

# The Right to Health for People Who Use Drugs: a Critical Discourse Analysis

By

Karen Mamo

A dissertation presented to the  
Faculty for Social Wellbeing and the Faculty for Medicine and Surgery  
for the degree of  
MSc in Addiction Studies

May 2022



L-Universit   
ta' Malta

## **University of Malta Library – Electronic Thesis & Dissertations (ETD) Repository**

The copyright of this thesis/dissertation belongs to the author. The author's rights in respect of this work are as defined by the Copyright Act (Chapter 415) of the Laws of Malta or as modified by any successive legislation.

Users may access this full-text thesis/dissertation and can make use of the information contained in accordance with the Copyright Act provided that the author must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the prior permission of the copyright holder.

## Declaration of authenticity

I confirm that this is my own work and that all material attributed to others (whether published or unpublished) has been clearly identified and fully acknowledged and referred to the original sources. I agree that the University has the right to submit my work for originality checks.

## Dedication

I dedicate this thesis to all people who use drugs. To the struggles, abuses, and injustices, they still face till this very day, and the stripped opportunities to live a dignified, autonomous, and peaceful existence. I salute all the beautiful people I met locally and abroad in an over fifteen years of raving career. These unusual encounters provided me with invaluable life lessons and have undoubtedly, and in no small part, defined the person I am proud to be today.

## Acknowledgments

I wish to primarily thank my tutor Dr Paulann Grech for her precious advice and guidance to apply sound methodological tools of inquiry to analyse the international dimension of the RIGHT TO HEALTH for PWUD. A word of thanks goes also to my work colleagues at the Office of the President for the sporadic yet greatly treasured dialogue on the RIGHT TO HEALTH for PWUD. I take the opportunity to also thank my parents, Miriam and Hector for they have always encouraged me to pursue my studies and seek new areas of expertise.

In conclusion, and last but not least, I wish to thank Zwart and Juanita. The serene process of this thesis could not have been possible without the heart-warming companionship of my feline friend Zwart, and hearty meals and treats by my buddy Juanita.

## Abstract

The predominant maxim is that drugs constitute a grave threat to the health, security, and well-being of mankind. The nexus between health, security and development finds continued support and consensus across political declarations and resolutions by member states of the United Nations General Assembly (UNGA). Nonetheless, the creation of a flourishing illicit market, increased stigma against people who use drugs (PWUD), and human rights abuses on the precept of protecting health and security, have been for over ten years documented and repeated by various voices, amongst which peer-led transnational advocacy networks (TANs). This thesis aims to look at the RIGHT TO HEALTH for PWUD and explore how discourse adopted by the International Community and civil society has been protecting or hindering this right. Through a Critical Discourse Analysis framework based on the four-stage model developed by Fairclough (2012), the qualitative research project distinguishes texts as important barometers for social change. Adopting a multidisciplinary approach this study demonstrated that tensions between dominant ideological discursive formations embedded in the provisions of the UN Drug Control Conventions (1961, 1971, 1988), as opposed provisions falling under international human rights law continue to have a direct impact on the realisation of the RIGHT TO HEALTH for PWUD. Recognising diplomatic consensus as a double-edged sword and the role of peer-led initiatives to promote human rights for PWUD, the study identifies the art of diplomacy and the art of activism as important tools to advance a human rights-based approach for PWUD.

### **Five key words**

*Right to health, PWUD, Civil society, Critical Discourse Analysis, United Nations General Assembly.*

## Contents

Declaration of authenticity .....	ii
Dedication .....	iii
Acknowledgments.....	iv
Abstract.....	v
Figures.....	ix
Tables .....	x
Acronyms .....	xi
Chapter 1 Introduction .....	1
1.1 Background to the Study.....	1
1.2 The Current Scenario .....	3
1.3 The Present Study .....	4
1.4 Significance of the Study.....	5
1.5 The Dissertation Structure .....	7
Chapter 2 Literature review .....	9
2.1 Introduction .....	9
2.2 Inclusion and Exclusion Criteria .....	9
2.3 The Search Strategy .....	10
2.4 Identification and Screening of Studies .....	11
2.5 The RIGHT TO HEALTH and the RIGHT TO HEALTH for PWUD.....	11
2.5.1 Historical developments and core principles of the RIGHT TO HEALTH.....	11
2.5.2 The RIGHT TO HEALTH for PWUD .....	15
2.5.3 The debate on the right to consume drugs .....	19
2.5.4 The role of international cooperation to address and counter the world drug problem ...	25
2.5.5 Civil Society Organisations (CSOs) and the RIGHT TO HEALTH for PWUD .....	29
2.6 Diplomatic language and the RIGHT TO HEALTH for PWUD.....	34
2.6.1 Diplomacy and language.....	34
2.6.2 The United Nations General Assembly and language.....	35
2.7 Conclusion.....	38
Chapter 3: Methodology.....	40
3.1 Introduction .....	40
3.2 Aim and Objectives of the study .....	40
3.3 Operational Definitions.....	41
3.4 Research Paradigm and Design.....	41
3.4.1 Critical Discourse Analysis (CDA).....	43
3.4.2 Discourse as a tool of social inquiry .....	45

3.4.3 Applying CDA.....	46
3.4.4 Selection of documents for document analysis.....	47
3.4.5 Setting of the study.....	48
3.4.6 Data Analysis.....	49
3.4.7 Trustworthiness .....	51
3.4.8 Ethical considerations .....	53
3.5 Conclusion.....	53
Chapter 4 Data analysis.....	55
4.1 Introduction .....	55
4.2 Part 1 UNGA.....	55
Theme 1: Drugs are a threat to the health, security, and well-being of humankind .....	61
Theme 2: International consensus on addressing and countering the world drug problem .....	63
Theme 3: Holistic approach to address the world drug problem.....	66
Theme 4: Different groups require different policy options .....	69
4.3 Part 2 TANS.....	71
Theme 1: Consequences of international cooperation to address the world drug problem .....	77
Theme 2: Criminal policy jeopardising the right to health .....	78
Theme 3: International drug control fuels inequality.....	80
Theme 4: Shrinking international consensus on addressing and countering the world drug problem.....	83
4.4 Conclusion.....	85
Chapter 5 Critical Discourse Analysis and Discussion .....	86
5.1 Introduction .....	86
5.2 A semiosis of drug use and the RIGHT TO HEALTH for PWUD.....	88
5.3 Obstacles to safeguarding the RIGHT TO HEALTH for PWUD .....	93
5.4 The relationship between drug policy and the social order .....	97
5.5 Overcoming obstacles.....	101
5.5.1 Human Rights and Harm Reduction.....	104
5.6 Conclusion.....	105
Chapter 6 Conclusion .....	108
6.1 Introduction .....	108
6.2 Summary of the research study.....	108
6.3 Strengths and Limitations .....	112
6.4 My Learning Experience.....	113
6.5 Recommendations .....	114

6.5.1 Recommendations for academics and diplomats working within the fields of human rights and drug policy.....	114
6.5.2 Recommendations for future research.....	115
Appendices.....	116
Appendix I From silence to empowerment .....	117
Appendix II Fairclough (1992) data collection in detail .....	120
Appendix III Reflexivity.....	124
Appendix IV Interviewing texts through Creswell’s model (2009); generating codes into themes.....	127
Appendix V Ethical approval .....	150
Appendix VI Definitions .....	151
Bibliography .....	152

## Figures

Figure 1 Creswell (2009) .....	49
Figure 2 Chained bird .....	111

## Tables

Table 1 Inclusion and Exclusion Criteria.....	9
Table 2 Search terms.....	10
Table 3 Documents on the Right to Health.....	11
Table 4 Documents on the RIGHT TO HEALTH for PWUD.....	15
Table 5 Documents on the Right to consume drugs .....	19
Table 6 Documents on International Drug Control.....	25
Table 7 Documents on Civil Society Organisations .....	30
Table 8 Four stage model of analysis (Fairclough, 2012).....	50
Table 9 Application of four stage model (Fairclough, 2012).....	87

## Acronyms

CDA – Critical Discourse Analysis

ECOSOC – United Nations Economic and Social Council

ICESR – International Covenant on Economic, Social, and Cultural Rights

PWUD – People Who Use Drugs

PGC – Principle of Generic Consistency

RIGHT TO HEALTH – right to the highest attainable standard of physical and mental health

TANs – Transnational Advocacy Networks

UNSR Health – Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

UDHR – Universal Declaration of Human Rights

UNGA – United Nations General Assembly

UN WDR – United Nations World Drug Report

WHO – World Health Organisation

## Chapter 1 Introduction

### 1.1 Background to the Study

The Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health (RIGHT TO HEALTH) is enshrined in the World Health Organisation (WHO) Constitution of 1946 and was later reinforced through the adoption of internationally signed treaties and agreements, such as the Universal Declaration of Human Rights (UDHR) of 1948 and the International Covenant on Economic, Social and Cultural Rights (ICESCR) of 1966 (WHO, Constitution of the World Health Organisation, 1946) (UN, Universal Declaration of Human Rights, 1948) (OHCHR, International Covenant on Economic, Social and Cultural Rights, 1966).

The UN Drug Control Conventions, more specifically the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971) and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), constitute the core basis of the international approach to control and curtail the distribution and consumption of a number of mind-altering substances. Concerned with the health and welfare of mankind, the International Community<sup>1</sup> affirmed that addiction constitutes a serious evil for the individual and that drugs present a social and economic danger to humankind. Championing diplomatic consensus to prevent and combat this evil, the Single Convention of 1961 and subsequent conventions, consolidate an internationally agreed approach to prohibit, both at the domestic and international level, the cultivation, production, sale and consumption of the non-medical use of narcotic drugs<sup>2</sup> and psychotropic substances<sup>3</sup> (UNODC, UN Drug Control Conventions, 1961, 1971, 1988).

The creation in 2002 of the UN Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health (UNSR Health) brought to the attention of the International Community persistent levels of inequality between countries

---

<sup>1</sup> International Community means the member states of the United Nations signatories to the UN Drug Control Conventions.

<sup>2</sup> Narcotic substances refer to those substances listed in the UN Single Convention on Narcotic Drugs (1961), therefore including cannabis, the coca plant, and opium poppy straw.

<sup>3</sup> Psychotropic substances refer to those substances listed in the UN Convention on Psychotropic Substances (1971), therefore including LSD, psilocybin and MDMA.

and groups to attain this fundamental human right. The UNSR Health focuses its work on the realisation of the RIGHT TO HEALTH for vulnerable groups, amongst which migrants, indigenous people, people in detention, LGBT and gender diverse persons, and PWUD.

In various reports and communications to the International Community, the UNSR Health identified existing policy criminalising drug consumption and possession as contributing to increased human rights risks and as directly responsible of causing negative consequences for the health and security of individuals and communities. Negative consequences include the increased incidence of incarcerating non-violent drug users, a burgeoning violent drugs market, health harms associated with the unregulated use of drugs and paraphernalia and increased structural barriers to access services fulfilling the right to health (OHCHR, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 2010, 2012, 2016, 2020).

Civil society, acting as a direct link between policy and grassroots, has been frequently identified as a key contributor to the ongoing efforts to improve access and general levels of public health including efforts to address the world drug problem (Greer, Wismar, Pastorino, & Kosinska, 2017). The effectiveness of international drug policy to address the world drug problem and significantly contribute to promoting the health and well-being of mankind has been frequently questioned by civil society organisations working at international level. For the past years, these organisations have voiced their concerns that the current system is causing more harm than good, particularly stigma, discrimination and incarcerations fuelling human rights abuses and acting as direct barriers to the realisation of the RIGHT TO HEALTH for PWUD. In fact, these organisations have been actively providing alternative human rights-based options in the form of ‘shadow reports’ and recommendations as opposed to the current prohibition and criminalised system focused on demand and supply reduction (Hunt, 2008).

The author had the opportunity to observe the work of civil society working at an international level through her observant participation to the 5<sup>th</sup> European Harm Reduction Conference by the Correlation European Harm Reduction Network (C-EHRN). The conference was held in Prague between 10-12 November 2021 in collaboration with the European Parliament and was attended by various national and transnational civil society organisations representing 40 countries, including a strong participation of peer-led networks of PWUD. The Conference

provided an important platform for a shared civil society vision and commitment to protect and promote the rights of all PWUD.

## 1.2 The Current Scenario

The UN World Drug Report 2021 (UN WDR) estimates that in 2019, 5.5% of global population used an illicit substance<sup>4</sup> and that between 2010 and 2019 the number of past year users increased by approximately 22% (in part a reflection of population growth standing at 10%). Furthermore, the report also explains that the global population suffering from drug use disorders, estimated around 36.3 million or 13% of global population, increased from 0.6% to 0.7% in the same time period. Nonetheless, only 1 in 8 persons received treatment, with poor countries experiencing shortages in services and hence, carrying a heavier burden in terms of health and social consequences. The arrival of synthetic drugs and the COVID-19 pandemic continued to increase risks for individual users and adds additional burden to the health care services of the state.

The UN WDR (2021) identifies prevention as key to reduce drugs use disorders, particularly by positively engaging young people, families, schools and communities in an inclusive and safe environment. The role of peer led organisations has been identified as important tools to promote effective intervention measures and sound policy measures. In fact, participation in the design, implementation, monitoring and evaluation of prevention programs by civil society organisations, has been identified as central to ensure a more humane and human rights-based approach to drug policy. The same report underlines the imperative need of promoting the human rights of PWUD by removing stigma and by treating them with dignity. Emphasizing the interplay of providing equal health and social services to the realisation of positive change, the report underlines the importance of human rights-based approaches to drug control and treatment (UNODC, World Drug Report, 2021).

Work by civil society organisations, particularly those operating at a transnational level and producing shadow reports, has been instrumental to provide a mirror image of official UN data on the situation of the world drug problem, particularly by looking at the effects of policy and outcomes from the provisions included in the UN Drug Control Conventions. Three

---

<sup>4</sup> Illicit substances included in the UN Drug Control Conventions of 1961, 1971 and 1988.

comprehensive reports; *The Alternative World Drug Report*, as part of the Count the Costs Initiative (2016), *Taking Stock: a decade of drug policy – civil society shadow report* (2018), and *Taking Stock of half a decade of drug policy; an evaluation of UNGASS Implementation* (2021) both by the International Drug Policy Consortium (IDPC) underlined that the war on drugs and ancillary ‘unintended consequences’ continue to cause grave health, social, environmental and economic hardships for PWUD. The reports also highlighted the important role of stigma and discrimination against PWUD thus, having a direct impact on their health and well-being (Rolles, et al., 2016) (Nougier, 2018) (Nougier, Fernandez, & Putri, 2021).

### 1.3 The Present Study

The present study looks at the RIGHT TO HEALTH for PWUD as a distinctive right and brings to the fore the role of international actors, particularly the role of transnational advocacy networks (TANs) and the United Nations General Assembly (UNGA) in promoting or hindering this right.

The research will look at the discourse adopted by:

- a). *The International Community*: as presented in the preamble of the Political Declaration of 1998 and 2009, the preamble of the Ministerial Statement of 2014 and Ministerial Declaration of 2019 (including the section on the way forward), and UNGA Resolutions of 2016, and 2021.
- b). *TANs* - this will be analysed through three civil society shadow reports; the (i) the Alternative World Drug Report (2016) by Counting the Costs Initiative, (ii) Taking Stock: A decade of drug policy, a civil society shadow report (2018), and (iii) Taking Stock of half a decade of drug policy, an evaluation of UNGASS implementation (2021) by the International Drug Policy Consortium.

Through a Critical Discourse Analysis framework, the study aims to analyse how the RIGHT TO HEALTH for PWUD is being defined and promoted at an international level. The UNGA documents are of great significance as they represent the collective mind frame of the global family and provide national governments with important guidance when developing domestic legislation on drugs. Therefore, in a mirror like exercise, both UNGA positions and TANs

reports will be contraposed and contrasted through the CDA four stage model by Fairclough (2012). Norman Fairclough explains that texts act as social barometers and are an excellent tool to map social processes, ideologies and change (Fairclough, 1989).

Developed in the late 1980's and mid-1990's by a collaboration of scholars, predominantly Norman Fairclough, Teun A. van Dijk and Ruth Wodak, Critical Discourse Analysis (CDA) was later re-baptised as discourse analysis *with an attitude* and has been attributed the capability to challenge injustice, expose hidden ideologies and promote social change and justice (van Dijk, 2015).

The research questions guiding this study are:

- a) How is the RIGHT TO HEALTH for PWUD defined and represented by the United Nations General Assembly (UNGA) and TANs between 1998 and 2021?
- b) What changes in discourse have occurred by the International Community when addressing the RIGHT TO HEALTH for PWUD?

#### 1.4 Significance of the Study

As identified by the UNSR Health and TANs, the predominant discourse surrounding drug use and problematic drug use continues to echo long held beliefs and policy measures. In particular, this centers on the theme that drugs in society constitute an evil that should be fought both at the national and international level with militaristic style approaches of supply and demand reduction measures. Nonetheless, as more experts from the human rights field, also grass roots and peer led initiatives, such as the 5th European Harm Reduction Conference 2021, challenge the present approach. It seems that the International Community is now at an important juncture in its over 50 years of prohibiting the use of illicit substances. Increased national experiments regulating cannabis and psilocybin in Europe and the Americas respectively, and defections from the strict adherence of applying harsh criminal provisions for the personal possession and consumption of illicit substances has been a constant reality for the past couple of decades. Countries such as Canada, Jamaica, Switzerland, Uruguay, Luxembourg and Malta, provide examples of a diverse map of countries placing human rights and regulation at the helm of drug policy. In complexity, this fragmented reality might be now making way for a more

internationally temperate and human rights-based approach to address the RIGHT TO HEALTH for PWUD.

As enshrined in various international legally binding documents and as brought to the attention of the International Community by the UNSR Health, the well-being of PWUD, and the security and prosperity of the community, are directly linked to the full realisation of the RIGHT TO HEALTH. Therefore, cognizant of this fundamental right and without concentrating on health matters pertaining to problematic substance use, this study focuses on all PWUD and aims to look at discourse adopted by TANs in the form of shadow reports and diplomatic work at the UN General Assembly in the form of political declarations, ministerial statements and resolutions.

In 2015 and more recently in 2021, Malta has also embarked on a relatively revolutionised approach to the predominantly criminalised mechanism to address drug use in society. The initial step was the depenalisation of drugs in 2015 through the Drug Dependence (Treatment not Imprisonment) Act. It includes provisions within the law to move from criminal to administrative consequences for the possession of very small amounts of drugs (directed to treatment instead of prison). In fact, it contributed to shift provisions from a criminal towards a biological and patient perspective. This is reflected even in the title, hinting that any level of drug use below what is prescribed by law constitutes an addiction problem and hence, the possibility to be diverted to treatment instead of prison. Anything above what is prescribed continued to be considered as a criminal offence.

More recently, the partial decriminalisation of the non-medical use of cannabis in 2021, introducing also the possibility to cultivate cannabis, shifts the legislators' perspective once more, this time from biological and pathological to a human rights-based approach. These policy developments could be indicative of significant narrative and social changes when it comes to address PWUD and drug use in society. In fact, the untrustworthy criminal, and then sick helpless victim of drugs locked away for the security and benefit of society, is now being given the tools to regulate the cultivation and distribution of certain drugs, in this case cannabis. These changes are slowly but surely propelling increased agency and restored, in part, dignity for (some) PWUD.

The present study is of utmost relevance to local academia, diplomats, and policy makers as it provides for the first time a better understanding of (a) the RIGHT TO HEALTH for PWUD, (b) the role of discourse in framing international dialogue about drug policy, and (c) the important contribution of TANs in bridging peer led initiatives with international policy. Furthermore, the set of recommendations included at the end, could provide policy makers and diplomats representing Malta at the UN office in Vienna, with a valuable tool to better understand and represent within the international fora the RIGHT TO HEALTH for PWUD. Most importantly, the researcher hopes this study will act as a catalyst for other research projects taking into consideration the voice of PWUD and an analytical lens which moves away from stereotypical images portraying drug users as morally weak or pathologized delinquents. PWUD continue to retain agency, full autonomy for reasoned decision making, and full right to access the highest attainable standard of health.

