

Suppressing coherence: The UNODC Strategy 2021-2025 and the UN system Common Position on drugs

Introduction

In February 2021, the United Nations Office on Drugs and Crime (UNODC) published its first strategy in five years – the UNODC Strategy 2021-2025.¹ The previous UNODC strategies were adopted in 2007² and 2011³, but the latter expired in 2015 with no successor in place. That after 5 years the UNODC has a new strategy is a welcome development, as it provides a degree of transparency, and of accountability, to the values and goals that underly the work of the agency.

The new UNODC strategy was launched amidst serious questions. Civil society and affected communities, including people who use drugs, were excluded from the review and development process leading to adoption of the document; there was no open consultation, survey, or formal dialogue. Furthermore, the Strategy 2021-2025 differs from previous strategies in that it was not developed and adopted by member states, but by the UNODC itself. Given that the process was led and designed by a UN agency, the failure to involve civil society and affected communities is particularly disappointing, especially when compared with similar processes led by UN entities (see Box 1).

In terms of content, it is surprising that the new Strategy is that it does not quote, mention, or otherwise

refer to the critical 2018 United Nations system Common Position supporting the implementation of the international drug control policy through effective inter-agency collaboration (from now on, the ‘UN system Common Position’, or the ‘Common Position’), or to the inter-agency Task Team that is mandated to implement it, despite the fact that this key policy document was adopted by the chief executives of all UN agencies, including the UNODC, and is meant to ‘guide approaches across the United Nations system’,⁴ and to ‘inspire the planning and implementation of United Nations activities’⁵ on drug-related matters. Even more concerning is that the UNODC Strategy 2021-2025 fails to reflect and promote key policies included in the Common Position, particularly those that – in the words of the Common Position itself – seek to ‘put people, health and human rights at the centre’.⁶

While the new Strategy 2021-2025 represents a step forward in some aspects, it is also a missed opportunity to highlight the importance of UN system-wide coherence on drug-related matters, and to underscore the UNODC’s leading role and mandate in implementing the UN system Common Position. To address these concerns, this Advocacy Note concludes with several recommendations for the UNODC itself, and for member states.



Civil society meeting at the United Nations Vienna office, during the 63rd CND. Credit: IDPC

Progress made: Looking back at the UNODC Strategy 2012-201

The UNODC Strategy 2021-2025 undeniably represents a significant step forward in comparison to its predecessor, which concerned the period 2012-2015. In good measure, this progress reflects the positive evolution of broader global drug policies since 2011, when the prior strategy was adopted.⁷

The UNODC Strategy 2012-2015, a shorter and less ambitious document, is comprised of a list of policy objectives and 66 ‘accomplishments’ that the UNODC was ‘expected’ to attain in that period. The list was heavily influenced by the state of global drug policies before the 2016 United Nations General Assembly Special Session (UNGASS) on drugs, in that it took a securitised approach to drug matters that prioritised

interventions seeking to create a drug-free world, from drug prevention to crop eradication. Considerations of human rights, gender, and sustainable development were absent, while law enforcement was prioritised over public health.

Table 1 shows that, on certain important issues like gender equality or civil society participation, the UNODC Strategy 2021-2025 has caught up with the evolution of the UN drug control regime in the 10 years elapsed since 2011. Whether the UNODC has been a leading entity in this progress, pushing for an ever more ambitious application of the UN values to drug-related matters, or is just following the path opened by others, can be elucidated in the comparison between the new UNODC Strategy and the UN system Common Position (see Section 4).

Table 1: Comparison between the UNODC Strategy 2012-15 and the UNODC Strategy 2021-2025

