support received from parents, the amount of time spent together as a family, etc. - thereby identifying risk factors to drug abuse. For instance, 11% of children don’t get emotional support from the family, 30% beat each other, 45% have family quarrels ‘in a scary way’. Drug addiction may already start at age 9!

Professor Betsy Thom Head, Drug & Alcohol Research Centre, Middlesex University presented the EPPIC project, which focuses on drugs prevention policy and practice for young people aged between 15 and 24 who have been in contact with the criminal justice system. Many European countries have been involved and the project provides great insights into drug problems amongst vulnerable youth. https://www.eppic-project.eu/

Francesco Polino, Deputy National Prosecutor, National Anti-Mafia and Anti-Terrorism Directorate (DNAA), talked about the Government of Italy’s approach to helping families impacted by drugs, such as meeting specialists in schools. He discussed the challenges of new technology, appropriate measures in schools for drug use prevention, and the need for governments to support the recovery process by sponsoring centres and facilities.

Wadih Maalouf, UNODC Drug Prevention and Health Branch, talked about the UNODC’s Strong Families (SF) programme - building family skills that benefit the health and safe development of children. SF can be adapted to serve families in challenged settings in different contexts (including refugees, displaced persons and persons in conflict or post-conflict situations). It is being piloted in 42 countries. The programme strengthens family structures and helps parents prevent drug use, violence and other negative social consequences in their children. It is best suited for families with children aged between 8 and 15 yrs. The UNODC, together with the Govt of Japan, has also developed Family UNited, a family skills programme for low-and middle-income countries, currently in Indonesia and Lebanon. These programmes speak directly to SDGs 3, 4, 5 and 16. https://www.unodc.org/documents/drug-prevention-and-treatment/Strong_families_Brochure.pdf

Denis Huber, Pompidou Group, Council of Europe, praised the ‘Icelandic Model’ - the approach to adolescent substance use prevention that has grown out of collaboration between policy makers,
behavioural scientists, practitioners and families in Iceland. The model focuses on reducing risk factors for substance use, while strengthening protective parental, school and community factors. He also mentioned the recent European Court of Human Rights ruling where a Russian mother won her case that her parental rights may not be taken away from her just because she was drug dependent. ‘Dependency does not necessarily mean to be a bad parent. Children are not taken away from parents who are smokers.’
https://www.researchgate.net/publication/23655343_Substance_use_prevention_for_adolescents_The_Icelandic_Model

I found this side event valuable not only to appreciate the excellent work that is being done to better understand and support families in the face of drug problems, but also because the family oriented policies / programmes discussed are relevant also for many other key social issues – violence, anti-social behaviours, and mental health. Education, training and awareness are vital in helping women / mothers / girls.

A related side event was held on 5 March: “Family Skills, Life and Social Skills: Interventions to prevent Substance Use and Reduce Violence and Crime, and to Promote Sustainable Development”, organised by the governments of Bangladesh and El Salvador, and the UNODC.

Flyers for CND side events

2) “Youth participation in Drug Use Prevention; a Way to Build Healthy and Prosperous Communities and Societies” on 6 March, organized by the Governments of Kyrgyzstan and the Russian Federation, the Turkish Green Crescent Society and the UNODC Drug Prevention and Health Branch. Speakers from Russia, Pakistan, Venezuela, Vietnam and Kyrgyzstan presented on their countries’ strategies and interactive programmes to better involve youth in drug use prevention, following on from the UN Secretary General’s launch of the UN75 dialogue.

All the country initiatives described were laudable. There is real energy and commitment about the idea of involving youth, perhaps the most high-risk group, in drug use prevention.

The UNODC Handbook on Youth Participation in Drug Prevention Work was highlighted. This handbook is very well done. A key message - when creating policies impacting young persons, let their voices be heard! There is a good discussion in the handbook about education – what can be done in schools and universities to encourage youth participation.

3) ‘Were you really raped, or did you just not get paid?’ Addressing Stigma and Violence against Women who Use Drugs on 6 March, organized by the UNODC Regional Office for Southern Africa.
Speakers included Ambassador Rapulane Molekane, Zhuldyz Akisheva, UNODC, and Angela McBride, Executive Manager, South African Network Of People Who Use Drugs (SANPUD),

Assessment of the needs of Women Who Use Drugs (WWUD) in South Africa has shown high levels of trauma and sexual violence experienced by the women, insufficient access to health services, unacceptable violence by law enforcement, and human rights abuse. Two UN publications were presented (with the same provocative title as the side event itself) that assess the needs of women drug users in four South African cities. Their stories of rape, abuse and extortion are harrowing. There is so much that can be done – and these issues are relevant to women in many countries.


South Africa side event, panel including Ambassador Rapulane Molekane

Refers to SDG no #: (please reference): 3, 4, 5, 16

Relevant treaties/conventions/resolutions:
- The Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol
- The Convention on Psychotropic Substances of 1971
- The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

Intervention by GWI rep: (what you did)
Attended throughout the one week Session. Networked with speakers and participants, focusing on women’s related issues, discussing GWI, talking about our advocacy goals.

Personal observations:
It is clear that there is increasing awareness of the need for gender based approaches in the global response to drugs. Experts at many of the side events - and the Head of UNODC – spoke to this. Various of the approved Resolutions specifically mention a gender based approach, for instance calling for all UN member states 1) to analyze their policies in regard to drugs and human rights, women, youth, children, vulnerable members of society and 2) mainstream a gender perspective both in the research and analysis of drug issues, with a view to addressing the knowledge gap on women and drug use, and also in drug related policies. This is all good, and consistent with GWI’s mission and objectives. But there is much that still needs to be done!

The debate on the legalization of cannabis and of cannabis related products continues open – many
countries / NGOs for, many against.

There was considerable interest in the launch of the ‘Rome Consensus 2.0’ initiative toward more humanitarian drug policies. This initiative is supported by over 120 Red Cross and Red Crescent Societies across the world. It argues that most governments have accepted that harsh punitive drug policies do not work, UN Member States and Agencies have recommended a move to a more public health approach, and that the challenge now is to make this a reality with better policies and programmes. [https://romeconsensus.com/](https://romeconsensus.com/)

How this serves GWI members:

Drugs continue to be a huge global problem. The illicit drugs trade (production, trafficking, retailing) is a major global industry, recently estimated to be worth between $425-650 billion. It continues to pose great challenges in all our societies. Women can be particularly badly impacted. Education, training and awareness raising, particularly in regard to women and drugs, continue vital.

Some data from the World Drug Report 2019 to put the problem in proper perspective:
- an estimated **271 million people** (5.5% of the global population aged 15-64) are **using prohibited drugs**. Of these, an estimated **35 million suffer from drug use disorders**.
- **1.4 million** who inject drugs are living with **HIV**; **5.6 million** with **viral hepatitis**.
- Around **585,000** are estimated to have **died as a result of drug use** in 2017; deaths are **increasing** in the USA and Europe.
- there are more than **10 million in prison** globally, around **1 in 5 of whom are serving drug law related sentences**.

NFA’s interested in the drugs problem in their societies may like to contact some of the speakers who presented at CND or follow up on some of the excellent drug prevention programmes that are mentioned.

**Next steps: (what needs to be done)**
Continued representation and advocacy at CND

**Did you take any photographs? If yes, please include captions.** Yes, included

**May GWI use this information on its social media?** Yes

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Vienna