## 1.5 The Dissertation Structure

To facilitate the reader's understanding of this qualitative research project, a brief description of the general layout is outlined. Chapter one provides a brief introduction on the RIGHT TO HEALTH for PWUD and rationale on the centrality of discussing the nexus between international human rights law, international drug control conventions and the realisation of the RIGHT TO HEALTH. This chapter aims to give a general overview of the topics which will be discussed and introduces the reader to important aspects related to the RIGHT TO HEALTH for PWUD. Chapter 2 defines the Right to Health as a distinct human right and combines this to definitions and concepts applicable for PWUD. This chapter explores literature focusing on the nexus between health, international drug policy and the role of TANs in advancing this right. Therefore, this chapter aims to provide the reader with a broad picture and an in-depth understanding of realities faced by PWUD, irrespective if they are occasional or regular users, or if experiencing problematic drug use at some point in time in their drug using trajectories. Chapter three provides information on the methodology used in this dissertation project and therefore a thorough description of critical theory and methods adopted in a Critical Discourse Analysis framework. Information on data analysis, trustworthiness and ethical considerations are included in this chapter, including reference to a section dedicated to reflexivity and included as an appendix. Chapter four develops a set of themes and descriptions extracted from codes generated through document analysis and presents in a mirror like image the positions of UNGA and TANs. Chapter five adopts a critical analysis of the findings of this

study and the existing literature, by employing the Critical Discourse Analysis four stage model developed by Fairclough (2012). This penultimate chapter aims to adopt a thematic analysis of the International Community's approach to the RIGHT TO HEALTH for PWUD and together with information included in the literature review interpret international cooperation to address and counter the world drug problem between 1998 and 2021. Chapter six brings this dissertation to its conclusion and provides recommendations for national governments, diplomats working in Vienna, and members of the academia interested in drug policy and human rights.

## Chapter 2 Literature review

### 2.1 Introduction

This chapter describes the search strategy applied to identify literature targeting the RIGHT TO HEALTH for PWUD, including considerations for the international dimension of this right. In addition, this chapter provides a critique of literature published between 2010 and 2021 and highlights the gaps identified in the literature. The aim of the literature review is to present a critical overview of the literature that explores the RIGHT TO HEALTH for PWUD, including relatively unconventional research calling for a limited right to use drugs without criminal or social repercussions. Further on, this chapter identifies TANs as key actors in drug policy developments and the realisation of the RIGHT TO HEALTH for PWUD.

The author identified that conflict in language used by key players in the international drug policy field. A threat-based and criminalised approach focused on supply and demand markers is resulting in continued human rights violations for PWUD, particularly violations related to the RIGHT TO HEALTH. This is opposed to a human rights-based political framework based on human rights indicators and including reference to Harm Reduction. Human rights language proposed by TANs, as opposed to international efforts of focusing attention and funding on supply and demand measures, continue to create a lacuna between the core principles enshrined in the UN Drug Control Conventions (1961, 1971, 1988), commitments taken at the UNGA, and obligations falling under International Human Rights law.

### 2.2 Inclusion and Exclusion Criteria

The inclusion and exclusion criteria can be viewed in Table 1. The search strategy embedded the RIGHT TO HEALTH for PWUD within a human rights framework, and highlight the central role of diplomacy directly impacting this right. Ultimately, negotiations on the world drug problem remain a Vienna, and a diplomatic affair.

Table 1 Inclusion and Exclusion Criteria

Inclusion	Exclusion
-----------	-----------

RIGHT TO HEALTH for PWUD	HIV and problematic use only studies
International cooperation to address and counter the world drug problem	Country specific studies
Civil Society Organizations PWUD	Covid related studies

### 2.3 The Search Strategy

A literature search was conducted through the University of Malta (UoM) library via the electronic database HyDi. The author looked up the search terms separately, however in view of the large volume of peer reviewed articles and the possibility that the majority of articles were not directly applicable to this research project, the author combined the search terms together. When combined, the search terms gave a total of 341 hits.

This was the primary source of data, however, the author also looked up specific research studies included in the reference list of the identified studies. Furthermore, the author included also additional works that were used to formulate the proposal for this dissertation project. The search was limited to research written in the English language only and the search time frame covered the years 2010 and 2021, thus providing an extensive, yet not too long and outdated outlook on the topic. The author also included a paper from 2009, whereby the arguments raised provided a more complete approach to the core purpose of the literature review. The search was carried out between April and November 2021.

Table 2 Search terms

Data source	Search Terms	Hits for each term	Combined search terms	Articles used

HyDi	RIGHT TO HEALTH for PWUD	407,230	341	10
	Civil Society organisations PWUD	65,145		5
	International cooperation to address and counter the world drug problem	17,350		3

## 2.4 Identification and Screening of Studies

A total of 341 articles were screened for eligibility by reading the title and the abstract. The reasons for excluding irrelevant papers were because they focused on; 1) HIV and intravenous drug use only, 2) specific case studies and country analysis, and 3) Covid related studies.

The relevant papers were exported by hand and duplicate papers were removed. After this selection, a total of 18 papers were included in this review. Ten papers focused on the RIGHT TO HEALTH for PWUD, including a debate on the right to consume drugs. Three papers focused on the role of international cooperation to address and counter the world drug problem. Five papers looked at the role of civil society and TANs in promoting the RIGHT TO HEALTH for PWUD.

## 2.5 The RIGHT TO HEALTH and the RIGHT TO HEALTH for PWUD

### 2.5.1 Historical developments and core principles of the RIGHT TO HEALTH

Table 3 Documents on the Right to Health

--

<b>Name of document</b>	<b>Author</b>	<b>Main findings</b>
General Comment 14	Committee on Economic Social and Cultural Rights (2000)	A detailed understanding of the right to health
Health and Human Rights	Murphey (2013)	Human rights law is applied to the health paradigm through a social process mechanism, thus ensuring a holistic approach. The author emphasizes the role of rights as opposed humanitarianism and bestowment of agency to both claimants and duty bearers.
Fact sheet no 31	World Health Organisation (2008)	A detailed understanding of the right to health

Following the devastating effects of World War II, the World Health Organisation (WHO) Constitution of 1946 provided the International Community with an important tool to further promote humanity's development, harmonious relations and security. Enshrined in the WHO Constitution, the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, provides for a state of complete physical, mental and social well-being and not merely the absence of disease. This right is also enshrined in Article 25 of the UN Declaration of Human Rights (1948) and in Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966). Whereas the UN Declaration of Human Rights was heralded as the first global attempt at championing a more just world, the International Covenant further reinforced the indivisible, interdependent and interrelated nature of human, social, economic, and cultural rights. The Alma-Ata Declaration of 1978 is identified as a milestone in the promotion of health for all. In fact, the Declaration reaffirmed that the RIGHT TO HEALTH is a fundamental human right requiring governments to take responsibility of the health of their people by introducing adequate health and social measures. (CESCR General Comment 14, 2000)

The RIGHT TO HEALTH is inclusive, and therefore inclusive of underlying determinants of health, such as safe drinking water, nutritious food and health related education. This right includes also freedoms, such as being free from non-consensual medical treatment, and includes also entitlements, thus including the right to a health system and access to essential medicines. These measures need to be included on non-discriminatory grounds and ensure services are available, accessible, acceptable and of good quality (AAAQ). Therefore, services need to be respectful and culturally appropriate, whilst ensure affordability and accessibility without discrimination (CESCR, 2000).

The RIGHT TO HEALTH is not the same as the right to be healthy, therefore, governments cannot be held liable for the genetic makeup or socioeconomic conditions directly impacting the RIGHT TO HEALTH. Nonetheless, states can be held accountable for the unequal enjoyment of services and facilities necessary for the realisation of this right. Defining human rights as interdependent, indivisible, and interrelated, the WHO constitution declares that a violation of one right results in the impairment of other rights. Therefore, the progressive realisation of the RIGHT TO HEALTH needs to ensure a holistic approach, incorporating health, social, cultural, and economic rights. States unwilling to use their maximum resources to the realisation of the RIGHT TO HEALTH fail in their obligations to respect, protect, and fulfil. By respect, one means actions by the state which are likely to result in bodily harm and unnecessary morbidity. Protection from harm caused by 3<sup>rd</sup> parties is also a key to the realisation of the RIGHT TO HEALTH thus obliging states to protect citizens from harmful practices by discouraging dangerous behaviours such as the consumption of drugs and tobacco. States are also obliged to fulfil their obligations by adopting all steps for the progressive realisation of the RIGHT TO HEALTH (WHO, Fact Sheet No. 31, 2008).

In the book, *Health and Human Rights*, Murphey (2013) explains that the establishment of rights as law are important developments that shift purpose from a humanitarian one towards a set of freedoms, entitlements, and obligations. These are shared by claimants and duty bearers, both considered as active agents in the process. Furthermore, human rights law and human rights language cannot be divorced from the participation of social movements and practices by NGOs. The latter, engaged in a concerted effort of promoting social change. Murphey (2013) underlines the importance of viewing rights within broader structural frameworks perpetuating injustices and to be weary of assuming that laws lead only to justice and never to unintended consequences or unwanted side effects. Recognising governments as

the principal duty bearers, Murphey (2013) positions them as key human rights actors and central entities to promote positive and sustainable change. This is done together with other actors such as international agencies, civil society organisations and the media.

Looking at public health and adopting a rights-based approach to health, Murphey (2013) looks at the effects of human rights violations to the enjoyment of health and explains that health can dramatically worsen in scenarios where human rights are ignored. Therefore, the promotion and protection of health and human rights are intrinsically linked. Giving as an example access to antiretroviral treatment for HIV, framed as falling both under public health and human rights, Murphey (2013) explains that the RIGHT TO HEALTH is now also conscious of the broader needs of society. Sometimes also tied to other aspects of social life. On this point, the author speaks about global public health security and the focus of the International Community through the UN Security Council on the nexus between public health and security.

Addressing risks within rights and rights as risks, Murphey (2013) underlines the importance of proportionality as opposed a balancing act between rights when imposing restriction. She underlies that a balancing act carries increased risks of prioritising security, thus including measures of restraint, and violations to the RIGHT TO HEALTH. On the contrary, when adopting proportionality, it is imperative policy adopts less restrictive measures and ensures proportionality is respected between the measures imposed and the objectives it aims to achieve. The criminalisation of transmissible disease and its bearers as posing a threat to national security, with surveillance and control by the state employed on the precinct of preserving public health and well-being, is given as an example. She explains that use of coercive measures and surveillance, such as quarantine, and therefore a non-proportionate approach between measures and desired outcomes, results in various violations to the RIGHT TO HEALTH. Predominantly, these measures act as direct barrier to seek medical assistance and perpetuate and environment of stigma and discrimination. A similar approach also ignores historical evidence that a policy built on a utilitarian approach, therefore one which favours the well-being of the majority at the expense of the minority, has been identified as discriminatory, and targeting already marginalised and impoverished groups, therefore directly violating the core obligations of the RIGHT TO HEALTH (Murphy, 2013).

## 2.5.2 The RIGHT TO HEALTH for PWUD

Table 4 Documents on the RIGHT TO HEALTH for PWUD

Name of the study or report	Author	Main findings
A/65/255	Report submitted by Anand Grover, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health in accordance with Human Rights Council resolution 6/29 (2010)	The current criminalised approach to drug control is working against the core principles of the UN Drug Control Conventions of protecting and promoting the health and welfare of mankind, therefore governments are encouraged to adopt a right to health approach to drug policy.
Public health and international drug policy	The Lancet Commissions (2016)	Drug policies to suppress the prevalence of drugs in society presented a paradox, whereby although portrayed as an effective tool to protect public health, in reality they contributed to increased violence, discrimination, disease and undermined people's health. Harms of prohibition far outweigh the benefits and therefore, refocusing

		finances and resources towards a scientific and a Harm Reduction approach are identified as more conducive to the realisation of the RIGHT TO HEALTH for PWUD
International Guidelines on Human Rights and Drug Policy	UNDP, WHO, UNAids, UNHCHR, HRDP (2019)	For the very first-time core principles of human rights have been applied to the core principles of drug control and formulated in a non-binding document.

In this section, the author will be providing a brief overview of the state of the RIGHT TO HEALTH for PWUD covering the years 2010 – 2021. Particularly significant is the contribution by the UNSR Health (2010) and the Lancet Commission (2016), providing both an analysis of the present situation and proposed recommendations to address the current world drug problem. The international guidelines (2019) gather the position of various UN agencies prioritising human rights and health, whilst urging governments to implement a human rights based approach to drug policy.

*Report A/65/255* by the UNSR Health (2010) presented to the members of the General Assembly by the UN Secretary General is a strong statement denouncing current policies as constituting a direct infringement on the RIGHT TO HEALTH for PWUD. Explaining that the concept of a drug free world has failed, the UNSR Health identified criminalisation and excessive law enforcement as key perpetrators of stigma and acting as direct barriers to the realisation of the RIGHT TO HEALTH. The report provides a clear distinction between substance use and dependence and underlines the importance not to conflate drug dependence levels. Furthermore, the UNSR Health also emphasizes that the RIGHT TO HEALTH should

be guaranteed for all, irrespective if using drugs for recreational purposes or if experiencing dependence.

Denouncing the war on drugs as the culprit of increased repressive methods, and identifying criminalisation as an ineffective tool to control supply and demand, the UNSR Health calls on members states to recognise the damage caused by current policies to the realisation of the RIGHT TO HEALTH for PWUD. Identifying drug registries, criminalisation of paraphernalia and a culture of institutionalised stigma and embedded discrimination, the UNSR Health explains that an overhaul of the current system is urgently required. Identifying Harm Reduction programs, decriminalisation and depenalisation as central to move towards a human rights-based approach to drug control, the UNSR Health encourages the introduction of alternative regulatory frameworks, placing the RIGHT TO HEALTH at the wheel of every decision (UN, A/65/255 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 2010).

In the report about *Public Health and International Drug policy*, the Lancet Commission provides another important contribution to discussions and evidence of developments related to the RIGHT TO HEALTH for PWUD. The Commission highlights that terminology to explain drug use and dependence used in the UN Drug Control Conventions of 1961, 1971 and 1988, including subsequent commitments taken during the UN General Assembly Special Sessions on Drugs (1998), is not based on scientific facts. Furthermore, it continues to move on an opposing continuum from human rights, public health and the RIGHT TO HEALTH.

The Lancet Commission (2016) accentuates that PWUD are viewed as untrustworthy of following treatment and therefore not deserving access to expensive therapy. Warning of a continued morally driven bias to curtail the use of some substances, the report highlights the importance to separate ideologically driven research and policy from health science, social sciences, and policy analysis. The report criticises the paradox created by the current policies, whereby, in the pursuit of preserving public health and safety, policies have instead directly contributed to increase violations of the RIGHT TO HEALTH for PWUD, but also for the whole of society.

Highlighting that the harms of prohibition outweigh the benefits, the Lancet Commission (2016) proposes a number of recommendations revolving around a proportionate and realistic

decriminalised system for minor non-violent drug offences. Furthermore, the report also proposes strengthened health and social services, including access to Harm Reduction programs. Interestingly, the Lancet Commission recommends improved UN governance by proposing increased participation of health professionals in member states' CND delegations (Csete, et al., 2016).

The *International Guidelines on Human Rights and Drug Policy* (2019) by the WHO, the UN Development Program (UNDP), the International Centre on Human Rights and Drug Policy, the UN Human Rights Office of the High Commissioner, and UN Aids, provide for the very first time a comprehensive document on the important relationship between human rights and drug policy. The Guidelines explain that respect for fundamental human rights principles of preserving human dignity, the universality and interdependence of rights, equality and non-discrimination, meaningful participation in decision making, accountability through information, and the right of effective remedy in case of human rights violations, are key to ensure no drug policy and program undermines the rights of PWUD.

The non-binding document draws attention to obligations arising from universal human rights law, particularly the RIGHT TO HEALTH for PWUD, and recommends member states to look at the flexible nature afforded by the UN Drug Control Conventions to decriminalise the personal possession, purchase, or cultivation of illicit substances. To this extent, the *International Guidelines* (2019) recognise the benefits of Harm Reduction and encourage member states to ensure laws protect groups and individuals providing Harm Reduction services and education. Addressing drug dependence treatment, the *International Guidelines* (2019) categorically condemn the use of compulsory drug treatment centres and underline the imperative need of ensuring treatment is voluntary, based on evidence-based research and includes support within the community. Access to controlled substances as medicine is too identified as a pressing need to ensure the realisation of the RIGHT TO HEALTH for PWUD. Considering recent scientific data and recommendations by the WHO, the Guidelines recommend a review of the 1961 and 1971 scheduling system, thus ensuring better understanding of the medicinal benefits of controlled substances (UNDP, 2019). These reflections lead the reader to the next section, whereby drug use is analysed from the user's perspective.

### 2.5.3 The debate on the right to consume drugs

Table 5 Documents on the Right to consume drugs

Name of document	Author	Main findings
Drugs as a human right	van Ree (1999)	For centuries mind altering substances have provided human beings with an important tool for development. The prohibition of using certain drugs goes against the core principles of human rights and should be addressed within other social and cultural rights.
Drugs, Crime and Public Health. The political economy of drug policy	Stevens (2010)	Discussions revolving around drug use ignore issues of social inequality and their replication in drug markets and drug policy. Identifying the theory of Alan Gewirth on the Principle of generic consistency as providing a basis for reasoned drug policy debate, the author merges elements of personal liberties, such as drug use, within a

		broader public health and well-being debate.
Drug Control, Human Rights, and the Right to the Highest Attainable Standard of Health: By no means straight forward issues	Takahashi (2009)	Increased, and well merited attention to respecting the human rights of PWUD, has also opened up new liberal streams calling for a legalisation of drugs. Focusing on the highest attainable standard of health, and including the provision of accessible Harm Reduction services, the author concludes that there should never be the right to abuse drugs.
Speech at the Opening of the high-level segment of the Commission on Narcotic Drugs	Mr Costa, UN Under Secretary General (2009)	The world drug problem continues to present numerous challenges to the health, economic and social well-being of communities afflicted by this common 'evil'. Commitments taken by the International Community continue to provide member states with a sound approach to ensure drug policy respects the core principles enshrined in

		the UN Drug Control Conventions of 1961, 1971 and 1988, and are in full adherence to international human rights law.
--	--	--

Twenty-two years ago, in *Drugs as a human right*, van Ree (1999) proposed the introduction of a new Article to the UN Declaration of Human Rights. The author proposes that Article 31 would envision that everyone has a right to use mind altering substances and plants. Recalling their historical use for medicinal, religious, and recreational purposes, van Ree (1999) explains that drug use presents a cultural asset and is beneficial to the person. Whilst recognising the potential for abuse and harm, he underlines that drug use provide the user with a unique personal experience, distinct from other experiences, and impossible to achieve otherwise.

Adopting a philosophical basis built on John Stuart Mill’s Harm Principle, and therefore considering the individual as sovereign over his/her own body and mind, van Ree (1999) recognises that the right to use drugs is not absolute and is directly linked to the risk of harm to others. Underlining the transitional and developing nature of human rights legislation, van Ree (1999) emphasizes that the right to do something is fluid and mutates over time. A clear example is the right for women to vote and homosexuality, still considered a crime in some countries. Therefore, although the use of drugs could not be equitable with other fundamental rights, such as the right to health and the right to life, the author, by invoking Article 12, the right to privacy, and Article 18, the right for the manifestation of beliefs and practices of the UN Declaration of Human Rights (1948), proposes a limited possibility to safeguard the right to use mind-altering substances. He highlights that a drug culture already exists and this is explained by the acceptance of alcohol intoxication as opposed non-acceptance of other drugs.