Policy area	UNODC Strategy 2012-2025	UNODC Strategy 2021-2025
Balanced approach	The chapter on ‘prevention, treatment and reintegration, and alternative development’ (Subprogramme 5) is relegated to the end of the document, thus prioritising law enforcement-oriented activities, such as the fight against transnational crime, corruption, and terrorism, or justice.	Health-based policies are included at the forefront of the thematic and Key outcome sections.
Harm reduction	The chapter on health-based approaches (Subprogramme 5) prioritises prevention interventions and fails to mention the minimisation of harm associated to drug use. The main goal of this section is the ‘reduction of drug abuse and HIV/AIDS’, a conflation that goes against the core of harm reduction.	Harm reduction is mentioned only once in the whole document, and is not included amongst the key outcomes. However, there is less emphasis on prevention.
Human rights	There is not one single explicit reference to human rights, nor to the fact that law enforcement and justice responses should be rights-compliant.	Though the promotion of human rights is absent from the Key outcomes, human rights are mentioned over 20 times throughout the document. ⁸
Gender	References to the specific needs and circumstances of women, or to vulnerable populations of any kind, are limited to prison settings (Subprogramme 4) or to human trafficking (see 5.7). No gender or age considerations are included.	Key Outcome 2 (Drugs) promotes a focus on ‘youth, women, and people in vulnerable circumstances’, while the promotion of gender equality features as a cross-cutting commitment. ⁹
Criminal justice	Though prison overcrowding is acknowledged as an issue to address (see 4.6), and there is a commitment to enhance the capacity of Member States ‘to apply United Nations standards and norms on diversions, restorative justice and non-custodial measures’ (see 4.7), there is no clear commitment to promoting alternatives to incarceration	The Strategy 2021-2025 highlights prison overcrowding at the very beginning of the document. ¹⁰ Key outcome 5 (Criminal Justice) includes a commitment to promote non-custodial measures and more proportionate sentences, though the connection with drug policies is never made.
Development	Alternative development is highlighted (objective 5.d), but there is no reference to programmes being human rights-compliant, adequately sequenced, or aimed at ensuring sustainable livelihoods	Though the section on alternative development in the UNODC Strategy 2021-25 is disappointing, the linkage between drug policies, development, and sustainable livelihoods is made. ¹¹
Civil society	Civil society is mentioned throughout the document as a partner in implementing programmes, and even to take part in ‘United Nations meetings’ (7.5), but there is no reference to the involvement of affected communities, including people who use drugs, or women and youth	The Strategy does not include people who use drugs or affected communities as stakeholders. However, it has strong language on civil society participation in intergovernmental and normative processes ¹² , and it commits to enhancing the participation of women and youth. ¹³

The process leading to the UNODC Strategy 2021

Exclusion of civil society and communities

Disappointingly, civil society and affected communities were excluded from the process of developing the UNODC Strategy 2021-2025. The UNODC organised no open civil society consultation, surveys, or workshops to gather information from the ground at any point of the process. In fact, until the Strategy was made public as a Conference Room Paper for the reconvened CND session in December 2020, civil society and communities had not been able to read it. There was no formal dialogue between the UNODC and NGOs until the presentation event hosted by the Vienna NGO Committee, held on 17 February 2021.¹⁴

When asked about this omission at the VNGOC presentation event, a senior UNODC official mentioned that the consultation with civil society was taking place precisely through that event, as the strategy was a 'living document'.¹⁵ However, a close reading of the Strategy does not provide any indication that the document is 'living', provisional, or subject to amendment. On the contrary, the Executive Director's foreword states that the Strategy is 'the outcome of an intensive, year-long consultation process' involving UNODC staff, member states, and donors. Tellingly, civil society and communities are not mentioned.

This exclusion is particularly hard to understand in light of the series of UN commitments on civil society participation that are of direct application to the UNODC, and to the UN drug control regime writ large. These include the 2018 UN system Common Position on drugs, where the UNODC committed to 'promote the active involvement and participation of civil society and local communities, including people who use drugs, as well as women and young people'¹⁶, and the 2016 UNGASS Outcome Document, which noted that 'affected populations and representatives of civil society entities, where appropriate, should be enabled to play a participatory role in the formulation, implementation, (...) of drug control policies and programmes'¹⁷.

The process also falls significantly short from the recently released OHCHR recommendations on civil society involvement at UN entities, which are premised on the principle that 'Participation of diverse civil society actors in the formulation of the policies of regional and international organizations and in the planning and conduct of their operational activities is instrumental for achieving sustainable peace, development, and humanitarian and human rights objectives'¹⁸.