Speaking about morally driven perceptions portraying drug use as evil, he explains that the general acceptance of harsh punishments and violations of human rights in the name of preserving public health and security facilitates an environment of insensitivity to injustice and abuse. Van Ree (1999) emphasizes that such as any other unique experience, drug use is temporary, but with lasting significance to the person. Recognising the potential for

problematic use and dependence, van Ree (1999) explains that addiction is a relative phenomenon and that through responsible regulation and assurance of no absolute freedom, Article 31 has the potential to better promote the human rights of PWUD and the well-being of society as a whole (Ree, 1999).

In the book, *Drugs, Crime and Public Health, the Political economy of Drug Policy*, Stevens (2011) looks at the two predominant discourses revolving around drug policy debate, mainly, the conservative narrative promoting a prohibitionist approach, and the liberal narrative promoting freedom of choice. The author explains that although only 0.5% of global mortality is attributed to illicit drug use, the world drug problem is frequently portrayed as a pressing security issue and requiring repressive measures of containment.

Applying the Principle of Generic Consistency (PGC) by Alan Gewirth (1978), whereby any person as agent needs freedom and well-being, Stevens (2011) provides an explanation for drug use which goes beyond the liberal foundations of Mill's philosophy and takes into consideration a hierarchy of rights to guide policy and decision making. The Principle of Generic Consistency (PGC), not dependent on individual, cultural or political preferences, explains that a person accords rights upon themselves on the grounds of being a purposive agent. On these same grounds, these rights need to be accorded to others for the person to have the capacity to act towards purpose. In this sense, a hierarchy of rights to decide which harms are most important is proposed as a decisive rule to decide which rights should be accorded.

The PGC divides rights into three: basic, non-subtractive and additive. Under basic rights, one finds the agent's right to the precondition of agency and therefore the preservation of life and physical integrity, including health, considered as primary goals. Non-Subtractive rights is the agent's capacity for action and relates to harms that limit but not preclude the agent's action. Examples include theft, thus limiting the agent's purposive action. The third set of rights under the PGC are Additive rights, that is rights that increase the agent's capabilities of purposeful action.

Categorising drug use within additive rights, Stevens (2011) explains that this cannot be rationally justified when it leads to direct infringement of the basic and or non-subtractive rights of others. However, proposing a limited right to use drugs, the author explains that when looking at the general picture of drug use, most drug use is an expression of additive rights,

does not lead to crime or treatment, and hence does not impinge on other agent's hierarchy of rights. He also underlines that drug use is a rational process and that PWUD do so as purposive agents.

Addressing drug dependence, he explains that although at prima facie the compulsive nature of this disease could be viewed as taking away agency from the person, and therefore compromising freedom and well-being, in reality this narrative presents only in part the intricate reality linked with dependence. Stevens (2011) proposes to understand dependence as a dysfunction in the complex motivational system and explains that dependence should be compared to other intellectual impairments. By removing the disease and criminal component, the person is once more bestowed with agency, including rights and responsibilities. Stevens (2011) underlines that policy needs to be cognizant of this difference and ensure autonomy and well-being move on a continuum towards increasing agency, freedom, and well-being. Measures to increase agency include access to Harm Reduction and equal access to treatment and other medical services as required.

By adopting PGC, Stevens (2011) developed a system whereby the hierarchy of rights can ensure basic and non-subtractive rights are not replaced by additive rights. At the same time, this system allows enough flexibility to ensure additive rights are not in conflict with the agent's purposive action. Therefore, the limited right to use drugs, is viewed as a complementing tool to reach the agent's fulfilment. More specifically, the author demonstrated that personal moral sensibilities, considering the use of some drug use as wrong or bad, could not be rationally used to justify infringement of additive rights of others, serving the agent a unique tool to reach his/her purposive action (Stevens, 2011).

On the other end of the spectrum, in *Drug Control, Human Rights, and the Right to the Highest Attainable Standard of Health: By no means straight forward issues*, Takahashi (2009) criticises the somewhat incongruent position of arguing in favour of a right to use drugs. Whilst recognising that the current policies focusing on adopting strict law enforcement measures have sometimes resulted in increased health and social problems, including human rights abuses, Takahashi (2009) explains that these human right abuses happen independently from the drug control regime, and are usually embedded in the political and social structure of the country. The author highlights that the principle of proportionality in drug related offences is already part of the UN political framework, thus giving governments necessary flexibility to adopt

supply and demand reduction measures which reflect the level of threat to that society. In fact, the death penalty is identified as a disproportionate approach to the severity of the crime, and acts as a continued barrier to the realisation of human rights. Nonetheless, Takahashi (2009) underlines that the imposition of the death penalty for drug related matters is a human rights issue and should not be used to deflect attention from the importance of strengthening international cooperation to address and curtail illicit drug use in society.

Takahashi (2009) proposes that international efforts to address supply and demand should be accompanied by elements pertaining to Harm Reduction principles, framing personal drug use within health parameters. Therefore, the provision of services and equipment that prevent the emergence of communicable disease, such as the provision of clean injecting equipment, is one clear example how Harm Reduction, without condoning drug use, proactively reaches out to the community and promotes the right to health. Takahashi (2009) underlines the imperative maxim that Harm Reduction is a transitional period and should not be viewed as a finite goal. The author explains that although treatment should be free from coercion, the use of drug courts providing offenders with the possibility of entering treatment instead of facing jail time could be an important tool to promote change. Although recognising that the persons involuntariness to undergo treatment would result in jail time, Takahashi (2009) argues that this level of coercion is necessary to rid the person of addiction and attain the highest possible standard of health. In fact, he underlines that to exclude any level of coercion, be it medical or criminal, would eliminate the possibility for the person to overcome addiction. Further on the author emphasizes that since addiction takes away some of the persons free will, the decision to refuse treatment cannot be considered as one based on autonomous decision making. Takahashi (2009) proposes that a Harm Reduction approach, coupled with treatment could be best positioned to promote the right to the highest attainable standard of health. Ultimately, Takahashi (2009) underlines the importance to stir away from a strict zero tolerance approach or a legalised utopia and instead embed a Harm Reduction approach on the prevention, treatment, and abstinence spectrum (Takahashi, 2009).

In the same year, in a statement by the United Nations Under-Secretary-General and Executive Director of the United Nations Office on Drugs and Crime, Mr. Antonio Maria Costa at the Opening of the 52<sup>nd</sup> high-level segment of the Commission on Narcotic Drugs, addressed the role of newly formed lobby groups calling for a legalisation of drugs to protect health. Underlining the importance that policy should not be retributive, the Under Secretary warns

against new lobby streams pushing for a legalisation of drugs in the name of health and public security. The Under Secretary General warns that drugs are not harmful because they are controlled, but rather they are controlled due to the level of threat they pose to society. Under-Secretary General Costa underlined the importance of increased focus on crime, and not an attempt at promoting drugs or enacting full blown legalised system. He proposed to find a middle ground between criminalising drug use and legalising use by framing policy within a social disease model and not a militarised one (Costa, 2009).

The role of politics and power structures, especially within the international sphere, in shaping the course and discourse related to drug control will be better explored in the next section, giving the reader a brief outlook of how and why certain drugs, and not others, became to be classified under the UN Drug Control Conventions of 1961, 1971, and 1988 (UNODC, UN Drug Control Conventions, 1961, 1971, 1988).

#### 2.5.4 The role of international cooperation to address and counter the world drug problem

Table 6 Documents on International Drug Control

Name of document	Author	Main findings
Regime Change: Re-visiting the 1961 Single Convention on Narcotic Drugs	Bewley-Taylor and Jelsma (2011)	By revising the history and diplomatic negotiations that led up to the 1961 Convention, the study merges elements from a historical and an international relations perspective and proposes the revisiting of the current approach to international drug policy control.
Security, Development and human rights: Normative, legal and policy	Damon Barrett (2010)	A threat-based rhetoric to address a public health

<p>challenges from the international drug control regime</p>		<p>phenomenon such as drug use continues to disproportionately infringe the human rights of PWUD and jeopardizes security, development and human rights. A focus on individuals and communities is identified as more aligned to the core principles of international human rights law and UN Drug Control Conventions.</p>
<p>The Global drug prohibition regime: prospects for stability and change in an increasingly less prohibitionist world</p>	<p>Sánchez – Avilés and Ditrych (2017)</p>	<p>Different operations of power have been directly impacting the development of the international drug control regime, with prohibition presented as the only tool to address drug use. Through a gradual shift towards an evidence based and human rights-based approach, the regime is experiencing substantial challenges.</p>

In *Regime Change: Re-visiting the 1961 Single Convention on Narcotic Drugs*, Bewley-Taylor and Jelsma (2011) analyse the role of the UN in shaping the international approach to address and counter the world drug problem. Through a detailed content analysis of the official records leading to the 1961 Convention and other historical and diplomatic documents predating the

creation of the United Nations, the authors explain that the Single Convention on Narcotic Drugs (1961) was an attempt at gathering previously scattered international instruments to control the manufacturing and trade of certain plant-based substances such as Opium.

Bewley-Taylor and Jelsma (2011) explain that before the establishment of the UN, discussions at an international level held at the Shanghai Convention (1909) and the Hague Convention (1912), were predominantly concerned with regulation of licit drugs and availability for medical purposes. The transformational developments following the ravishing experiences of the Second World War, and the establishment of the UN further consolidated the international family's vision of promoting and protecting the well-being of humanity against any possible threat, including that presented by some mind-altering substances. The authors emphasize that discussions, dominated by the USA, and held between 1950-1958, lay the groundwork for the Single Convention on Narcotic Drugs. The main aims of the Single Convention focus on limiting the production of raw material, codifying existing conventions and simplifying the international drug control mechanism. Noting the humanitarian endeavour enshrined in the preamble of the text and the importance of international cooperation to address the threat posed by drugs and addiction, the authors explain that the Single Convention includes penal provisions (Article 36), thus placing the criminal component at the centre of international drug control. Furthermore, it obliges signatories to eradicate in the next 15 and 25 years respectively, all non-medical and traditional practices of Opium, Cannabis and the Coca plant.

Bewley-Taylor and Jelsma (2011) underline that the demarcation between licit and illicit was made clearer than ever with developed consumer countries in the global North exerting pressure on traditional manufacturing countries in the Global South to eradicate cultivation and manufacturing. The Single Convention sought to eliminate at the source the raw plant material and thus ensure less diversion towards consumer states. The authors clarify that although the Single Convention sought to be a single body of law, immediate pressure to include amendments led to the 1971 Convention on Psychotropic Substances and later the 1988 Convention against Illicit Trafficking of Narcotic Drugs and Psychotropic Substances. In these later Conventions, considerations for human rights, especially alternatives to penal sanctions for trade and possession have been included, thus reflecting increased problems with a strict prohibitionist application of the requirements included in the 1961 Single Convention. In part, they also reflect diplomatic and commercial pressure exerted by countries with a strong pharmaceutical industry and thus harbouring strong commercial interests for the unhindered

access to substances otherwise strictly regulated through the previous Single Convention (Bewley-Taylor & Jelsma, 2011).

In *Security, Development and human rights: Normative, legal and policy challenges from the international drug control regime*, Barrett (2010) explains that the threat-based rhetoric used in the UN Drug Control Conventions, a rhetoric used for other more serious matters such as terrorism and nuclear weapons, provides the perfect basis to justify extreme means of control. Looking at the purpose and principles of the UN Charter, mainly focusing on three pillars, security, development, and human rights, he explains that the Charter takes precedence over other international treaties including drug control conventions.

Barrett (2010) speaks about the negative consequences caused by the current approach, mainly the creation of an illicit market, funding displacement from public health to law enforcement measures, displacement of people and increased marginalisation and stigma for PWUD, including for people involved in the cultivation and production of these substances. The author views drug control systems, coupled with broader cultural, legal, and political frameworks as producing a human rights risk environment. Underlying the interdependent nature between security, development and human rights, the author underlines the importance of placing the human component at the centre of policy and of developing localised and culturally appropriate solutions (Barrett, 2010).

In *Global drug prohibition regime: prospects for stability and change in an increasingly less prohibitionist world*, Sanchez-Aviles and Ditrych (2017) look at operations of power in the International Drug Control Regime and highlight that the history of how certain substances became prohibited and hence criminalised does not follow historical and anthropological developments. In fact, human beings have been using different substances throughout centuries and it is only in the 20th Century that prohibition takes root. Taking into consideration the historical geopolitical realities shaping discussions on the need to prohibit the circulation of certain plant based substances as opposed other substances dominated by the pharmaceutical industry, the authors explain that commercial pharmaceutical interests, hegemony of international influence and control by colonial powers, including increased non state morally driven entrepreneurs, directly influence the development of how certain substances became viewed and controlled by the International Community . The securitization of porous borders, thus facilitating the exchange of illicit trade, including drugs and human beings, becomes a

shared global threat, necessitating a coordinated and forceful approach. The authors explain that this approach, sustained also by the creation of the International Narcotic Control Board (INCB), the Commission on Narcotic Drugs (CND) and the UN Office on Drugs and Crime (UNODC) further contribute to frame drug control within the criminal lens as opposed the health and social lens. In biopolitical terms, this reality further conflates threats posed by people who consume drugs and perceptions linking people who use, certain drugs, with criminality.

The writers warn that viewing problematic substance use as a disease, and therefore addicts as patients not in possession of their own body and decision making (Hijack hypothesis), justifies the states' power of coercion and control. Once more, this approach identifies PWUD as inherently criminogenic and as falling within a security issue for the state. Sanchez-Aviles and Ditych (2017) emphasize the importance of understanding these levels of structural power to better map the nexus between International Drug Control, the prohibitionist regime and the realisation of the RIGHT TO HEALTH for PWUD.

The authors identified in this section merge together elements of human rights, international relations and drug policy to provide a more holistic picture of the world drug problem. In fact, from these findings, and keeping also in view the grave human rights violations identified in the previous section, one may argue that more than experiencing a world drug problem, the International Community is facing a political or power relations problem. The role of strong diplomatic channels to adapt and shift prohibition according to commercial and domestic needs reflect broader socio-economic inequalities. The points brought forward by these authors better position the role of the International Community, in this case, diplomats in Vienna, to directly influence and shape international cooperation to address and counter the world drug problem. Most importantly, these writers underlined the important nexus between diplomatic histography, international politics and power relations, and the RIGHT TO HEALTH for PWUD (Sánchez-Avilés & Dytrich, 2017).

#### 2.5.5 Civil Society Organisations (CSOs) and the RIGHT TO HEALTH for PWUD

Table 7 Documents on Civil Society Organisations

Name of document	Author	Main findings
Assessment Report and Literature review - meaningful civil society involvement in the area of drug policy in Europe	Sarosi, Van Dam, & Fulga (2018)	The role of civil society continues to be heralded as a vital contribution to the ensure the voice of those mostly affected by policy is represented. Nonetheless, various structural barriers continue to hinder the work of civil society to promote the RIGHT TO HEALTH for PWUD.
Civil society and Health	Greer et al. (2017)	A thorough understanding of the role of civil society in promoting the right to health of different groups, not as a replacement of government policy, but rather acting as a bridge between policy and grass roots initiatives.
Policy paper on government interaction with civil society on drug policy issues: Principles, ways and means, opportunities and challenges	Council of Europe POMPIDOU Group (2015)	Governments should recognise the valuable role of civil society, particularly of groups representing the voice of PWUD and facilitate

		their participation at all levels of policy making.
Activists beyond Borders. Advocacy networks in International Politics	Keck and Sikkink (1998)	TANs are proving to be instrumental agents of social change, whereby an intricate network of civil society actors work within the grassroots and political spheres to attain a set of goals.
Global Consultation for the Ministerial Segment on the 62nd Session of the Commission on Narcotic Drugs	Vienna NGO Committee on Drugs (2018)	The consultation process provided CS with an opportunity to share challenges but also propose recommendations to improve their participation in the decision-making process of the UN.

In the book, *Civil Society and Health*, Greer et al. (2017), highlight that a “whole of society” approach to health requires the active and meaningful participation of CSOs at all levels of policy making. The autonomy through which CSOs operate and the strong link with the constituency, and therefore a particular target group both through representation in policy debates and directly via provision of services within the community, position these actors at a unique juncture between policy and society. The authors explain that to the health sector, especially for marginalised groups, CSOs provide diverse, and beneficial tools to the further realisation of the RIGHT TO HEALTH. CSOs are identified as key drivers for social change and as important partners contributing expertise, ideas and distinct perspectives, thus adding value to broader discussions on public health. Furthermore, CSOs meaningful participation is

identified as pivotal to promote empowerment of particular groups and is directly correlated with improved levels of health and well-being (Greer et al., 2017).

TANs (TANs), bringing together a large number of CSOs, usually share principled ideas and values on a particular topic. By building new links between different CSOs, States and international organisations, TANs multiple their outreach portfolio and further strengthen work already carried out at the domestic level. TANs have been identified as key for social transformation at both the domestic and international level. Through shared values, common discourse and active exchange of information and services, TANs have been providing a broader perspective to discussions and action on a particular topic. Similarly, to CSOs, TANs do not operate in a vacuum, but are rather active actors in a dynamic and highly politicised international arena. TANs have been identified as pivotal to advance rights linked with sensitive, and historically value laden debates such as human rights. Lacking implementation tools, TANs focus on information and socialisation as key instruments to push forward a particular agenda (Keck & Sikkink, 1998).

In the *Policy Paper on government interaction with civil society on drug policy issues: Principles, ways and means, opportunities and challenges* the POMPIDOU group operating within the Council of Europe (2015), underlines the important relationship between CSOs and governments, both acting in the interest of society. CSOs are identified as key contributors to create a sense of community and instil trust between members on the ground and policy measures on paper. In fact, CSOs increase legitimacy, quality, understanding and long-term applicability of policy. The Policy Paper underlined the importance of ensuring cooperation is built on partnerships and thus shared responsibility between all stakeholder, instead of competing narratives or an ad hoc approach. Furthermore, it is important CSOs are involved at all levels of the policy cycle, and therefore, in setting the agenda, drafting, decision, implementation and monitoring of programs (POMPIDOU, 2015).

The creation in 2018 of the *Civil Society Task Force*, within the Vienna NGO Committee on Drugs, provided a new space for enhanced civil society engagement and further contributed to discussions held under the 62nd Session of the CND. The Task Force developed a consultative survey asking participants to reflect on three interdependent issues, that is, progress achieved since the Political Declaration of 2009 and the UN General Assembly Special Session (2016), and their work's alignment with the UN SDGs 2030. Representing the voice of 461 NGOs, the

report the *Civil Society Taskforce on Drugs, Global Consultation for the Ministerial Segment of the 62nd Session of the Commission on Narcotic Drugs*, brought to light the cross-cutting nature of work by CSOs, thus including action related to gender, poverty, and institutions. Furthermore, although a majority endorsed the Political Declaration of 2009, a significant number of CSOs observed a regression in services and civil society engagement in decision making. Interestingly, CSOs participating in this study were divided on the benefits of the present international goal of a drug free world and most felt this goal is not useful to the overarching goals included in the UN SDGs 2030 (VNGOC, 2019).

*In Assessment Report and Literature review - meaningful civil society involvement in the area of drug policy in Europe*, Sarosi, van Dam, and Fulga (2020) explain that strategic partnership built on mutual respect, openness, transparency, and accountability are identified as key parameters for fruitful engagement. Furthermore, CSOs are recognized as key social movers, capable of transforming individual grievances in a sense of collective injustice and ultimately action. Nonetheless, from a drug policy perspective, a number of structural constraints, including those of an administrative and legislative nature continue to hinder the work of CSOs and seriously jeopardise their role in promoting positive, comprehensive and long-term social change (Sarosi, Van Dam, & Fulga, 2020).

The role of civil society, particularly that of TANs has been identified as key to push forward an agenda originating from grass roots grievances, transforming into a sense of collective injustice, and having as its ultimate aim, international change to address PWUD. The authors in this section highlighted how civil society networks, particularly those representing the voice of PWUD, are important actors in the collective approach to promote public health and well-being. The number of structural barriers faced by CSO working within the field of drug policy, have been precluding a full participation in decision making and thus negatively impinging on the RIGHT TO HEALTH for PWUD. The collaboration to create shadow reports, acting as an important counterweight to the official UN reports based on Government data, provide a better understanding of the intricate realities faced by PWUD and others directly or indirectly involved in the drug cultivation and consumption markets.