Box 1. Civil society participation in the development of the Global AIDS Strategy 2021-2026

Looking across the UN system, the UNAIDS-led process for the adoption of the new Global AIDS Strategy 2021-2026 makes for an uncomfortable comparison. In that case, the strategy development process was designed by UNAIDS to be 'inclusive, participatory, interactive, multisectoral and multilevel, in order to fully inspire inputs from everyone'¹⁹, and it included a series of surveys, interviews, and multistakeholder consultations at all levels of the process.²⁰ The resulting document includes strong commitments to harm reduction, and to the decriminalisation of key populations, including people who use drugs.²¹

The Global Fund to Fight AIDS, TB and Malaria has also started the process of replacing its current strategy, which ends on 2022; the review was launched in mid-2020 with an open consultation.²² Looking closer to the UNODC, it is notable that the drafting of a new regional Strategic Vision 2021-2025 for Latin America and the Caribbean, under the Strategy 2021-2025, began with a large number of interviews with a wide range of stakeholders in the region, from governments to civil society. This is a welcome initiative, and we hope that it will be adopted more broadly across the UNODC.

A process led by UNODC

In contrast with the prior UNODC strategies, the Strategy 2021-2025 has been drafted and adopted by UNODC itself, rather than through an inter-governmental process led by member states. The UNODC strategies for 2008-2011 and 2012-2015 were adopted by consensus by member states sitting at the UN Economic and Social Council (ECOSOC),²³ upon the recommendation of the Commission on Narcotic Drugs (CND) and the Commission on Crime Prevention and Criminal Justice (CCPCJ). In fact, the 2012-2015 strategy was developed by the standing open-ended intergovernmental working group, an ECOSOC-created body²⁴ that integrates both member states and the UNODC-led Secretariat to the Governing Bodies, with the mandate to improve the governance and the financial situation of the UNODC.²⁵

Departing from this precedent, the UNODC Strategy 2021-2025 has been drafted and adopted by UNODC itself, and only presented as a Conference Room paper at the reconvened session of the 63rd CND, in December 2020. Given that the Strategy 2021-2025 is

a document created and approved by a UN agency, it would have been particularly appropriate for the UNODC to draft it in consultation with a broad range of stakeholders, including civil society and affected community – and not only with member states. It would also have been particularly important to reflect the UNODC’s mandate to strengthen UN system-wide coherence on drug-related matters, as set in UN system Common Position on drugs.

Lack of leadership on the UN system Common Position

The UN system Common Position

The UN system Common Position on drugs was adopted in November 2018 with the ‘full support’²⁶ of the chief executive officers of all UN agencies, including the UNODC. The Common Position provides ‘authoritative guidance’²⁷ to all UN agencies on a broad range of matters relating to drug policies, as it seeks to ‘guide approaches’²⁸ across the UN system, and to ‘inspire the planning and implementation of United Nations activities’²⁹, with a view to developing ‘truly balanced, comprehensive, integrated, evidence-based, human rights-based, development-oriented, and sustainable responses to the world drug problem, within the framework of the 2030 Agenda for Sustainable Development’³⁰.

Crucially, the Common Position lays down a list of 18 critical directions for action, which ensure that the policies adopted and promoted by UN agencies on drug-related matters are consistent with the ‘shared principles’³¹ and knowledge gathered by the whole UN system. These directions for action include, amongst many others:

- Placing ‘people, health and human rights at the centre’ of drug policies;
- Increasing investment for harm reduction;
- Respecting the dignity and human rights of people who use drugs in all aspects of drugs and social policies;
- Promoting sustainable livelihoods through adequately-sequenced, well-funded and long-term development-oriented drug policies in rural and urban areas;
- Promoting alternatives to conviction and punishment, including the decriminalisation of drug possession for personal use; or
- Calling for changes in laws, policies and practices that threaten the health and human rights of people;

The UNODC has a key role in the implementation of the Common Position, as it is mandated to lead the inter-agency Task Team that seeks to ‘translate the common position into practice and in particular ensure cooperation and coordination in research, data collection and analysis across the system’³². In 2019, the Task Team released a paper taking stock of the knowledge acquired and produced by the UN system on drug-related matters, while in 2020 it decided to focus its attention on a strategic communication on the implementation of the Common Position to United Nations resident coordinators.³³ In this context, it would be expected that both the Common Position and the Task Team would feature prominently in the new UNODC Strategy, together with a plan to promote key directions for action within the UNODC itself, across the UN system, and with member states.