## 2.6 Diplomatic language and the RIGHT TO HEALTH for PWUD

The next section was developed at a later stage from the original research conducted for the literature review. Following a meeting with the Chair of the Vienna NGO Committee on Drugs, Mr Jamie Bridge in early March 2022, the author recognised the need to include an additional section focusing on the role of diplomatic language in defining the RIGHT TO HEALTH for PWUD.

### 2.6.1 Diplomacy and language

The exchange of formal communication between sovereign states through appointed officials both nationally and those stationed abroad provides a basic definition of the role and functions of diplomacy. Furthermore, diplomacy is also usually directly linked with foreign policy and the states' tactful means to advance national interests at an international level. Multilateral diplomacy and exchange of positions during meetings such as the UN General Assembly represent the epitome of diplomatic work which is later transformed into international or national legislation (Berridge & James, 2003).

The art of diplomacy is predominantly one guided by words, the latter capable of quenching animosity and restore friendly relations, but also able of erecting barriers, discord and war. Diplomacy, and those assigned diplomatic duties are bound to follow a set of rules governing language, and behaviour, but also levels of interaction across strict vertical hierarchies. Diplomatic language, including the use of terms denoting specific functions (Ambassador vs. *chargé d'affaires*), are an important tool to ensure successful negotiations, increased trust between parties, and ultimately the creation of mutually beneficial agreements in the economic, social, political and environmental fields. In more recent years, diplomacy has been given a new impetus through the inclusion of third actors drawn in from public life, and discussing matters pertaining to foreign policy. Third actors include non-governmental organisations, multinational companies, and the media (Ismailov, Rayeva, Koblanova, Yelikbayev, & Yessenova, 2020).

Diplomatic and political discourse have been frequently identified as distinctive forms of communication and exchange of power relations. Analysing diplomatic discourse as an object of political communication, Pimentel and Panke (2020) highlight that broader strategic

processes of international communication and identification with a particular group are important tools to understand inter and intra state conflict. Negotiation of opposing interests on behalf of an ideological group whilst adopting persuasive and, or coercive means embodies the state's most powerful tool to advance articulated national interests on the international stage (Pedro & Panke, 2020).

In the study *The Language diplomats speak: a discourse-theoretical approach to the negotiations on the EURONEST parliamentary Assembly*, Jacobs (2016) explains that the interplay between the advancement of interests, creation of meaning, and ultimately shared consensus on required action, act in a circulatory manner throughout the negotiation process. The establishment of alliances and strategic diplomatic bargaining between actors foment an environment of clashing interests, and the creation of meaning directly steering negotiations towards one side of the other (Jacobs, 2016).

#### 2.6.2 The United Nations General Assembly and language

The United Nations General Assembly (UNGA), considered by the International Community as the most important multilateral event in international diplomacy takes place annually in New York between September and December. UNGA gathers all 192 UN member states to discuss matters pertaining to global peace and security, including considerations for economic, social, cultural, and humanitarian development. The General Assembly is divided into six committees (Model United Nations, 2022).

Identifying in the UN Declaration of Human Rights as the pivotal international instrument to advance the well-being of all humanity, the UNGA works to promote and protect the inalienable rights of all individuals, the latter constituting the foundation for freedom, justice and peace in the world. The UNGA embodies the International Community's joint diplomatic approach of promoting development and the richness of human life, hereby understood as the equal opportunity and freedom to develop to the fullest personal abilities. In the preparation process leading to UNGA, informal consultations at the diplomatic and technical level provide the necessary groundwork for the drafting of a joint Resolution on a particular topic. UNGA Resolutions are not legally binding documents yet provide the International Community with an agreed language and approach to address different areas of common interest and concern. Furthermore, they may be considered as the formal opinion of the UN and are divided into two

parts; a preamble and an operative part. The preamble includes reference to the current state of affairs, international law, previous UN resolutions and other UN agencies reports on that particular subject. The operative part includes recommendations and action to be taken (Model United Nations, 2022).

D'Acquisto (2017) in the *Linguistic analysis of diplomatic discourse: UN Resolutions on the question of Palestine, Analysing diplomatic language at the UN* explains that the use of the non-finite form *-ed*, such as *convinced* and *guided*, are important linguistic indicators denoting a collective frame of mind and usually expressing concern on a particular matter. Furthermore, verbs are generally performative such as *call*, *decide*, and *urge*, further denoting the role of the resolution as a guiding instrument for member states (D'Acquisto, 2017).

The briefing paper *Edging forward: How the UN's language on drugs has advanced since 1990*, Bridge et al. (2021) provides an overview of how the International Community has framed language on drugs between the years 1990 and 2019. Analysing key political declarations, joint ministerial statements and the outcome document as part of the UNGASS 2016, the researchers establish a timeline of how human rights language, particularly accommodation of highly charged terms such as Harm Reduction, evolved along the years. The study highlighted the persistent international approach to promote a drug free world culminating in 1998 through the UNGASS slogan, *A drug free world: we can do it!*

Commitments to eradicate the cultivation of narcotic drugs and measures to address supply and demand of narcotic and psychotropic substances continued to be a predominant approach until the early 2000's. In fact, a new target for a drug free world was set again for 2009, then again for successive years, up till 2019. This approach continued to be pursued by the International Community despite a UN evaluation carried out in 2008 confirming that the present drug control system has produced a number of *unintended consequences*, particularly a growing criminal market and increased stigmatisation against PWUD. Bridge et al. (2021) identify the 2009 Political Declaration as particularly important exposing for the first time the International Community 's failure to curtail and prohibit narcotic and psychotropic substances. In fact, the Declaration recognised that the current approach did not have an impact on prevalence levels. On the contrary, it increased human rights abuses and gave rise to the emergence of new synthetic drugs.

Birdge et al. (2021) highlight how international developments have directly shaped the international approach to address drugs in society, particularly following the shared consensus

on the UN Sustainable Development Goals (2030). In fact, the UNGASS 2016 might be considered as a cornerstone in drug policy developments and changes in discourse on PWUD. In fact, that year, a total of 46 countries spoke in favour of the politically contested term: Harm Reduction. Although failing to be included in the negotiated outcome document, the UNGASS 2016 included reference to medication assisted therapy, and therefore implicitly alluding to Opioid Substitution Therapy (OST), a staple in Harm Reduction programmes addressed for people who use opioids. Despite a continued push by civil society, the term Harm Reduction remains a greatly contested term and one which has till 2019 failed to make it into official UNGA resolutions or documentation. This notwithstanding the fact that other UN agencies such as UNAIDS have on repeated occasions included reference to Harm Reduction in their official documentation, and the UN Common Position on Drugs (2018) specifically calling for a Harm Reduction and a decriminalised approach.

From a human rights perspective, Bridge et al. (2021) underscore that the International Community has delayed the introduction of including reference to human rights till 2009. Previous references focused on the sovereign integrity of states and ignored the role of the UN Charter in promoting the health and well-being of humankind. One clear example is the continued contestation of the use of the death penalty for drug related offences, defended by 16 states during the UNGASS 2016. Bridge et al. (2021) emphasize that although improvements on human rights language are an ongoing process, the fragmented reality adopted across different geopolitical formations are testimony of a dissipating consensus on international cooperation to address the world drug problem. The researchers note that regrettably, in 2019, the International Community once more excluded terminology on human rights from the operative section of the resolution. In summary, Bridge et al (2021) underline that the continued mismatch between rhetorical discourse on human rights levied by some member states, and experiences lived by PWUD continue to create a schism between debates in Vienna, and realities on the ground. Testimony to this are the missed targets of lowering global HIV infections and the continued increase of substance use across the globe.

Bridge et al. (2021) identify civil society organisations operating at an international level as an important vehicle to push forward a human rights-based agenda. In turn, the UN has also been more accommodating to the work and role of civil society organisations. The researchers explain that in 1990, the role of civil society is only mentioned once and is directly embedded within the overarching goals propagated by the International Community of promoting a drug free society. Following the disappointing approach adopted by the International Community at

the UNGASS 1998, and increased threats posed by drugs, and drug policy, several grass roots organisations started to form up and challenge the current system. These organisations represented the voice of PWUD and identified in policy and the international approach to eliminate the availability of narcotic and psychotropic substances at the core of present-day problems and unintended consequences.

The emergence of a core group and the global civil society consultation *Beyond 2008*, as a run up for the 2009 UNGA, provided civil society with a unique platform to bridge action on the ground with multilateral diplomatic work at the UN. The creation in 2014 of the UN Civil Society Task Force, acting as an official liaison office between the UN and civil society in the run up for 2016, demonstrates an increased appetite for civil society's meaningful involvement in decision making. Overall, the researchers recognise that at a UN level, discourse and reference pertaining to human rights, inter-institutional cooperation, and civil society engagement, are illustrative of positive change. Furthermore, improved access to controlled medicines and flexibility in terms of alternatives to incarceration, illustrate an International Community slowly shifting closer towards a human rights-based approach to drug policy. Nonetheless, Bridge et al. (2021) note that although the International Community continues to speak with one voice at the UN, member states have been adopting unilateral decisions on drug policy for over two decades. In the coming future, this difference will be further accentuated following the introduction of medicinal cannabis and the use of non-medicinal cannabis in some countries (Bridge, et al., 2021).

## 2.7 Conclusion

Despite a coordinated international approach to address drug use in society, the number of drug users increased by 22% between 2010 and 2019, with poor countries carrying the heaviest burden in health and social related matters (UNODC, World Drug Report, 2021). Culminating in the famous UN motto of a drug free world, the coordinated approach to curtail drugs created an unparalleled level of human rights violations for thousands of innocent people, criminalised for the personal consumption or cultivation of substances. As attested by the UNSR Health (2010), the Lancet Commissions (2016), the International Guidelines on Human Rights and Drug Policy (2019) the RIGHT TO HEALTH for PWUD continues to be in a dire situation. All authors agree that this situation is primarily caused by a criminalised approach jeopardising access to the RIGHT TO HEALTH whilst fomenting a culture of stigma and discrimination.

A discussion on the right to consume drugs as presented by van Ree (1999) and Stevens (2011) was contrasted with the position of Takahashi (2009) and the statement by the UN Under Secretary General Antonio Maria Costa adhering to a social disease model of addiction. Considerations for historical developments and power relations shaping the International Community 's diplomatic work to prohibit and curtail the use of a number of substances as presented by Bewley-Taylor and Jelsma (2011), Barrett (2010) and Sanchez-Aviles and Ditych (2017), provided further context on the intricate reality of the RIGHT TO HEALTH and drug policy.

Furthermore, this chapter included also a section discussing the role of diplomatic language as a tool to advance national interests and having a direct impact on the outcome of negotiations. As explained by D'Acquisto (2017) the use of consensus in the UN language denotes a collective mind frame and a united approach to address a particular threat. The study on the UN language on drugs by Bridge et al. (2021) highlighted the role of language, and implications for continued opposition to highly contested terms, such as Harm Reduction. The next chapter will delve into the methodological framework and design of this research study.

## Chapter 3: Methodology

### 3.1 Introduction

This chapter presents a detailed account of how this study was planned and conducted. The research methodology chosen is based on the intricate reality of historical, political and social pressures directly impacting the RIGHT TO HEALTH for PWUD. To ensure analysis can take a broad perspective, Critical Discourse Analysis (CDA), predominantly as developed by Normal Fairclough (2012) has been chosen to address the research questions. In CDA, social agents are viewed as both active and creative, but also as constrained by orders of discourse and other aspects pertaining to shared ideologies and perceptions. The latter play an important role in the reproduction or disruption of power relations (Fairclough, 1989). As a transdisciplinary approach, CDA identifies language (discourse) as an important vehicle of knowledge, and through a dialectic view between structure and agency, looks at discourse as the epitome for social change (Fairclough, 2012).

The aims and objectives of the study, the operational definitions, the philosophical framework, the research design and method, and quality and trustworthiness are also included in this chapter. A section has also been dedicated to reflexivity (Appendix III) on behalf of the researcher, a central approach to CDA, further corroborating the trustworthiness of this research project.

### 3.2 Aim and Objectives of the study

The aim of this research project is to look at the RIGHT TO HEALTH for PWUD and explore how discourse adopted by the International Community has been protecting or hindering this right. The research questions fitting to this study were:

- a) How is the RIGHT TO HEALTH for PWUD defined and represented by the United Nations General Assembly (UNGA) and TANs (TANs) between 1998 and 2021?
- b) What changes in discourse have occurred by the International Community when addressing the RIGHT TO HEALTH for PWUD?

### 3.3 Operational Definitions

The RIGHT TO HEALTH for PWUD has been identified in the literature review as one which continues to be negatively impacted for this group especially when considering the interdependent and indivisible nature of this right. Therefore, the right to health should not be viewed within a myopic medical lens, but rather applied in its entirety, thus including considerations for social, economic and cultural rights. Furthermore, the RIGHT TO HEALTH for PWUD is inclusive of all people who use drugs irrespective of levels of use or if the person sought treatment for dependence and hence included in national and international statistics.

*UN General Assembly Political Declarations, Ministerial Statements and Resolutions* refer to the multilaterally signed documents representing a joint global commitment to address and counter the world drug problem. The contents of the political declarations, ministerial statements and resolutions, including language used, are agreed upon through national diplomatic channels and multilateral negotiation. These documents act as an important guiding policy tool for countries signatories to the UN Drug Control Conventions, UN agencies, and civil society working in the field.

The term *Transnational Advocacy Network* has been identified as most fitting to represent the work of civil society organisations operating at national, international and institutional level, thus taking a more active position at the macro level of drug policy debate. Advocacy research has been frequently identified as best positioned to promote a deeper understanding of social phenomena and an emancipatory approach to research (Haviland, Frye, & Rajah, 2008).

### 3.4 Research Paradigm and Design

<b>Epistemology</b>	<b>Theoretical perspective</b>	<b>Methodology</b>	<b>Method</b>
Social Constructionism	Critical Inquiry	Discourse Analysis	Document Analysis

To understand and explain a social phenomenon, such as drug use, research in addiction studies have predominantly taken a positivist and quantitative approach. Researchers inspired by the

natural sciences focus their studies on measuring reality through objective experimentation and advocate for a value free approach. Nonetheless, drug use and levels of problematic use are socially constructed and vary in both time and place (Morrow & Brown, 1994).

A qualitative approach, thus one based on an interpretivist paradigm placing human beings as both reflective and active agents in the whole structure of meaning and social interaction, has been identified as more conducive to provide evidence on substance use. Furthermore, by adopting a critical realist approach, the researcher recognises that reality is shaped by human understanding and interaction. Therefore, notions of objectivity are considered in themselves as a social construct. A qualitative approach, particularly one adopting an emic and idiographic perspective aims to position research within broader political and social considerations (Miller, Strang, & Miller, 2010).

Critical theory aims to unveil the ideological mystifications found in social relations and through language and self-reflexivity by the investigator establishes beliefs linked with reality, knowledge and explanation. By looking at history as forming the basis of reality, critical theory focuses on domination and power relations in mediating social relations, including alienation and hegemony. There is no unitary approach to critical theory and various disciplines are drawn into its theoretical framework of design, thus further enriching the social sciences portfolio. The interpretative nature of critical theory is identified as central to its scientific and rational approach highlighting how, through the use of language, social and cultural structures restrict human action. By adopting a normative theoretical approach and a critical dialectical perspective, critical theory aims to present reality within a subjectivist lens. Critical theory underlines the pivotal role of meanings and consciousness of social actors, the latter retaining full agency, yet embedded and shaped by broader socio-politico structures. (Morrow & Brown, 1994).

Inspired by the works of Hegel and Habermas on the role of a priori structures of knowledge guiding the present and of science as a form of knowledge respectively, the ultimate aim of critical theory is emancipation and a shift towards a dialogical and normative research program. Through the use of thick description, and a theoretically oriented subject as opposed a statistical aggregate, critical theory looks at interactions within groups and institutions as depository of the underlying orders of social life, and therefore a site for potential struggle and social change (Morrow & Brown, 1994).

The dialectic nature of critical theory is founded on the paradigm's core principle of disrupting the status quo and of using the researcher's proactive values to design and execute the research project. Not merely a tool of social inquiry, the emancipation and transformation of oppressed groups through identification of socially and historically constituted power relations is central to the dialectic and dialogic nature of critical theory (Ponterotto, 2005).

Critical methodology aims to integrate values and assumptions whilst expose hegemony and injustices. Furthermore, critical methodology seeks to challenge conventional norms and social structures, as well as engage in social action. Transformation is sought *with* not *for* participants. Together with the researcher, disempowered groups recognise their role as agents for transformation and social change. Critical researchers acknowledge that inquiry is impossible to separate from politics and that no research methodology is value free, therefore placing strong emphasis on reflection and interpretation (Scotland, 2012).

A number of limitations have been linked with critical methodology. In fact, critical methodology has been frequently considered as an unscientific approach to research, whereby interpretative tools are viewed as a biased means of inquiry. By focusing on preconceived labels and groups, critical theory assumes homogeneity between group members and in part reinforces stereotypical images about participants. Furthermore, although critical theory aims to bring about social change, there is no guarantee of emancipation through its practice (Scotland, 2012).

#### 3.4.1 Critical Discourse Analysis (CDA)

Following no strict theoretical framework, Critical Discourse Analysis (CDA) identifies the role of language as a social phenomenon and as a medium of domination and control. More specifically, discourse, is identified as a key determinant in studying social phenomenon and is understood as both representing a social practice and a way of representing knowledge. Furthermore, collective frames of perception are identified as providing a social representation of an event or person and as constituting a core element in an individual's social identity formation (Woodak & Meyer, 2001).

In *Discourse and Social Change* Fairclough (1992) explains that texts are important barometers of social change. Through an analysis of form and meaning, it is possible to identify power

relations and struggles and understand their role in shaping and transforming the discourse practices of a society or institution. Fairclough (1992) highlights that different relationships between text (intratextuality) and between discourse (intradiscursivity) are important tools of inquiry. Therefore, discourse is understood as a tactical tool whereby object and subjects are shaped by discursive practices, constrained, and constituted by context. Discourse is also a practice to represent, signify and construct the world. The dialectical relationship between discourse and social practice, both shaped and constrained by discursive events varying in their structural determination according to a particular institutional framework, has the potential to sustain or change power relations. Simultaneous analysis of text through description and analysis of discourse via interpretation includes also reference to the political and institutional setting where discourse is taking place. Fairclough (1992) explains that particular structuring of relationship between words, and relationship between meanings reflect elements of hegemony, and constitute an order of discourse. Therefore, meaning and form are intertwined to create a unique yet historically situated event.

Looking at ideology and hegemony, Fairclough (1992) highlights how the former could contribute to reproduce or transform relations of domination. Hegemony is therefore viewed as a site of constant struggle whereby alliances and integration replace domination through coercion. Hegemony provides a matrix and a model to analyse social practice, as a hub for power relations, and a mode of hegemonic struggle, respectively. However, the author highlights that ideologies embedded in discursive practices become most effective as they become naturalised and achieve the status of common sense. Fairclough (1992) proposes that it is only through hegemonic struggle that discursive change is possible. Identifying democratisation, commodification and technologization as key elements of transformation, Fairclough (1992) describes discourse in contemporary society as a dynamic tool for social change. Democratisation of discourse denotes unequal power relations and the elimination of overpower markers in institutional discourse. Commodification of discourse pertains to the vocabulary and genre conceptualised in terms of a commodity for production, distribution, and consumption. Technologization of discourse denotes a conscious intervention in discourse practices whereby the choice of linguistic, grammar, vocabulary, and genre, bring about discursive change. This fragmented reality pertaining to contemporary discourse further strengthen technologization of discourse promoting cultural and social engineering, bringing forth the potential for change (Fairclough, 1992).

In *Critical Discourse Analysis: the Critical study of language*, Fairclough (1995) highlights that texts should be considered as social spaces, thus constituting a space for both processes of cognition and representation of the world and social interaction. Texts are thus identified as providing evidence of ongoing social processes, reconstructing and reconstituting knowledge and identify. Fairclough (1995) identifies centripetal pressures, drawing upon given conventions such as language and order of discourse, and centrifugal pressures. These are specific to particular situations of text production as important variables in determining social change. He also underlines the role of texts as a space where social struggles are enacted and the role of institutions in maintaining coherence through status quo. In fact, he explains that institutions are based on a diverse set of ideological discursive formations, with a dominant ideological discursive formation having the capacity to naturalise ideologies, and thus promote them as knowledge, or common sense.

Fairclough (1995) considers institutions as pivotal in simultaneously facilitating or hindering social action. Subjects operating within the institution become subjected to act within the institutional structure, ideological and discursal constraints. Fairclough (1995) explains that this normative process becomes internalised and the dichotomous relationship between subject and subjected blurs out, with the end process of increased coherence between language, discourse and cognition. Therefore, discursive norms and ideological norms are mutually reinforcing, and text is the tool to exert social control and domination (Fairclough, 1995).

#### 3.4.2 Discourse as a tool of social inquiry

In *Discourse as structure and process* (1998), and *Discourse as social interaction*, (2004) Teun van Dijk provides a detailed explanation about the role of discourse in determining social change. Discourse is understood as constituting; a form of language use (shared by a group), communication of beliefs (formulated at cognitive level), interaction in social situations, and context. The latter is identified as key in the social process as it provides considerations for the environment, circumstances and event, directly shaping discourse. Therefore, discourse structures vary to match the structures of context and are not to be viewed as a fixed reality, but rather one which is negotiated. Nonetheless, the author recognises that hegemonic power by dominant classes is closely interlinked with discourse and knowledge, both acting as a resource and a reproduction of power. Van Dijk highlights that the powerful control members

and their roles, use tactics of dehumanisation against the ‘other’, and have complete control on the context of the event. Ideology, and therefore a set of beliefs shared by a group, further strengthen cohesion and solidarity within the group, fomenting a shared social identity. The author explains that ideology is a stronger representation of “in group” knowledge as it incorporates underlying principles of social cognition, shared attitudes and beliefs. This dichotomous mentality creates a false consciousness on the part of dominated groups and ideology is further reinforced when negative and bad attributes are linked with the ‘other’ (van Dijk, 1998) (van Dijk, 2004).

In *Discourse and Politics*, Chilton and Schaffner (2004) highlight how political discourse is closely embedded in legitimising collective mind frames through ideological principles and specific language tools. The use of pronouns in producing a social and political space positioning both speaker or writer, and audience or reader, is identified as an important marker of power relations. Together, these elements position political discourse in an authoritative and prestigious position, further legitimising knowledge (Chilton & Schaffner, 2004).

### 3.4.3 Applying CDA

Although there is no unitary approach and set procedure to CDA, one of the core unifying principles of CDA is the semiotic relationship between social activity (genres), representation (discourse), and identity (styles). In fact, an order of discourse can be considered as a social restructuring of semiotic differences, and changes in relations and semiosis indicative of social change.

Fairclough (1992) explains that a CDA approach can be divided into three main headings; data, analysis and results. After the collection of data, the following aspects were analysed:

- 1) Properties of text,
- 2) Socio-cognitive processes of production and interpretation,
- 3) Social practices in various institutions,
- 4) Relations of social practice to power relations,
- 5) Hegemonic projects at the societal levels.

Over the years Fairclough (2012) continued to develop the CDA approach and divided the framework as follows:

Stage 1: A social wrong is identified in its semiotic aspects.

Stage 2: Obstacles to address the social wrong are identified.

Stage 3: Consider whether the social order is in need of the social wrong.

Stage 4: Identify ways to overcome obstacles.

#### 3.4.4 Selection of documents for document analysis

##### *Documents emerging from the International Community (UNGA)*

The UN General Assembly Special Session (UNGASS) of 1998 aimed to strengthen international cooperation to implement the 1988 UN Convention against illicit traffic in narcotic drugs and psychotropic substances. The 2009 UN General Assembly (UNGA) meeting reviewed progress made since the special session of 1998, and together with the declaration, agreed on a plan of action. The first paragraph of the preamble has been identified as the best part to represent the overarching philosophy guiding international discourse and action.

The 2014 Joint Ministerial Statement was an important follow up and provided a mid-term exercise following the commitments taken in 2009. The 2019 Ministerial Declaration provided further analysis of progress made by the International Community to address the world drug problem. The first page of the Ministerial Statement (2014), and Ministerial Declaration (2019), including for the latter the section *way forward* will be analysed.

The UNGASS of 2016 aimed to analyse progress made since the 2009 Political Declaration and Plan of Action. Furthermore, it also aimed to explore if commitments taken will be honoured by the target date of 2019. The 2021 resolution has been chosen as it represents the latest resolution when this thesis was being drafted. The section for analysis for both the UNGASS Resolution (2016) and UNGA Resolution (2021) will focus on parts *urging* member states to take appropriate action.

The philosophical ethos guiding the International Community on one side (1998, 2009, 2014 and 2019), and specific action required by member states (2016, 2019 and 2021), will act as a barometer for the International Community's approach to drug policy.

#### *Documents emerging from TANs*

The collaboration of TANs, particularly the reports from 2016, 2018 and 2021 have been chosen as they provide policy makers with a new perspective on the role of international drug policy in shaping the RIGHT TO HEALTH for PWUD. The executive summary, more specifically the section about health will be used for this research project providing an alternative and grass roots approach to understand the RIGHT TO HEALTH for PWUD.

#### 3.4.5 Setting of the study

The study adopts an international outlook on the RIGHT TO HEALTH for PWUD and looks at the role of TANs and the International Community to shape this right. The official UNGA position stretching between the years 1998 and 2021 will be contrasted with TANs shadow reports analysing the effects of the war on drugs and the role of international policy between the years 2009 and 2021.

The UN General Assembly is one of the most significant meetings in multilateral diplomacy as it gathers 193 member states to discuss various political, health, social and environmental matters. Amongst various resolutions, and political declarations, the UNGA Political Declarations and Ministerial Statements on the world drug problem of 1998, 2009, 2014 and 2019 have been identified as cornerstone developments in international drug policy. These documents will be complemented with the UNGA Resolutions of 2016 and 2021. The UNGA resolutions are an important annual tool to better understand how the International Community is addressing and countering the world drug problem.

The Alternative World Drug Report (2016) gathers the collaboration of many international civil society organisations working in the field of health, drug policy and human rights. Falling under the Count the Costs of the war on drugs initiative, the collaboration provided a joint platform for different civil society organisations. Although acknowledging divergent views on

alternatives, the report provides a new frame of analysis to assess the impact and costs of the war on drugs (Rolles et al., 2016).

Taking Stock: A decade of Drug Policy, a civil society shadow report (2018) and Taking Stock of half a decade of drug policy, an evaluation of UNGASS implementation (2021) represent too the collaboration of a large number of civil society organisations from the health, drug policy and human rights field. Through the use of UN data, peer reviewed academic research and reports by civil society organisations, the report evaluates drug policy after commitments taken by the International Community in 2009, and 2016 (Nougier, 2018) (Nougier, Fernandez, & Putri, 2021).

### 3.4.6 Data Analysis

Data analysis for this research project will involve two stages

- I. Thematic analysis using Creswell's guidance,
- II. Fairclough's CDA framework.

#### I. Thematic analysis using Creswell's guidance

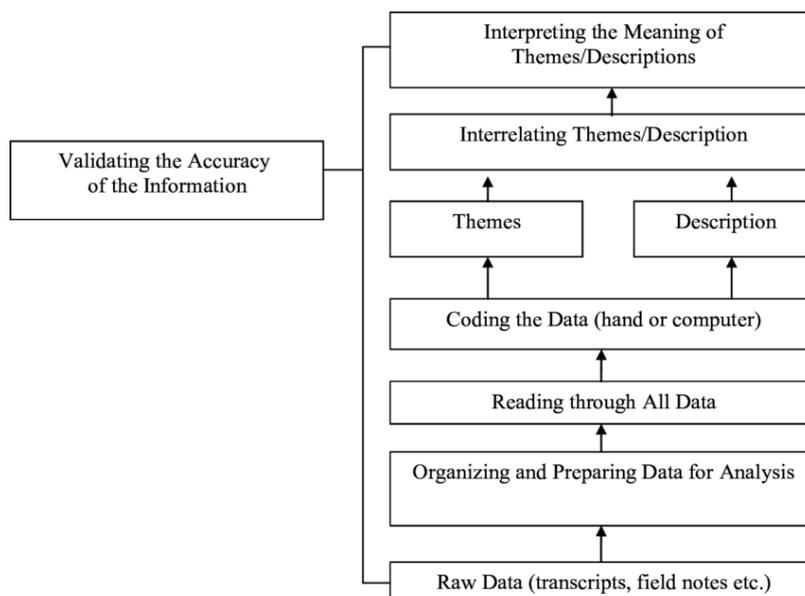


Figure 1 Creswell (2009)

Figure 1 above provides a diagram by Creswell (2009) establishing a step-by-step guide how to validate the accuracy of information in a qualitative project. The process of coding and therefore the organisation of text into segments provides the researcher with a more focused approach and a possibility to generate a description of the setting and themes for analysis. The latter should generate a small number of themes, between five and seven, identified as major findings. Themes can add additional layers of analysis and could act as a basis for the general description. The description step denotes a narrative approach to convey the findings and results from theme analysis. The final step involves interpretation, whereby the researcher provides meaning for data and might pose questions raised as a result of the study (Creswell, 2009).

## II. Fairclough's (2012) CDA framework

The framework by Fairclough (2012) will be applied to this research study and is described in more details in the table below.

Table 8 Four stage model of analysis (Fairclough, 2012)

Stages of analysis	Analysis in detail
Stage 1  A social wrong is identified in its semiotic aspects	1) Approach the social wrong in a trans-disciplinary way, focusing on the dialectical relations of semiotic and other elements influencing choice  2) Construct objects of research in a trans disciplinary way thus identify which theory to use
Stage 2  Obstacles to address the social wrong are identified	Identify one point of entry  1) Analyse the dialectic relations between orders of discourse and other elements of social practice

	<ul style="list-style-type: none"> <li>2) Select texts and points of focus appropriate to the object of research</li> <li>3) Carry out interdiscursive and semiotic (language) analysis of texts</li> </ul>
<p>Stage 3</p> <p>Consider whether the social order is in need of the social wrong</p>	<ul style="list-style-type: none"> <li>1) Is the social wrong inherent to the social order?</li> <li>2) Can the social wrong be addressed or changed?</li> </ul> <p>The role of ideology is given prominence during this stage</p>
<p>Stage 4</p> <p>Identify ways to overcome obstacles</p>	<ul style="list-style-type: none"> <li>1) Focus on dialectical relations between semiosis and other elements existent in the social order</li> <li>2) Develop a semiotic point of entry on ways these obstacles are challenged or resisted within particular groups, thus exploring struggles between mainstream and alternative narratives</li> </ul>

### 3.4.7 Trustworthiness

The qualitative approach has been frequently criticised by positivists and the natural sciences, as being imprecise, biased to the researcher's subjectivity, and not effective for prediction or generalisability. However, traditional social sciences have been recognised to have constantly failed to address objectivists assumptions and traditional roles, and as a result contributed to further marginalise and silence members of oppressed groups (Creswell, 2009).

Quantitative methods have been described as providing naïve objectivity to social phenomenon and are ineffective to provide in depth understanding of the social construction of society. Furthermore, a critical approach to a social phenomenon positions analysis within a dynamic

framework including historical, social and political elements directly impacting reality. A subjectivist approach recognises that meaning and consciousness work in tandem to create reality and are therefore always central to the research project. Reflexivity is identified as an important tool of validity thus ensuring the researcher implements a dialectic and normative approach. The latter, represents a key strength in the research project acting as a catalyst for change. The dialectic aspect of critical theory embodies the role and properties of social phenomenon usually ignored by natural sciences and hence lost to academic inquiry. Therefore, a critical approach, instead of trying to adopt a disinterested and value free approach to research, develops connections between values and research through rational means (Morrow & Brown, 1994).

Considering the important role of the researcher's context to further ensure catalytic validity of a critical methodological framework, the researcher must promote dialogical relations of equality between researchers and participants, and create an agenda for change *with* not *for* the participants (Scotland, 2012). Validity is also directly linked with matters of trustworthiness, authenticity, and credibility, especially when adopting a critical perspective. In fact, critical theory is frequently criticised as promoting a value-laden and stereotypical approach to research. Creswell (2009) underlines that validity in qualitative research draws its strength not from generalisability, but from corroborating the findings from the standpoint of the researcher, the participants or readers. Furthermore, the main purpose of qualitative research rests squarely on the interpretative nature of description and themes developed for a unique and specific purpose. There are a number of validity strategies, amongst which, the use of thick description, clarification of the researcher's bias, presentation of negative or discrepant information, prolonged time in the field including peer debriefing, and the use of an external audit. Therefore, validity in qualitative research is drawn from its particularity as opposed to generalisability (Creswell, 2009).

Qualitative reliability aims to establish that the researcher's approach is consistent across different research projects. More specifically, reliability is obtained when there is no drift in the definition of codes, achieved by comparing data and ensuring clear definitions for each code. Furthermore, cross checking codes developed by other researchers would further strengthen reliability (Creswell, 2009) The researcher is therefore positioned at the core of the research project and recognised as providing an important theoretical and interpretative lens.

To this end, the researcher identifies reflexively<sup>5</sup> their bias, values and personal background, includes anecdotes about personal experiences to help the audience further formulate an understanding of the topic, and promotes connection between the research and the participants.

#### 3.4.8 Ethical considerations

This research project has been submitted through the Social Wellbeing Faculty Research Ethics Committee and has been accepted without requested changes. Although adopting a critical approach to research through a Critical Discourse Analysis framework, this project adopted a professional approach to the collection and analysis of data. Furthermore, particular attention has been paid to the use of non-discriminatory language, and the importance of providing grass roots initiatives with an equal opportunity of academic inquiry as applied to official institutional reports. Cognizant of the taboo surrounding the use of mind-altering substances, especially if these pertain to substances controlled by the UN drug control conventions, this research strived to strike a balance between the work of civil society representing the voice of PWUD, and internationally agreed action directly impacting the lives and well-being of PWUD.

As has been explored in the literature review, PWUD continue to face multiple barriers, culminating in a stifled voice and representation. Without prejudice to different moral standings on the use of mind-altering substances, this project provides an academic tool to promote human rights for all, including for PWUD.

#### 3.5 Conclusion

This chapter discussed the transdisciplinary approach applied to CDA, thus incorporating different fields of inquiry and giving strong considerations for historical, structural and power relations in establishing knowledge, and determining the reproduction of the status quo, or purposeful action. Discourse and texts are identified as important barometers of social change, especially when taking into consideration the technologization of discourse. In addition, the dialogical and dialectic role of the researcher has been identified as an important tool for

---

<sup>5</sup> Reflexivity can be found in Appendix III.

purposeful social inquiry, and as best positioned to promote positive social change *with not for* participants. Strategies pertaining to CDA were explored, including the central role of reflexivity, an important tool in the complex task of validating a qualitative and critically oriented research design project.

The following chapter presents the findings that emerged from the analysis of six UNGA documents and three TANs shadow reports to address and counter the world drug problem.

## Chapter 4 Data analysis

### 4.1 Introduction

In chapter three, the researcher provided a detailed overview of the methodological framework applied to this research project. Following Creswell's (2009) model, the researcher analysed the UNGA documentation and extracted a total of 117 codes. This same exercise was repeated for TANs documentation, with a total of 45 codes extracted. In turn, the analysis conducted resulted in four main themes for the UNGA documents and the TANs ones, respectively. This chapter will be divided in two parts, part one focusing on the UNGA documentation and part two focusing on the TANs documentation. This will pave the way for a Critical Discourse Analysis and Discussion of the main themes, in the next chapter.

### 4.2 Part 1 UNGA

- UNGA Political Declaration on the world drug problem 1998.
- UNGA Political Declaration on the world drug problem 2009.
- UNGA Joint Ministerial Statement of the 2014 High-Level Review by the Commission on Narcotic Drugs of the Implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.
- UNGA Ministerial Declaration 2019 on strengthening our actions at the National, Regional and International levels to accelerate the implementation of Our Joint Commitments to address and counter the world drug problem.
- UNGA Resolution international cooperation to address and counter the world drug problem 2016.
- UNGA Resolution international cooperation to address and counter the world drug problem 2021.

## Four main themes

1. Drugs are a threat to the health, security and well-being of humankind.
2. International consensus on addressing and countering the world drug problem.
3. Holistic approach to address the world drug problem.
4. Different groups require different policy options.

Theme	Subtheme	Extracts from text
<p><b>1. Drugs are a threat to the health, security and well-being of humankind</b></p>	<p>A) Threat to health            B) Threat to domestic security            C) Barrier for development</p>	<p>A) <i>Drugs destroy lives and communities</i> (UN, Political Declaration, 1998, p.1)</p> <p><i>Drugs affect all sectors of society in all countries</i> (UN, Political Declaration, 1998. p.1)</p> <p><i>Drug trafficking and abuse pose a major threat to the health, dignity and hopes of millions of people and their families</i> (UN, Political Declaration, 2009, p.7)</p> <p>B) <i>The independence of States, Democracy, the stability of nations, the structure of societies</i> (UN, Political Declaration, 1998, p.1)</p> <p><i>Undermines sustainable development, political stability and democratic institutions</i> (UN, Political Declaration, 2009, p.7)</p> <p><i>Respond to the serious challenges posed by the increasing links between drug trafficking, corruption and other forms of organised crime, including trafficking in persons, trafficking in fire arms, cybercrime</i></p>

		<p><i>and money-laundering, and in some cases terrorism, including money laundering in connection with the financing of terrorism, and to effectively identify, trace, freeze, seize and confiscate assets and proceeds of drug related crime and ensure their disposal (UN, Ministerial Declaration, 2019, p.5)</i></p> <p>C) <i>Ensure that all people can live in health, dignity and peace, with security and prosperity (UN, Ministerial Declaration, 2019, p.1)</i></p>
<p><b>2. International consensus on addressing and countering the world drug problem</b></p>	<p>A) Global efforts B) Holistic framework C) UNSDGs</p>	<p>A) <i>Ever increasing efforts and progress made by States, relevant international organizations and civil society (UN, Political Declaration, 2009, p.7)</i></p> <p><i>World drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation (UN, Ministerial Statement, 2014, p.1)</i></p> <p><i>Strengthening cooperation and coordination among national authorities, particularly in the health, education, social, justice and law enforcement (UN Ministerial Declaration, 2019, p.5)</i></p> <p>B) <i>Integrated, multidisciplinary,</i></p>

		<p><i>mutually reinforcing, balanced and comprehensive approach to supply and demand reduction strategies (UN, Ministerial Statement, 2014, p.1)</i></p> <p><i>Programmes and public awareness raising campaigns, including by using the Internet, social media and other online platforms (UN, Resolution, 2016, p.7)</i></p> <p><i>Awareness-raising initiatives targeting the general public and health-care providers (UN, Resolution, 2021, p.14)</i></p> <p><i>C) Incorporates drug policies into broader socioeconomic and development agenda (UN, Resolution, 2016, p.6)</i></p> <p><i>Enhance measures to prevent and significantly and measurably reduce or eliminate the illicit cultivation of opium poppy, coca bush, and cannabis plant used for the production of narcotic drugs and psychotropic substances, including through eradication, within the framework of sustainable crop control strategies and measures (UN, Resolution, 2016, p.15)</i></p> <p><i>Spirit of the pledge made in the 2030 Agenda for Sustainable Development to leave no one behind</i></p>
--	--	---