The Common Position in the new UNODC Strategy

Unfortunately, neither the Common Position nor the Task Team are explicitly referred to in the UNODC Strategy 2021-2025. The omission is particularly glaring in the section concerning ‘Normative guidance’³⁴ on drug-related matters, in the section on UN system coordination (p. 14), under the heading ‘Delivering together’³⁵, and in the section concerning ‘Partnerships’³⁶.

A close reading of the Strategy also reveals that a significant number of the ‘directions for action’ included in the Common Position are either totally or partially absent from the Strategy. To carry out this analysis, in Table 2 we have classified each direction for action in three categories:

- ‘Fully reflected’, when the central elements of a direction for action are included in the ‘Key outcomes’ of the UNODC Strategy;
- ‘Partially reflected’, when the central elements of a direction for action are mentioned in the document, but are not included in the ‘Key outcomes’; or
- ‘Not reflected’, when some of its central elements are absent from the Strategy.

The analysis provided in Table 2 shows that, in addition to avoiding any explicit mention to the Common Position, the new UNODC Strategy departs from it in substance, as many of the concrete policies that the UNODC had committed to promote are absent from the text, and consequently risk being ignored or de-emphasised in the work of the UNODC in the coming years.

Table 2. Comparison between the UNODC Strategy 2021-2025 and the Common Position

Common Position 'direction for action'	Reflected in the UNODC Strategy 2021-2025?
'To support the development and implementation of policies that put people, health and human rights at the centre, by providing a scientific evidence-based, available, accessible and affordable recovery-oriented continuum of care based upon prevention, treatment and support, and to promote a rebalancing of drug policies and interventions towards public health approaches'	Partially. In comparison to the prior document, the Strategy 2021-2025 rebalances its priorities towards a health-based approach, with health-based approaches highlighted and promoted across the document. However, human rights are not mentioned in the Key outcomes of the section on drugs, and the exclusion of decriminalisation – a 'critical enabler' for HIV/AIDS prevention, treatment and care, for WHO ³⁷ – undermines the prioritisation of public health.
'To promote the increased investment in measures aimed at minimizing the adverse public health consequences of drug abuse, sometimes referred to as harm reduction, which reduce new HIV infections, improve health outcomes and deliver broader social benefits by reducing pressure on health-care and criminal justice systems'	Not reflected. Harm reduction is only referred to once in the whole document (p. 9). Medication-assisted treatment, though included in the UNGASS Outcome Document, is never mentioned, though Key outcome 5 (Drugs) focuses on HIV prevention and treatment. There is no reference to increased investment.
'To ensure the provision of drug prevention, treatment, rehabilitation and general support services, including health care and social protection in prison settings, ensuring that they are equivalent to and that they provide continuity of care with those in the community'	Partially. Both the thematic section on drugs and Key outcome 5.2. (Drugs) mention HIV treatment and care in prisons. However, there is no mention of the key principles of continuity of care and equivalence.
'To ensure the respect for the dignity and human rights of people who use drugs in all aspects of drug and social policies, including providing equal access for people who use drugs to public services, including housing, health care and education'	Not reflected. The UNODC strategy does not mention the role of social policies, such as housing, healthcare, or education, in drug responses. People who use drugs are only mentioned once, but in connection to HIV/AIDS.
'To call for universal health coverage for people with drug use disorders and for the positioning of drug use disorders as with other health conditions that should be included in the overall universal health coverage framework in national health systems'	Not reflected. The strategy does not make any mention to universal health coverage. There is no reference to drug services being essential health services.
'To enhance access to controlled medicines for legitimate medical and scientific purposes, including the relief of pain and treatment of drug dependence'	Partially. While the strategy includes increasing access to controlled substances as a Key outcome, it does not mention either pain relief or treatment for drug dependence.
'To enhance international support for effective capacity-building in developing countries to support the implementation of all Sustainable Development Goals, including through North-South, South-South and triangular cooperation'	Fully reflected. The connection between SDGs and drug policies is highlighted in the body of the text, and South-South cooperation is emphasised.
'To support the identification of prevalent, persistent and harmful psychoactive drugs, including new psychoactive substances, and their associated health risks, using global and regional agencies' early warning and alert systems'	Fully reflected. Key outcome 4 (Drugs) focuses on forensic capacities relating to new psychoactive substances.
'To provide guidance and technical assistance to strengthen cross-border law enforcement and judicial cooperation'	Fully reflected. International drug enforcement and criminal cooperation are included in Key outcome 7 (Drugs).
'To promote sustainable livelihoods through adequately-sequenced, well-funded and long-term development-oriented drug policies in rural and urban areas affected by illicit drug activities, including cultivation, production and trafficking, bearing in mind environmental protection and sustainability'	Partially. Alternative development is the focus of Key outcome 6 (Drugs), with a reference to 'sustainable livelihoods'. However, there is no references to urban areas, environmental protection, adequate sequencing, or long-term development. There is a focus on emphasising partnerships with the 'private sector'.