		(UN, Resolution, 2021, p.14)
<b>3. Holistic approach to address the world drug problem</b>	<p>A) Equal access to health and educational services</p> <p>B) Promoting a drug free approach</p> <p>C) Evidence based approach</p>	<p>A) <i>Prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace (UN, Resolution, 2021, p.9)</i></p> <p><i>Ensure non-discriminatory health access to health, care and social services in prevention, primary care and treatment programmes (UN, Resolution, 2016, p.9)</i></p> <p>B) <i>Drugs destroy lives and communities (UN, Political Declaration, 1998, p.1)</i></p> <p><i>Actively promote a society free of drug abuse (UN, Political Declaration, 2009, p.7)</i></p> <p><i>Opportunities to choose healthy lifestyles, and to promote safe and drug free environments (UN, Resolution, 2021, p.9)</i></p> <p>C) <i>Increase the availability, coverage and quality of scientific evidence-based prevention measures and tools (UN, Resolution, 2016, p.7)</i></p> <p><i>Strengthening bilateral, regional and international cooperation and promoting information-sharing, in particular among judicial and law enforcement</i></p>

		<p><i>authorities (UN, Ministerial Declaration, 2019, p.5)</i></p> <p><i>Continuing to mobilise resources, including for the provision of technical assistance and capacity building at all levels, to ensure that all member states can effectively address and counter emerging and persistent drug related challenges (UN Ministerial Declaration, 2019, p.6)</i></p>
<p><b>4. Different groups require different policy options</b></p>	<p>A) Disaggregated data B) Vulnerable groups C) Gender</p>	<p>A) <i>Promoting and improving the collection, analysis and sharing of quality and comparable data (UN, Ministerial Declaration, 2019, p.7)</i></p> <p><i>Target relevant age and risk groups in multiple settings (UN, Resolution, 2016, p.7)</i></p> <p>B) <i>Drug abuse affects the freedom and development of young people (UN Political Declaration, 1998, p.1)</i></p> <p><i>The drug problem continues to pose a serious threat to the health, safety and well-being of all humanity, in particular youth (UN, Political Declaration, 2009, p.7)</i></p> <p><i>Placing the safety, health and well-being of all members of society, in particular our youth and children, at the centre of our efforts (UN, Ministerial Declaration, 2019, p.5)</i></p>

		<p>C) <i>Ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy (UN, Resolution, 2016, p.9)</i></p>
--	--	---

Theme 1: Drugs are a threat to the health, security, and well-being of humankind

The relationship between drug use and dangers to the self, society and security of the country, and later to international stability, is a well-established maxim repeated by the International Community and enshrined in the UN Drug Control Conventions of 1961, 1971, and 1988. Described as a destructive force, and as being the principal contributor to stall development and destabilise already fragile and impoverished regions, drug use and trafficking have been frequently identified as a global health and security emergency. The urgency to protect humanity from the clutches of addiction and to apprehend criminal activity involved in the cultivation, manufacturing and trafficking of narcotic and psychotropic substances, including diversion of precursors, continued to reaffirm the International Community’s goal of combatting drugs through a concerted and militarised approach. The overarching goal of international control is to promote the health and well-being of humankind, international security and prosperity, ultimately culminating in drug free societies.

*Subtheme A: Threat to health posed by drug use*

This subtheme recognises that drugs pose a serious point of concern for the well-being of society across different geographical regions. The following extracts from 1998 and 2009 illustrate how on a span on 10 years, drugs, drug trafficking and abuse continued to expose society to different dangers. The International Community recognises that drugs are a global threat, and that millions of people are negatively affected by it.

*Drugs destroy lives and communities*

(UN, Political Declaration, 1998, p.1)

*Drugs affect all sectors of society in all countries*

(UN, Political Declaration, 1998, p.1)

*Drug trafficking and abuse pose a major threat to the health, dignity and hopes of millions of people and their families*

(UN, Political Declaration, 2009, p.7)

*Subtheme B: Threat to domestic security*

This subtheme establishes a link between drugs in society and political and economic stability. In fact, the burgeoning and violent market of illicit drugs have been identified as key contributors to fuel instability, further entrench poverty, and directly leveraging corrupted practices and other illicit activity such as trafficking in arms, and money laundering. An extract from 2019 represents the direct link between drugs and grave criminal activity such as terrorism.

*Respond to the serious challenges posed by the increasing links between drug trafficking, corruption and other forms of organised crime, including trafficking in persons, trafficking in fire arms, cybercrime and money-laundering, and in some cases terrorism, including money laundering in connection with the financing of terrorism, and to effectively identify, trace, freeze, seize and confiscate assets and proceeds of drug related crime and ensure their disposal*

(UN, Ministerial Declaration, 2019, p.5)

*Subtheme C: Barrier for development*

Subtheme C can be directly linked to subtheme B, whereby in a continuous chain of events, drugs in society seem to provide the necessary fuel to sustain a myriad of other illicit activities and further entrench political and socio-economic problems. Agreeing that drugs constitute the prime barrier to promote development, the International Community agrees on the importance

to push forward a drug free agenda, one aspiring to promote a healthy, and active society. Between 2009 and 2019 the International Community continued to repeat the urgent need to combat the growing scourge of drug use in society, and ensure all humans have an equal opportunity to live in health, dignity and prosperity.

*Undermines sustainable development, political stability and democratic institutions*

(UN, Political Declaration, 2009, p.7)

*Ensure that all people can live in health, dignity and peace, with security and prosperity*

(UN, Ministerial Declaration, 2019, p.1)

Theme 2: International consensus on addressing and countering the world drug problem

The role of diplomacy and a concerted approach in guiding international cooperation to address and counter the world drug problem has been identified for over 60 years as the pivotal component to successfully curtail supply and demand. The 1988 Convention focusing on drug trafficking, and subsequent international commitments to address and counter the world drug problem have always celebrated the shared consensus on the danger posed by drugs and measures to curtail them. Already in 1998 and further reinforced throughout the years, cooperation, dialogue and agreed principles of promoting a drug free world, continued to develop into a strong international and diplomatic effort of maintaining consensus.

*Subtheme A: Global efforts*

Subtheme A highlights the committed international approach of adopting homogeneous drug policy frameworks built on international cooperation, dialogue and exchange of best practices. The pivotal aspect of coordinating supply and demand drug policy efforts are identified as key to combat drug use in society and the proliferation of drugs across national borders. Extracts

from 2009, 2014 and 2019 provide examples on the repeated calls for a common and shared approach to drug policy, including also the participation of state actors, such as law enforcement, and non-state actors, such as educators and civil society.

*Ever increasing efforts and progress made by States, relevant international organizations and civil society*

(UN, Political Declaration, 2009, p.7)

*World drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation*

(UN, Ministerial Statement, 2014, p.1)

*Strengthening cooperation and coordination among national authorities, particularly in the health, education, social, justice and law enforcement*

(UN Ministerial Declaration, 2019, p.5)

#### *Subtheme B: Holistic framework*

Subtheme B is in part linked to subtheme A, whereby different aspects related to diplomatic cooperation, preventive work and judicial cooperation are identified as important components in the collective approach to address and counter drugs in society. A comprehensive and integrated approach, thereby ensuring harmonious policy approaches across different areas of action continued to be identified as a most desirable approach. Extracts from 2014, 2016 and 2021 recognise the role of a whole society approach, including also the use of different media to reach an even larger audience. Subtheme B is also directly linked with Subtheme C discussed below. Together with a set of interrelated goals, a holistic framework complements the concerted effort to promote the well-being of society.

*Integrated, multidisciplinary, mutually reinforcing, balanced and comprehensive approach to supply and demand reduction strategies*

(UN, Ministerial Statement, 2014, p.1)

*Programmes and public awareness raising campaigns, including by using the Internet, social media and other online platforms*

(UN, Resolution, 2016, p.7)

*Awareness-raising initiatives targeting the general public and health-care providers*

(UN, Resolution 2021, p.14)

#### *Subtheme C: UN SDGs 2030*

A focus on different aspects directly affected by drugs in society is given an additional impetus through Subtheme C: *SDGs 2030*. Adopted by all United Nations member states in 2015, the UN Sustainable Development Goals gather a total of 17 sustainable development goals. The Goals aim to promote an ecologically driven peaceful world and more socially and politically just societies. The UNSDGs recognise that to effectively address poverty, unsustainability and inequality, cooperation and action require a strong commitment to include in the strategic global approach considerations for health, education, sustainable economic growth and conservation of natural resources. In relation to drug policy, the UNSDGs 2030 have been recognised as an important guiding tool, whereby the agreed commitment to *leave no one behind*, is fulfilled in its entirety and across all regions of the world. Therefore, considerations for the environment, including measures to curtail the supply of drugs, is now featured in the collective approach to address and counter the world drug problem. Extracts from 2016 and 2021 provide examples of how the International Community is accommodating and incorporating provisions set by the UN Drug Control Conventions and the newly agreed UNSDGs 2030. Therefore, although eradication of narcotic drugs and psychotropic substances remains one of the main goals on international drug control, this needs to be done within broader socioeconomic and sustainability parameters.

*Incorporates drug policies into broader socioeconomic and development agenda*

(UN, Resolution, 2016, p.6)

*Enhance measures to prevent and significantly and measurable reduce or eliminate the illicit cultivation of opium poppy, coca bush, and cannabis plant used for the production of narcotic drugs and psychotropic substances, including through eradication, within the framework of sustainable crop control strategies and measures*

(UN, Resolution, 2016, p.15)

*Spirit of the pledge made in the 2030 Agenda for Sustainable Development to leave no one behind*

(UN, Resolution, 2021, p.14)

### Theme 3: Holistic approach to address the world drug problem

The International Community has been concertedly adopting positions which recognise the inter-related aspect of drug control and drug policy. Therefore, calls for inclusive, non-discriminatory and evidence-based interventions are frequently included in the UN position, further highlighting the need of a ‘whole of a society’ approach to address the world drug problem. Education and health are identified as important tools to address drug use at a prevention stage. Different actors are here identified as key contributors to governmental and inter-institutional collaboration. A holistic approach reaffirms positions taken earlier on the effects of drugs, particularly that drugs negatively affect all sectors of society, and therefore action is required across different disciplines, age groups and socio-economic status.

### *Subtheme A: equal access to health and educational services*

Subtheme A is an important theme and which is given increased impetus following the goals set by the UNSDGs 2030. A focus on health and education, therefore the imparting of preventive tools that promote healthy and drug free lives, is directly tied with the overarching goal of reducing or eliminating the presence, production and trafficking of narcotic and psychotropic substances. Once more, this approach is strongly embedded in the belief that drugs constitute a threat to society and that measures of enforcement to curtail supply and demand are most successful when accompanied by non-discriminatory health and educational programmes within schools, but also at the workplace. Extracts from 2016 and 2021, provide examples of how health and educational tools are promoted by the International Community.

*Ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes*

(UN, Resolution, 2016, p.9)

*Prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace*

(UN, Resolution, 2021, p.9)

### *Subtheme B: Promoting a drug free approach*

Subtheme B resonates earlier commitments of promoting the well-being of humankind through appropriate prevention and curtail measures and reaffirms the agreed consensus that narcotic and psychotropic substances have no place in society. Between 1998 and 2021, the International Community remains firmly grounded in the collective belief that the world would be more prosperous and secure should drugs and addiction from narcotic and psychotropic substances be defeated.

*Drugs destroy lives and communities*

(UN, Political Declaration, 1998, p.1)

*Actively promote a society free of drug abuse*

(UN, Political Declaration, 2009, p.7)

*Opportunities to choose healthy lifestyles, and to promote safe and drug free environments*

(UN, Resolution, 2021, p.9)

*Subtheme C: Evidence-based approach*

Subtheme C realigns the International Community 's approach, whereby the role of dialogue and exchange of best practices at different levels is identified as a strong and much required approach. Therefore, year after year, strong provisions to exchange best practices of a judicial and criminal aspect are identified as important components in the collective effort to combat drug use. An extract from 2016 reaffirms the need to ensure international action is built on a scientific, as opposed to a moralistic approach.

*Increase the availability, coverage and quality of scientific evidence-based prevention measures and tools*

(UN, Resolution, 2016, p.7)

Whilst recognising that health and education are important determinants to ensure the health and well-being of society, the International Community promotes the role of law enforcement and the criminal aspect of drug control as important tools to address drug use in society. Two extracts from 2019 recognise the importance of establishing cross border judicial cooperation and for members states to invest heavily in the enforcement aspect of drug control.

*Strengthening bilateral, regional and international cooperation and promoting information-sharing, in particular among judicial and law enforcement authorities*

(UN, Ministerial Declaration, 2019, p.5)

*Continuing to mobilise resources, including for the provision of technical assistance and capacity building at all levels, to ensure that all member states can effectively address and counter emerging and persistent drug related challenges*

(UN, Ministerial Declaration, 2019, p.6)

#### Theme 4: Different groups require different policy options

In 1998 and 2009, the International Community had already recognised that drugs affect the whole of society in a negative way, and that this phenomenon is also directly linked with a state's political instability, corruption and poverty. Furthermore, the International Community recognises that different groups require a special set of measures to ensure drug policy and prevention is effective, conscious of different vulnerabilities, and inclusive of different needs. Young people are identified as a vulnerable group, and therefore one which requires specific attention. The inclusion of children in the UN position further highlights the entrenched realities caused by drug use, and the importance of enacting comprehensive preventive measures at an early age. The provision of disaggregated data, and exchange of information, are heralded as important tools in the collective effort to address and counter the world drug problem.

##### *Subtheme A: disaggregated data*

The importance of different sets of data as recognised by Subtheme A is represented by the following extracts from 2016 and 2019. The role of comparable data is identified as key to

better map the world drug problem, and subsequently enact measures to positively influence behaviour.

*Target relevant age and risk groups in multiple settings*

(UN, Resolution 2016, p.7)

*Promoting and improving the collection, analysis and sharing of quality and comparable data*

(UN, Ministerial Declaration, 2019, p.7)

#### *Subtheme B: Vulnerable groups*

Identified as a subgroup in need of special attention, Subtheme B on vulnerable groups is represented by the following extracts from 1998, 2009 and 2019. Young people, and later children are identified as the most vulnerable, whereby drugs and drug abuse are directly attributed to disrupting the development and freedom or agency of young people.

*Drug abuse affects the freedom and development of young people*

(UN Political Declaration, 1998, p.1)

*The drug problem continues to pose a serious threat to the health, safety and well-being of all humanity, in particular youth*

(UN, Political Declaration, 2009, p.7)

*Placing the safety, health and well-being of all members of society, in particular our youth and children, at the centre of our efforts*

(UN, Ministerial declaration, 2019, p.5)

### Subtheme C: Gender

Directly linked with Subtheme A: *Disaggregated data*, Subtheme C: *Gender*, recognises that irrespective of different physiological differences between male and female, gender plays an important component in determining health and well-being. By recognising different needs, and the importance of giving women specific attention, the International Community further strengthens the importance of ensuring policy is adequate to address the needs of different groups, including women in detention or expecting a child. An extract from 2016 provides an example.

*Ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy*

(UN, Resolution, 2016, p.9)

### 4.3 Part 2 TANs

- The Alternative World Drug report (2016) - Threatening public health, spreading disease and death.
- Taking stock: a decade of drug policy (2018) - The right to health.
- Taking stock of half a decade of drug policy, an evaluation of UNGASS Implementation (2021) - A public health approach.

### Four main themes

1. Consequences of international cooperation to address the world drug problem,
2. Criminal policy jeopardising the right to health,
3. International drug control fuels inequality,
4. Shrinking international consensus on addressing and countering the world drug problem.

Theme	Subtheme	Extracts from text
<p><b>1) Consequences of international cooperation to address the world drug problem</b></p>	<p>A) breach of the right to health            B) Human rights risk environment            C) Counterproductive policy</p>	<p>A) <i>War on drugs has primarily been promoted as a way of protecting health; it has in reality achieved the opposite</i> (Alternative World Drug Report, 2016, p.11)</p> <p><i>World Health Organization (WHO) data shows an increase in the number of people who died of 'drug use disorders' from 154,811 in 2015 to 181,758 in 2019, with the total number of deaths associated with drug use (including those related to HIV and hepatitis C) estimated at 585,000 in 2017</i> (Taking stock of half a decade of drug policy, 2021, p.9)</p> <p>B) <i>Only 1% of people who inject drugs worldwide live in countries with adequate coverage of both needle and syringe programmes (NSPs) and opioid substitution therapy (OST)</i> (Taking stock: a decade of drug policy, 2018, p.9)</p> <p>C) <i>Absence of evidence that either supply side or user level enforcement interventions have dramatically reduced or eliminated use</i> (Alternative World Drug Report, 2016, p.11)</p> <p><i>Fuel the emergence of new, high-risk drugs (or novel psychoactive substances – NPS), and</i></p>

		<p><i>domestically manufactured drugs</i> (Alternative World Drug Report, 2016, p.11)</p> <p><i>five billion people around the globe have little to no access to controlled medicines for pain relief, anaesthesia and the treatment of drug dependence, mainly due to unnecessary restrictive regulations</i> (Taking stock of half a decade of drug policy, 2021, p.9)</p>
<p><b>2) Criminal policy jeopardising the right to health</b></p>	<p>A) Criminalisation acting as barrier</p> <p>B) Policy directly linked to the right to health</p> <p>C) Fuelling drug markets</p>	<p>A) <i>Prevention and Harm Reduction messages are undermined by the criminalisation of target populations leading to distrust and stigmatisation</i> (Alternative World Drug Report, 2016, p.11)</p> <p><i>Ongoing criminalisation, stigmatisation and acts of intimidation, abuse, ill-treatment and torture against PWUD are also major contributing factors</i> (Taking stock of half a decade of drug policy, 2021, p.9)</p> <p>B) <i>The growing population of PWUD in prison has created a particularly acute health crisis, as prisons are high risk environments, inadequately equipped to deal with the health challenges they face</i> (Alternative World Drug Report, 2016, p.11)</p> <p><i>Criminalisation and stigmatisation of PWUD has been identified by a</i></p>

		<p><i>number of UN agencies as a major barrier to accessing service provision (Taking stock: a decade of drug policy, 2018, p.9)</i></p> <p><i>C) Enforcement tilts the market towards more potent but profitable drug products (Alternative World Drug Report, 2016, p.11)</i></p> <p><i>Illegally produced and supplied drugs are of unknown strength and purity, increasing the risk of overdose, poisoning and infection (Alternative World Drug Report, 2016, p.11)</i></p>
<p><b>3) International drug control fuels inequality</b></p>	<p>A) Unequal access to essential medicines</p> <p>B) Vulnerable groups</p> <p>C) Inadequate and mismatched funding</p>	<p><i>A) 75% of the world population, concentrated in the Global South, remain without access to essential medications for pain relief (Taking stock: a decade of drug policy, 2018, p.9)</i></p> <p><i>Emotive politics of the drug war, and stigmatisation of drug users, has created obstacles to the provision of effective Harm Reduction services, which despite proven cost effective, remain unavailable in many parts of the world (Alternative World Drug Report, 2016, p.11)</i></p> <p><i>92% of morphine is being used by just 17% of the world population (Taking stock: a decade of drug policy, 2018, p.9)</i></p>

		<p><i>B) Access to Harm Reduction is even more limited in prison and other places of detention, resulting in the prevalence of HIV, hepatitis B and tuberculosis among people in prison being two to ten times higher than among the general population (Taking stock: a decade of drug policy, 2018, p.9)</i></p> <p><i>People who inject drugs remain particularly vulnerable to HIV, hepatitis C and tuberculosis infection, while overdose deaths have reached record highs, continued lack of access to Harm Reduction and evidence-based treatment services is one of the main reasons for this trend, with little progress made since 2016 (Taking stock of half a decade of drug policy, 2021, p.9)</i></p> <p><i>C) Billions diverted from proven health programmes into counter productive enforcement (Alternative World Drug Report, 2016, p.11)</i></p> <p><i>The problem predominantly affects the world's poorest, especially in the Global South. This is despite advances in global commitments to address this ongoing crisis (Taking stock of half a decade of drug policy, 2021, p.9)</i></p>
--	--	---

<p><b>4) Shrinking international consensus on addressing and countering the world drug problem</b></p>	<p>A) No real international consensus  B) Fragmented approach  C) Future considerations</p>	<p>A) Increase in the number of countries providing Harm Reduction (Taking stock: a decade of drug policy, 2018, p.9)</p> <p>B) 26 countries have adopted a decriminalised model to facilitate access to health services and reduce stigma and prison overcrowding (Taking stock: a decade of drug policy, 2018, p.9)</p> <p><i>Restrictions due to the COVID-19 pandemic have further limited availability and access; although in some contexts COVID-19 has led to the development of innovative Harm Reduction approaches, and to much-needed flexibility in the rules for accessing treatment (Taking stock of half a decade of drug policy, 2021, p.9)</i></p> <p>C) 48 countries have now established medicinal cannabis systems for a number of ailments (Taking stock, a decade of drug policy, 2018)</p> <p><i>The long-overdue recognition of the medicinal value of cannabis by the UN in December 2020 is a small, but significant, step in the right direction (Taking stock of half a decade of drug policy, 2021, p.9)</i></p>
--	---	--

## Theme 1: Consequences of international cooperation to address the world drug problem

In over 60 years of international cooperation to address and counter the world drug problem, a number of grave human rights violations have been frequently reported by civil society organisations working with, not for, PWUD. The international approach of promoting drug free societies, and subsequent criminalisation of drug use, cultivation, and trafficking have been identified by TANs as acting counter productively to the core aims of the UN Drug Control Conventions, that is, promoting the health and well-being of humankind. In fact, despite the coordinated and costly approach of focusing on supply and demand measures, the prevalence of drug use has in fact increased. Furthermore, current policy has also contributed to the emergence of new psychoactive drugs. Therefore, irrespective of the health effects caused by the chemical composition of narcotic and psychotropic drugs, policy focusing on curtailing their presence in society has directly or indirectly contributed to increase health harms and a human rights risk environment for PWUD.

### *Subtheme A: breach to the right to health*

Subtheme A highlights how international control prioritising supply and demand measures as opposed a health approach, has been contributing to erect barriers to access health services, whilst increased vulnerability for various health risks and other transmissible diseases. Extracts from 2016 and 2021 are given as examples.

*War on drugs has primarily been promoted as a way of protecting health; it has in reality achieved the opposite*

(Alternative World Drug Report, 2016, p.11)

*World Health Organization (WHO) data shows an increase in the number of people who died of 'drug use disorders' from 154,811 in 2015 to 181,758 in 2019, with the total number of deaths associated with drug use (including those related to HIV and hepatitis C) estimated at 585,000 in 2017*

(Taking stock of half a decade of drug policy, 2021, p.9)

Subtheme B and C respectively recognise the nexus between policy and the realisation of the RIGHT TO HEALTH for PWUD. Extracts from 2016, 2018 and 2021 provide a striking picture of how international drug policy is directly contributing to increase health risks and perpetuate injustices, particularly for people who inject drugs, and people residing in countries with strict controlled medication for pain relief.

*Absence of evidence that either supply side or user level enforcement interventions have dramatically reduced or eliminated use*

(Alternative World Drug Report, 2016, p.11)

*Fuel the emergence of new, high-risk drugs (or novel psychoactive substances – NPS), and domestically manufactured drugs*

(Alternative World Drug Report, 2016, p.11)

*Only 1% of people who inject drugs worldwide live in countries with adequate coverage of both needle and syringe programmes (NSPs) and opioid substitution therapy (OST)*

(Taking stock: a decade of drug policy, 2018, p.9)

*five billion people around the globe have little to no access to controlled medicines for pain relief, anaesthesia and the treatment of drug dependence, mainly due to unnecessary restrictive regulations*

(Taking stock of half a decade of drug policy, 2021, p.9)

## Theme 2: Criminal policy jeopardising the right to health

The criminalisation of narcotic and psychotropic substances, and by extension, people who are involved in the cultivation, production, sale and use of these substances, has been identified as

one of the most damaging measures adopted by the International Community. Whilst directly linked to an increase in the global prison population, a focus on supply and demand contributed also to act as a barrier to the right to health and access to Harm Reduction tools minimising risks associated with drug use. A strong focus on criminalising drug use has also been directly linked with a culture of stigma further pushing people into hiding and acting as a direct barrier to access health services.

*Subtheme A: criminalising acting as barrier*

Subtheme A has been identified as producing multiple consequences for PWUD. The reality is particularly acute when health services and educational messages are prohibited. This barrier becomes more entrenched when coupled with reports of torture and ill-treatment levied against PWUD and disguised as treatment or prevention. Extracts from 2016 and 2021 provide examples.

*Prevention and Harm Reduction messages are undermined by the criminalisation of target populations leading to distrust and stigmatisation*

(Alternative World Drug Report, 2016, p.11)

*Ongoing criminalisation, stigmatisation and acts of intimidation, abuse, ill-treatment and torture against PWUD are also major contributing factors*

(Taking stock of half a decade of drug policy, 2021, p.9)

*Subtheme B: Policy directly linked to the right to health*

Subtheme B can be directly espoused with subtheme A whereby apart from increased global prison levels, international drug policy has also contributed to increase health risks for people in prison. An extract from 2016 explains how criminalising drug use and locking people up in an already high-risk environment is contributing to create a health crisis, especially in poor and developing countries. The extract from 2018 highlights how UN agencies have recognised the negative effects caused by criminalisation, particularly to access basic healthcare services.

*The growing population of PWUD in prison has created a particularly acute health crisis, as prisons are high risk environments, inadequately equipped to deal with the health challenges they face.*

(Alternative World Drug Report, 2016, p.11)

*Criminalisation and stigmatisation of PWUD has been identified by a number of UN agencies as a major barrier to accessing service provision.*

(Taking stock: a decade of drug policy, 2018, p.9)

### *Subtheme C: Fuelling drug markets*

Subtheme C may be considered as an overarching ‘unintended consequence’ of international cooperation to curtail narcotic and psychotropic substances. The following extracts from 2016 directly attribute law enforcement efforts to the continued increase in the prevalence of drug use, and also to health-related harms stemming from an unregulated drugs market.

*Enforcement tilts the market towards more potent but profitable drug products*

(Alternative World Drug Report, 2016, p.11)

*Illegally produced and supplied drugs are of unknown strength and purity, increasing the risk of overdose, poisoning and infection*

(Alternative World Drug Report, 2016, p.11)

### Theme 3: International drug control fuels inequality

As has been presented by the previous themes, the role of policy is recognised as the most important element to determine the realisation of the RIGHT TO HEALTH for PWUD. In fact, the current approach has been linked with a number of health barriers directly impinging

on the well-being of PWUD, but also negatively impacting the whole of society. Different levels of access to controlled health medication for pain relief and different approaches to address substance use in society, including problematic substance use, continue to create a fragmented and unjust reality for PWUD. Whilst some countries have been adopting more humane approaches to addressing drug use, and therefore introducing the provision of Harm Reduction services, there continues to be lack of global Harm Reduction coverage, and constant tension between enforcement and health.

*Subtheme A: Unequal access to essential medicines*

Subtheme A looks at how unequal access to essential medicines highlights how international drug control has a direct impact on the fundamental right to health and is at the core of unnecessary human suffering and health complications. Emotive politics and the perennial stigmatised approach to address PWUD continue to dominate the international approach, and this despite the proof that similar policies act counter productively to the core principles of the UN Drug Control Conventions. Extracts from 2016 and 2018 provide information on the level of inequality faced by the global population, particularly by people in the Global South.

*Emotive politics of the drug war, and stigmatisation of drug users, has created obstacles to the provision of effective Harm Reduction services, which despite proven cost effective, remain unavailable in many parts of the world.*

(Alternative World Drug Report, 2016, p.11)

*75% of the world population, concentrated in the Global South, remain without access to essential medications for pain relief.*

(Taking stock: a decade of drug policy, 2018, p.9)

*92% of morphine is being used by just 17% of the world population.*

(Taking stock: a decade of drug policy, 2018, p.9)

### *Subtheme B: Vulnerable groups*

Subtheme B identifies drug policy as directly contributing to increase risks for already vulnerable groups. Directly linked with Theme 2, people in prison and people who inject drugs are continuously exposed to health risks. Extracts from 2018 and 2021 provide examples of how people in prison face additional barriers and are exposed to increased health risks.

*Access to Harm Reduction is even more limited in prison and other places of detention, resulting in the prevalence of HIV, hepatitis B and tuberculosis among people in prison being two to ten times higher than among the general population.*

(Takings stock: a decade of drug policy, 2018, p.9)

*People who inject drugs remain particularly vulnerable to HIV, hepatitis C and tuberculosis infection, while overdose deaths have reached record highs, continued lack of access to Harm Reduction and evidence-based treatment services is one of the main reasons for this trend (, with little progress made since 2016.*

(Taking stock of half a decade of drug policy, 2021, p.9)

### *Subtheme C: Inadequate and mismatched funding*

Subtheme C draws attention to the role of international policy in persisting to adopt an approach which fuels inequality and is in part a direct reflection of broader social and political realities further exacerbating the North-South divide. Extracts from 2016 and 2021 provide examples.

*Billions diverted from proven health programmes into counterproductive enforcement.*

(Alternative World Drug Report, 2016, p.11)

*The problem predominantly affects the world's poorest, especially in the Global South. This is despite advances in global commitments to address this ongoing crisis.*

(Taking stock of half a decade of drug policy, 2021, p.9)

#### Theme 4: Shrinking international consensus on addressing and countering the world drug problem

Throughout the years, despite collective efforts adopted by the International Community to address and counter the world drug problem in a coordinated and shared approach, different countries adopted different interpretations of the UN Drug Control Conventions, and introduced different levels of enforcement, and health measures. On one side of the spectrum, one finds criminalisation and enforcement acting as barriers to the realisation of the RIGHT TO HEALTH for PWUD. On the other side of the spectrum, one finds decriminalisation of personal consumption of certain substances, as a recently introduced measure to better reflect the overarching goals of international drug control. This reality created a fragmented approach and has directly influenced the perceived international consensus on how to address and counter the world drug problem. In view of the Themes explored above, the shrinking international consensus is in part directly contributing to increase inequality, but is also bringing to the fore tensions between provisions included in the UN Drug Control Conventions, and international human rights law, particularly the fulfilment of the right to the highest attainable standard of health.

##### *Subthemes A and B: No real international consensus and Fragmented approach*

Subtheme A and B highlight how although international consensus on drugs continues to echo across diplomatic corridors of the UNGA, domestic realities, and legislation, are indicative of a growing number of countries prioritising health and well-being over enforcement and criminalisation. This is being implemented by various countries across the globe. Although designed and implemented differently, countries moving towards a decriminalised system, share a common vision of promoting the health and well-being of society, including for PWUD. Extracts from 2018 highlight how more countries are moving towards a health approach to drug policy by introducing Harm Reduction services or a decriminalised system. A positive and negative outcome resulting from the recent COVID-19 pandemic is represented in the extract from 2021. Once more, a fragmented approach and hence fragmented access to health, continue to be a reality for the global family of PWUD.

*Increase in the number of countries providing Harm Reduction.*

(Taking stock: a decade of drug policy, 2018, p.9)

*26 countries have adopted a decriminalised model to facilitate access to health services and reduce stigma and prison overcrowding.*

(Taking stock: a decade of drug policy, 2018, p.9)

*Restrictions due to the COVID-19 pandemic have further limited availability and access; although in some contexts COVID-19 has led to the development of innovative Harm Reduction approaches, and to much-needed flexibility in the rules for accessing treatment.*

(Taking stock of half a decade of drug policy, 2021, p.9)

#### *Subtheme C: Future considerations*

Subtheme C recognises the ongoing change taking place at international level, particularly when it comes to medicinal cannabis. The following extracts illustrate a growing international tide of countries moving away from the official UNGA position on narcotic drugs, and instead adopting legislative changes prioritising scientific evidence and the RIGHT TO HEALTH.

*48 countries have now established medicinal cannabis systems for a number of ailments.*

(Taking stock: a decade of drug policy, 2018, p.9)

*The long-overdue recognition of the medicinal value of cannabis by the UN in December 2020 is a small, but significant, step in the right direction.*

(Taking stock of half a decade of drug policy, 2021, p.9)

#### 4.4 Conclusion

Chapter four provided a detailed account of how both the International Community and TANs frame and represent the global phenomenon of drug use. A total of eight themes were extracted following Creswell's (2009) model and were further divided in subthemes provided a more comprehensive framework of analysis. Extracts from all documents provided an overview covering the years 1998-2021. Chapter five provides a discussion following the Critical Discourse Analysis four step model by Fairclough (2012).

## Chapter 5 Critical Discourse Analysis and Discussion

### 5.1 Introduction

This chapter applies the CDA four stage model developed by Fairclough (2012) and explores the nexus between the semiotic aspects defining a social wrong and the dialectic relations between semiosis and social orders of discourse. Social agents, in this case the UNGA positions representing the global vision and the TANs shadow reports representing a grass roots perspective on drugs in society, are identified as key contributors to define or recontextualise the discourse on the RIGHT TO HEALTH for PWUD. Operating within historical and socially structured orders of discourse, agents transpose their ideological positions in text, and through semiotic difference construe reality, strengthen the status quo or challenge hegemony. The conscious inculcation of new discourse and therefore the use of rhetoric deployment to the dialectical process of operationalising discourse is directly linked to the technologization of discourse and social change.

As will be further explained in the following sections, the voice of TANs, together with that of other positions by the Lancet Commission, the UNSR Health and individual researchers, has had a significant impact on the language used by the International Community. Throughout the years, increased considerations for the UN SDGs and the swiftly gaining momentum, in some geopolitical groups, of introducing decriminalised systems as opposed harsh criminal consequences for drug use, are indicative of a shifting paradigm, or changes in dominant discursive formations on drugs in society and the RIGHT TO HEALTH for PWUD. Nonetheless, these changes pale in comparison to the levels of inequality experienced by PWUD and patients in societies subjected to strict interpretations of the UN Drug Control Conventions and as a result denied essential pain medication. The picture turns into shades of grey when specific human rights language, such as Harm Reduction, finds continued opposition through the adoption of consensus at the UNGA. The role of consensus is identified as a pivotal component directly impacting status quo and the recontextualization of discourse on the RIGHT TO HEALTH for PWUD. Through each stage this chapter will include reference to the positions of the UNGA and TANs, further complemented with research studies extracted from the literature review. By adopting a genealogical approach, thus including considerations for the historical aspect of international discourse on the RIGHT TO HEALTH for PWUD, this chapter brings together theory, text and practice. Stage four provides a discussion on how to

better address the RIGHT TO HEALTH for PWUD, including considerations for the limited right to consume drugs. The following table provides a summary of how the CDA four stage model was applied to the RIGHT TO HEALTH for PWUD and includes the themes matched with each stage.

Table 9 Application of four stage model (Fairclough, 2012)

<b>Stages</b>	<b>Title</b>	<b>Themes</b>
Stage 1: a social wrong is identified in its semiotic aspect	A semiosis of drug use and the RIGHT TO HEALTH for PWUD	<b><u>UNGA</u></b> Drugs are a threat to the health, security and well-being of humankind  <b><u>TANs</u></b> Consequences of international cooperation to address the world drug problem
Stage 2: Obstacles to address the social wrong are identified	Obstacles to safeguarding the RIGHT TO HEALTH for PWUD	<b><u>UNGA</u></b> Holistic approach to address the world drug problem  <b><u>TANs</u></b> Criminal policy jeopardising the right to health International drug control fuels inequality
Stage 3: Consider whether the social order is in need of the social wrong	The relationship between drug policy and the social order	<b><u>UNGA</u></b> International consensus on addressing and countering the world drug problem  <b><u>TANs</u></b>

		<p>Consequences of international cooperation to address the world drug problem</p> <p>Shrinking international consensus on addressing and countering the world drug problem</p>
Stage 4: identify ways to overcome obstacles	Overcoming obstacles	<p><b><u>UNGA</u></b></p> <p>International consensus on addressing and countering the world drug problem</p> <p>Different groups require different policy</p> <p><b><u>TANs</u></b></p> <p>Shrinking international consensus on addressing and countering the world drug problem</p>

## 5.2 A semiosis of drug use and the RIGHT TO HEALTH for PWUD

Drug use in society has been frequently directly linked to a number of health, political, social and economic problems not only for the person using the mind-altering substance, but also for the whole of society. The mutually reinforcing vicious cycle of drugs and crime, embodied also in the name of the UN office addressing matters pertaining to drugs, the United Nations Office on Drugs and Crime, is considered as an established fact, or as called by Fairclough (2012), common sense. The nexus between drugs and crime, including a violent drugs market and their effects to destabilise democratic states is naturalised into common sense and directly linked with broader levels of threats to human development.

As explained by Bewley-Taylor & Jelsma (2011), the UN Single Convention on Narcotic Drugs (1961) has been the most important document to frame the International Community's approach to address drugs, but has also codified language used to describe this social phenomenon. Therefore, already from the beginning, and echoed throughout following political declarations and resolutions, the choice of specific words to describe drugs in society, such as 'evil', 'destroy', 'threat', and 'undermine', categorise and naturalise drugs and drug use as the epitome of modern-day society's ailments. Year after year, the International Community reaffirms its unwavering commitment to address and counter the world drug problem through previously agreed declarations, whilst effectively promote societies free from drugs and drug abuse.

The UNGASS of 1998 carrying the slogan *A Drug free world; we can do it!* and subsequent commitments in 2009, and 2019 to promote drug free societies, highlight the shared belief that substances listed in the UN Drug Control Conventions of 1961 and 1971, continue to constitute a grave threat to society, and this in spite of the International Community's commitment and financing to curtail the supply and demand of drugs.

The **UN Theme 1: Drugs are a threat to the health, security and well-being of humankind**, particularly **Subtheme A: Threat to health**, and **Subtheme B: Barrier for development**, illustrate the direct link between drug use and destruction of human life.

*“Drugs destroy lives and communities, undermine sustainable human development and generate crime”*

(UN Political declaration, 1998, p.1)

*“Drug trafficking and abuse pose a major threat to the health, dignity and hopes of millions of people and their families and lead to the loss of human lives”*

(UN Political Declaration, 2009, p.7)

In the **UN Theme 2: International consensus on addressing and countering the world drug problem**, the International Community strengthens the link between personal well-being, world peace and the absence of drugs in society. The role of cooperation, and commitment to

address the world drug problem in a shared responsibility approach reinforces the nexus between domestic and international stability directly impacted by drugs in society.

In reality, **Themes 1 and 2**, particularly **subtheme 1 C) Barrier for development**, and **subtheme 2 A) Global efforts**, are directly linked to the International Community 's commitment of promoting health, peace, and security through a collective and a shared responsibility approach to drug use in society. Extracts from 2014 and 2019 provide examples.

*“World drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation”*

(UNGA Ministerial Statement, 2014, p.1)

*“Ensure that all people can live in health, dignity and peace, with security and prosperity”*

(UN Ministerial Declaration, 2019, p.1)

The health of humankind is protected by numerous international agreements, particularly the WHO Constitution (1946) and the Covenant of the ECOSOC (1966). In fact, the right to health is defined and explained within broad considerations and not just the absence of disease. The right to health is inclusive of social, economic, and cultural rights directly impacting the realisation of this right. Furthermore, these internationally legally binding agreements define the right to health not as the right to be healthy, but rather as a set of legal frameworks to ensure citizens have access to the highest attainable standard of health. Murphey (2013) emphasised that the establishment of rights as law is an important development shifting purpose from a humanitarian mission towards one including a set of freedoms, entitlements, and obligations.

The link between human rights, health, and the role of governments to advance the well-being of society and protect the RIGHT TO HEALTH for all citizens, is explained by Murphey (2013) as being part of the same equation. In fact, governments are identified as the principal duty bearers to promote these rights. Nonetheless, government policy can also be the cause of suffering and abuse effecting not only specific groups, but the whole of society.