Common Position 'direction for action'	Reflected in the UNODC Strategy 2021-2025?
<p>'To promote alternatives to conviction and punishment in appropriate cases, including the decriminalization of drug possession for personal use, and to promote the principle of proportionality, to address prison overcrowding and overincarceration by people accused of drug crimes, to support implementation of effective criminal justice responses that ensure legal guarantees and due process safeguards pertaining to criminal justice proceedings and ensure timely access to legal aid and the right to a fair trial, and to support practical measures to prohibit arbitrary arrest and detention and torture'</p>	<p>Partially. Alternatives to incarceration, the principle of proportionality, and prison overcrowding are mentioned in the Key outcome 5 (Criminal justice), and the reference to abuse in the whole document concerns overcrowded prisons (p. 4). However, the connection to drug policy is never made. Decriminalisation is never referred to. The many human rights abuses connected to drug policies within the criminal legal system (torture, arbitrary detention, extrajudicial killings) are not mentioned.</p>
<p>'To call for changes in laws, policies and practices that threaten the health and human rights of people'</p>	<p>Not reflected. The possibility that drug laws could stigmatise, criminalise, or vulnerate the rights of people who use drugs is not acknowledged. Key outcome 4.1 (Criminal justice) commits to the provision of legal services to align national frameworks with UN standards, but that is not the same as calling for change, as legal service is normally bilateral, typically confidential, and provided on demand.</p>
<p>'To promote measures aimed at reducing stigma and eliminating discrimination and achieving universal coverage of evidence-based prevention, treatment and rehabilitation'</p>	<p>Not reflected. Stigma is not referred to in the whole Strategy – a particularly surprising omission given the 2018 CND resolution on stigma.³⁸ There is a reference to people who use drugs facing discrimination in access to health (p.4), but ending it is not a Key outcome.</p>
<p>'To cooperate to ensure human rights-based drug control and address impunity for serious human rights violations in the context of drug control efforts'</p>	<p>Not reflected. The UNODC is meant to facilitate the development of 'human rights-compliant' policies (p. 8), and 'human rights-based (...) policing' is meant to be provided under Key outcome 1.1 (Criminal Justice). However, the possibility that states might commit serious human rights violations is never mentioned in connection to drug policies. No reference is made on providing redress to victims of abuses. There is no reference to the death penalty for drug offences, or to extrajudicial killings.</p>
<p>'To assist Member States in implementing non-discriminatory policies, including with regard to ethnicity, race, sex, language, religion or other status'</p>	<p>Partially. The Strategy includes the principles of equality and non-discrimination as cross-cutting commitments (p. 16). However, the impact of drug laws, policies and practice on race, gender, etc., is not mentioned.</p>
<p>'To promote the active involvement and participation of civil society and local communities, including people who use drugs, as well as women and young people'</p>	<p>Partially. Partnership with civil society is mentioned throughout the document. Participation of civil society at the CND is mentioned in Key outcome 8.1 (Drugs), and the thematic section on drugs includes a reference to 'empowering communities and CSOs'. Participation of women and youth is included in the cross-cutting commitments. However, people who use drugs are not mentioned as stakeholders.</p>
<p>'To provide Member States with the evidence base necessary to make informed policy decisions and to better understand the risks and benefits of new approaches to drug control, including those relating to cannabis'</p>	<p>Not reflected. Cannabis is not referred to in the whole document. Legal regulation or market management approaches are not mentioned.</p>
<p>'To compile, analyse and produce data reflecting United Nations system-wide practices and lessons-learned in drug-related matters, and to produce system-wide data and analysis, including in the light of the 2019 ministerial segment of the Commission on Narcotic Drugs and the advancement of the implementation of the 2030 Agenda'</p>	<p>Not reflected. Key outcome 1 (Drugs), which concerns data collection, does not make any reference to system-wide data and analysis. The same applies to the section on data analysis (p. 15).</p>

The directions for action that have been excluded or deprioritised were not picked up at random, but coincide with the most ambitious policies in the UN Common Position – the ones that concern harm reduction, the decriminalisation of people who use drugs, development-oriented drug policies, and data-gathering on regulated drug markets, amongst others. Two out of the three directions for action that are unambiguously reflected in the Strategy concern supply reduction activities – regarding new psychoactive substances, and international law enforcement cooperation.

This absence undermines the Common Position and its implementation in three critical ways. Firstly, by not mentioning the Common Position and the Task Team in its first Strategy in a decade, the UNODC has missed a crucial opportunity to showcase its support for a policy and process it is meant to lead. If this lack of public support is not remedied promptly, it will be a challenge for the UNODC to claim the role of leader for the implementation of the Common Position.

Secondly, the directions for action that are missing from the Strategy are precisely the policies that have been endorsed by other UN agencies and bodies, from the WHO to OHCHR and UNDP; if they are ignored or deprioritised in Vienna, the Common Position's goal to achieve coherence on drug policy across the UN system will not be achieved.

Lastly, the new Strategy risks undermining the progress made in the Common Position, which explicitly promotes concrete policies that advance health and human rights, instead of solely including vague commitments in this regard. To be sure, generic commitments to health-based approaches to drugs are to be welcomed, but they become meaningless if not translated into concrete policies – such as increased investment towards harm reduction services, the provision of Opioid Agonist Therapy (which is surprisingly absent from the document), or the decriminalisation of people who use drugs. In the same way, while the multiple references to human rights are a positive development, the failure to acknowledge that drug policies have themselves been associated with extremely serious rights violations (from extrajudicial executions to mass incarceration, and ill-treatment in 'rehabilitation centres') undermines their credibility.

In the meantime, to this day the Common Position remains poorly publicised, and largely unknown across UN entities, Member States and civil society. Despite some efforts made to disseminate it amongst UN resident coordinators,³⁹ it is yet to be published as a standalone document, or to be translated into all UN languages.

Recommendations

While it has brought welcome progress in certain aspects, the UNODC Strategy 2021-2025 is a missed opportunity for the UNODC to show that it is not only the lead UN agency on drug-related matters, but also an effective leader in implementing the UN system Common Position on drugs, in promoting UN system-wide coherence on drug-related matters, and in drug policies rooted in the shared principles of the UN system.

Recommendations for the UNODC:

- Ensure the meaningful consultation and participation of civil society and affected communities in the drafting, implementation, monitoring and evaluation of all UNODC strategy documents. The development of the UNODC Strategic Vision for Latin America and the Caribbean 2021-2025 provides a good example in that regard.
- Revise the new Strategy 2021-2025 and develop a Plan of Action, in close cooperation with civil society and communities. Both documents should dedicate a section to the dissemination and implementation of the UN system Common Position, and should integrate the key directions for action set in the Common Position.
- Develop a detailed and publicly available workplan for the inter-agency Task Team, including a schedule of thematic reports, interventions at the CND and other UN meetings, and budgetary and human resources.

Recommendations for member states:

- Request and support the meaningful consultation and participation of civil society and affected communities in the design, implementation, monitoring and evaluation of all UNODC strategy documents.
- Request the UNODC to develop a Plan of Action to implement the new Strategy 2021-2025, including a section on the dissemination of the UN system Common Position, a workplan for the inter-agency Task Team (including a schedule of thematic reports, interventions at the CND and other meetings, etc.), and the integration of the key directions for action set in the Common Position.
- Provide budgetary resources and political support to the Task Team.
- Support the inclusion of a standing agenda item at the CND to discuss the work of the inter-agency Task Team.

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About this advocacy note

This advocacy note provides a critique of the UNODC Strategy 2021-2025 with a focus on two critical issues: the exclusion of civil society and communities from the development and approval of the document; and the departure from the policy priorities established in the 2018 UN system Common Position on drugs.

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About IDPC

The International Drug Policy Consortium is a global network of non-government organisations that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.

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