The nexus between health, human rights, and security, especially from a global perspective is frequently identified by international actors as key to promote the well-being of humanity. Murphey (2013) underlines that the International Community 's focus on security, and the criminalisation of certain diseases and its bearers (ex. HIV), constitutes the states tools of adopting surveillance, cooperation, and control on the precept of preserving public health. Nonetheless, when the use of coercive measures do not respect the principle of proportionality, and instead adopt a balancing act built on consensus of prioritising security over health, Murphey (2013) highlights the creation of human rights abuses. Therefore, the relationship between the right to health, and the fulfilment of human rights is not only intrinsically linked, but is also co-dependent.

Murphey (2013) emphasises the role of policy directly promoting or hindering the RIGHT TO HEALTH for certain groups, whilst fomenting an environment of mistrust, stigma, and discrimination. Furthermore, recognising the role of broader social and political forces directly impacting policy, Murphey (2013) underscores that a utilitarian mentality championing majority rights and consensus, at the expense of minority rights has been frequently linked to violations of human rights.

The consequences of a disproportionate policy for PWUD can be viewed through the **TANs Theme 1 subthemes B) Human rights risk environment, and C) Counterproductive policy.** The war on drugs has been directly linked to increased health risks, particularly for people who inject drugs. In fact, information by the WHO shows that between 2015 and 2019, the number of people dying of a drug use disorder, particularly acute for those suffering from HIV, increased from 154,811 to 181,758 deaths respectively.

The role of policy and proportionality have been raised by TANs and other key actors, particularly the UNSR Health (2010) and the Lancet Commissions (2016). Together they understand and represent the RIGHT TO HEALTH for PWUD across broader human rights considerations. This approach shifts the inquiry lens from one focused on supply and demand measures, to one focused on respecting and promoting the rights of PWUD. Most importantly, TANs reframed discourse on the world drug problem by including a focus on the role of drug policy and international cooperation. Therefore, whereas the International Community represents consequences of drug use as inherently linked to the chemical composition of drugs and their inherent criminological aspect, TANs provide a new layer of analysis pulling in policy as a key tool to better map realities faced by PWUD.

Identifying in the *war on drugs* as the root cause of a perennial health crisis for PWUD, reports by TANs suggest that past and present approaches of drug control constitute a direct threat to the RIGHT TO HEALTH for PWUD. Furthermore, drug policy has also contributed to negatively impact the environment and prosperous development of states, thus effecting the whole of society, particularly those in the already impoverished Global South.

Highlighting the failed supply and demand targets, the shadow reports by TANs confirm that international policy is potentially more threatening to the well-being of humankind than the so-called *world drug problem*. Interestingly, already in 2008, the International Community recognised the role of policy in creating a number of *unintended consequences*, such as the creation of an illicit drugs market and stigmatisation against PWUD. Nonetheless, year after year, it continued to pursue a political agenda prioritising criminalisation over health.

The TANs **Theme 1: Consequences of international cooperation to address and counter the world drug problem**, particularly **Subtheme A: Breach of the right to health**, and **C) Counterproductive policy**, point towards the International Community 's role in embedding inequality within drug policy frameworks and fuelling health problems for billions of people. Extracts from 2018 and 2021 illustrate how drug policy, irrespective of the levels of harms caused by the chemical composition of the drug, has directly contributed to create a health emergency, and is at the core of human suffering.

*“Only 1% of people who inject drugs worldwide live in countries with adequate coverage of both needle and syringe programmes (NSPs) and opioid substitution therapy (OST)”*

(Taking stock: a decade of drug policy, 2018, p.9)

*“Five billion people around the globe have little to no access to controlled medicines for pain relief, anaesthesia and the treatment of drug dependence, mainly due to unnecessary restrictive measures”*

(Taking stock of half a decade of drug policy, 2021, p.9)

Therefore, while on one side, drugs are identified by the International Community as the epitome of ill-health and as posing a threat to the security and hopes of thousands, therefore

constituting a social wrong, on the other side, policy curtailing the supply and demand of drugs in society is identified by TANs as directly hindering the realisation of the RIGHT TO HEALTH for PWUD and all members of society. In a thuggish war of perceptions and clash of dominant ideological discursive formations how to frame this ‘social wrong’, the ultimate price is paid by PWUD, and patients denied access to essential pain medication.

### 5.3 Obstacles to safeguarding the RIGHT TO HEALTH for PWUD

Pertaining to the International Community ’s interpretation of the world drug problem, the agreed consensus on *shared responsibility* to adhere to the provisions included in the UN Drug Control Conventions and commitments taken in subsequent years, is recognised as the most important tool to combat the proliferation of drugs and restore health, security, prosperity and peace in the world. *Cooperation* is hereby understood as occurring across vertical and horizontal levels, thus including educators, law enforcement authorities, and diplomatic channels of communication. A joint approach adhering to the same principles of promoting drug free societies has been repeatedly identified by the International Community as the most important tool to advance commitments taken throughout the years. As presented by Chilton and Schaffner (2004) and van Dijk (1998) (2004), a shared social identity sometimes delivered through political discourse is an important tool to legitimise collective mind frames and incorporating underlying principles of social cognition, shared attitudes and beliefs.

Pimentel and Panke (2020) explain that diplomatic discourse and communication has been frequently identified as a distinctive form of communication. Negotiation of opposing interests on behalf of a group through persuasive discourse is recognised as the states most powerful tool to advance domestic interests on the international stage. As explained by Jacobs (2016) alliances and strategic bargaining are not only diplomatic tools of engagement but are also means of steering negotiations according to needs and interests.

Negotiations at the UNGA are of utmost global importance as matters discussed in these multilateral fora are directly related to the health, economic and social well-being of humankind. D’Acquisto (2017) highlights the role of language built on consensus and adopted by the UNGA resolutions as an important expression of successful multilateralism. Linguistic indicators denoting a collective frame of mind, usually expressing concern on a shared threat, represent the International Community ’s collective approach. Furthermore, it reaffirms the

idea of the UN as one family speaking with one voice for peace, dignity, and equality on a healthy planet. Therefore, adopting homogeneous discursive strategies, later translated into UNGA resolutions reached by consensus are a shared diplomatic goal and celebrated success of multilateral diplomacy.

The **UN Theme 3: Holistic approach to address the world drug problem**, reaffirms the International Community 's collective approach, including also the participation of different actors, to successfully address the world drug problem. An extract from 2019 provides an example:

*“Strengthening bilateral, regional and international cooperation and promoting information-sharing, in particular among judicial and law enforcement authorities”*

(UNGA Ministerial Declaration, 2019, p.5)

Drugs continue to be framed within a criminal perspective, further strengthening the nexus between drugs and crime in society. The International Community represents itself as a committed force striding through the entrenched and destructive realities caused by drug use in society. In fact, **Subtheme A: Equal access to health and educational services**, and **Subtheme C: Evidence-based approach**, further strengthen the importance on enacting early, comprehensive and cooperative approaches to combat this common threat. The following extracts from 2019 recognise the role of prevention across different institutions and identifies in schools and workplaces as important partners in the collective efforts to curtail the use of drugs in society.

*Prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace.*

(UN, Resolution, 2021, p.9)

The focus of a united 'us', against the constantly looming 'them-drugs-threat' positions the International Community within a perennial state of war. Strength lies in unity and consensus of the International Community to pursue an international agenda on drugs built on the sharing of best practices and a homogeneous approach. Therefore, the main obstacles to address the world drug problem are identified as those pertaining to cooperation and alignment of

international action, or challenges posed by newfound legal streams regulating the non-medical use of certain drugs and directly disrupting consensus.

Calls for a balanced approach by the UN Under Secretary General Costa (2009), leaning towards viewing PWUD from a social disease model rather than a criminal approach, have also been suggested by Takahashi (2009). In fact, Takahashi (2009) explained that a legalised utopia risks jeopardising the RIGHT TO HEALTH for PWUD and the goal of promoting healthy, abstinent and drug free societies. Furthermore, he proposed that programs pertaining to Harm Reduction principles should be included as part of a health continuum therefore, oscillating between prevention, treatment, recovery and a healthy drug free life. The writer explains that human rights abuses against PWUD and the negative consequences of the war on drugs, occur independently from drug control measures. Therefore, coercion in the form of treatment or other forms on the precept of protecting PWUD from their own unhealthy decisions, is recognised as constituting an important balance between criminalisation and the realisation of the right to health. The relationship between drugs and well-being is represented by **UN Theme 3 Subtheme B: Promoting a drug free approach**, whereby healthy lifestyles, safety, and drug free environments move on the same naturalised continuum. The International Community continues to repeat the mantra of drug free societies till 2021.

In a completely opposite direction, and directly challenging hegemony, civil society brings to light several obstacles directly contributing to jeopardise the RIGHT TO HEALTH for PWUD, but also the whole of society. International cooperation on pursuing a criminal approach to address drugs in society, is hereby understood as the root cause jeopardising the well-being of PWUD and society. **Criminalisation of drugs** is identified as the most damaging tool to the realisation of the RIGHT TO HEALTH for PWUD, and is also linked with the emergence of new threats to health.

The TANs **Theme 2: Criminal policy jeopardising the right to health**, identifies law enforcement measures particularly by countries prioritising security over health as directly preventing the realisation of the right to health whilst also contributing to increase stigma against PWUD. Subtheme A: Criminalisation acting as barrier, and Subtheme B: Policy directly linked to the right to health, connect criminalisation with the systemic and targeted approach fuelling increased health risks especially for PWUD in a prison or detention setting.

Two extracts from 2016 and one from 2018 provide examples:

*“Prevention and Harm Reduction messages are undermined by the criminalisation of target populations leading to distrust and stigmatisation”*

(Alternative World Drug Report, 2016, p.11)

*“The growing population of PWUD in prison has created a particularly acute health crisis, as prisons are high risk environments, inadequately equipped to deal with the health challenges they face”*

(Alternative World Drug Report, 2016, p.11)

*“Criminalisation and stigmatisation of PWUD has been identified by a number of UN agencies as a major barrier to accessing service provisions”*

(Taking stock: a decade of drug policy, 2018, p.9)

Civil society has also highlighted the link between international drug control and **inequality**, contributing to increase the North South divide in terms of health, economic and social development. The TANs **Theme 3: International drug control fuels inequality**, recognises that drug policy has directly contributed to infringe the RIGHT TO HEALTH for whole populations subjugated to extreme interpretations of the UN provisions to curtail the proliferation of narcotic and psychotropic substances. Subtheme A: Unequal access to essential medicines, and Subtheme C: Inadequate and mismatched funding, illustrate how international drug control continues to directly create an environment of injustice and suffering. This reality persists despite repeated global commitments for improved human rights standards, culminating in 2015 through the overarching goals of the UN SDGs 2030.

Examples from 2016 and 2021 illustrate the persistent levels of inequality experienced by PWUD, particularly for those hailing from the Global South.

*“Emotive politics of drug war, and stigmatisation of drug users, has created obstacles to the provision of effective Harm Reduction services, which despite proven cost effective, remain unavailable in many parts of the world”*

(Alternative World Drug Report, 2016, p.11)

*“The problem predominantly affects the world poorest, especially in the Global South. This is despite advances in global commitments to address this ongoing crisis”*

(Taking stock of half a decade of drug policy, 2021, p.9)

#### 5.4 The relationship between drug policy and the social order

In 2010, the UNSR Health presented the International Community with a report on the state of health of PWUD. The report denounced current policies and identified in law enforcement agents and measures as an important variable propagating stigma and erecting barriers for the realisation of the RIGHT TO HEALTH for PWUD. Yet, six years later at the UNGASS 2016, the International Community once more pursued an approach focused on the elimination of drug use and drugs in society. In fact, although increasing considerations for human rights goals falling under the UNSDGs 2030, the UNGASS 2016 reaffirmed the long held political framework of supply and demand reduction measures, including the elimination of drugs from society,

The UN **Theme 2: International consensus on addressing and countering the world drug problem**, underscores the role of a cooperative approach to address and curtail on a global level the cultivation, production and distribution of narcotic and psychotropic substance. The following extract provides an example of the persistent international policy of prioritising drug free societies by employing measures to destroy and halt their availability in society.

*“Enhance measures to prevent and significantly and measurable reduce or eliminate the illicit cultivation of opium poppy, coca bush, and cannabis plant used for the production of narcotic drugs and psychotropic substances, including through eradication, within the framework of sustainable crop control strategies and measures”*

(UN Resolution, 2016, p.15)

Mismatch between obligations emanating from the UN Drug Control Conventions and broader human rights considerations continue to clash within official UNGA positions. In fact, in the same year, the UN Resolution calls for increased considerations for broader socioeconomic

and development agenda goals, thus incorporating drug policy within collective efforts *to leave no one behind*. Therefore, whilst on one side, the punitive arm of the law and collective efforts to curtail supply and demand adhere to measures pertaining to the criminal component of drug policy, on the other hand calls to include considerations for sustainable development and non-discriminatory access to health and social services include strong considerations for the realisation of the RIGHT TO HEALTH for PWUD. From a CDA perspective, these changes are reflective of increased calls for a human rights-based approach to drugs policy, and are indicative of a recontextualization of orders of discourse pertaining to the International Community.

The UN **Theme 2** Subtheme C: UN SDGs and **Theme 3** Subtheme A: Equal access to health and education, recognise that an inclusive and encompassing approach, cognizant also of the sustainable development goals for 2030, are key to promote the International Community's mission of advancing drug free societies within a human rights framework. The following extracts provide examples:

*Ensure non-discriminatory access to health, care, and social services in prevention, primary care and treatment programmes*

(UN Resolution, 2016, p.9)

*Spirit of the pledge made in the 2030 agenda for sustainable development to leave no one behind.*

(UN Resolution, 2021, p.14)

Despite the committed and shared responsibility approach declared in official UNGA positions, reports by TANs expose cracks in the perceived consensus of the International Community to address the world drug problem. In fact, some countries have been giving additional centrality to matters of health and human rights prior to a criminal approach to address drug use in society. The increased number of countries including a Harm Reduction approach is testimony of a larger pool of UN member states adopting unilateral decisions despite the shared responsibility approach included in the UNGA positions. In CDA terms, this is a sign of hegemonic struggle and a technologization of discourse on the RIGHT TO HEALTH for PWUD. Furthermore, the

common position on drugs by UN institutions in 2018 recognising the efficiency of Harm Reduction-based programmes to address health harms caused by drugs, but most predominantly by policy, further isolate the UNGA threat-based consensus on addressing and countering the world drug problem.

The TANs **Theme 4: Shrinking international consensus on addressing and countering the world drug problem**, particularly Subtheme A: No real international consensus, and Subtheme B: Fragmented approach, illustrate how the social order of framing drugs within a criminal component is making way for a more human rights-based approach to drugs policy. Therefore, whilst on one hand the International Community, speaking with one voice at the UNGA, calls for the elimination of drugs, as a common-sense approach, an increasing number of member states are interpreting the provisions of the UN Drug Control Conventions within a human rights and sustainable development framework, directly challenging status quo and the international understanding of the world drug problem. These countries have recognised that the criminalisation of drug use is directly linked with the infringement of the RIGHT TO HEALTH for PWUD and is also contributing to destabilise the well-being of society. In fact, as presented by Bridge et al. (2021) some countries are adopting better implementation of international law thus, prioritising the UN Charter on human rights over international drug policy.

The following extracts provide examples of an increasingly unequal approach to address the world drug problem and which could be interpreted as a clear sign that the international consensus perceived at the UN, is in reality a façade to a much more diverse understanding of PWUD and policy to address the world drug problem.

*26 countries have adopted a decriminalised model to facilitate access to health services and reduce stigma and prison overcrowding*

(Taking stock: a decade of drug policy, 2018, p.9)

*48 countries have now established medicinal cannabis systems for a number of ailments*

(Taking stock: a decade of drug policy, 2018, p.9)

The UNGA positions, and different implementation by individual members states presents a clash in ideology between a criminalised approach aimed at curtailing and eliminating supply and demand of narcotic and psychotropic substances, and one which recognises drug use as a health and social phenomenon in need of appropriate measures such as decriminalisation and Harm Reduction programs. As identified in the TANs **Theme 3: International drug control fuels inequality**, the diverse interpretations and application of the provisions included in the UN Drug Control Conventions translate into different levels of inequality and ancillary health and social problems. Identified in Subtheme B: people in prison are recognized as a particularly vulnerable group, suffering increased barriers to access health services, and further jeopardising their right to the highest attainable standard of health. The following extract illustrates the centrality of a Harm Reduction approach in a prison setting.

*“Access to Harm Reduction is even more limited in prison and other places of detention, resulting in the prevalence of HIV, hepatitis B, and tuberculosis among people in prison being two to ten times higher than among the general population”*

(Taking stock: a decade of drug policy, 2018, p.9)

A highly contested term, **Harm Reduction**, continues to be absent from the UNGA positions. In more recent times, reference to practices pertaining to Harm Reduction have been embedded within the UNGA positions through neutral terminology. Nonetheless, Harm Reduction programmes have been for the past 20 years recognised as a valid human rights and public health approach and adopted ad hoc by different countries (Bridge et al., 2021).

The UN **Theme 3: Holistic approach to address the world drug problem** embodies the International Community’s mixed approach to promote the health and well-being of humankind. Whilst recognising the importance of evidence-based prevention measures, and a non-discriminatory approach, the International Community reaffirms the role of cooperation and capacity building to counter persistent and emerging drug related threats. The following extracts provide examples:

*“Increase the availability, coverage and quality of scientific evidence based prevention measures, and tools”*

(UN Resolution, 2016, p.7)

*“Continuing to mobilise resources, including for the provision of technical assistance and capacity building at all levels, to ensure that all member states can effectively address and counter emerging and persistent drug related challenges”*

(UN Ministerial Declaration, 2019, p.6)

This repeated position of stirring away from Harm Reduction terminology, comes as a stark difference to the position included in the International Guidelines on Human Rights and Drug Policy (2019) whereby principles of Harm Reduction and a non-coercive approach to address drug use in society, have been recommended to member states. Furthermore, as explained by Sanchez-Aviles & Dytrich (2017), the securitisation of borders and shifts in international priorities identifying in drugs as a common enemy, fomented a situation whereby the relationship between drugs, threats and society is entrenched into common knowledge. The role of power relations, already at play prior the establishment of the 1961 UN Single Convention on Drugs (Bewley-Taylor & Jelsma, 2011), continue to directly impact global developments related to drug policy and the realisation of the RIGHT TO HEALTH for PWUD.

## 5.5 Overcoming obstacles

In 2009, the UN Under Secretary General and Executive Director of the UNODC, Mr Antonio Maria Costa reaffirmed that drugs are not harmful because they are controlled, but rather they are controlled due to the level of threat they pose to society. This naturalised understanding of drug use and society echoes the official UN position and the repeated calls of adhering to the UN Drug Control Conventions. *Drugs destroy lives and communities, undermine sustainable human development and generate crime* (UN Political Declaration, 1998, p.1) construe drugs as a looming risk with devastating effects for millions of people both in the present and in the future. The word ‘hopes’, denotes a reality whereby drugs have a direct impact on development and the future aspirations of millions of people. By including in the same sentence reference to

drug trafficking, abuse, and threats to humanity, the International Community further entrenches matters pertaining to the nexus between a criminal drug trafficking market, and individual cases of abuse. Emphasis on the role of cooperation and consensus continue to dominate the International Community's approach to combat drugs.

In the run up for 2016 UNGASS, the Lancet Commissions published a report on public health and international drug policy. The report highlighted the failures of the present criminal approach, contributing to create a culture of stigma and mistrust between society and PWUD. The report underlined the importance of separating ideologically driven research and policy from health science, social sciences, and policy analysis. The Lancet Commissions (2016) proposed a number of recommendations, amongst which the introduction of a decriminalised system for non-violent drug offences, and increased access and coverage of Harm Reduction services.

The role of **ideology and rhetoric** in shaping international consensus on addressing and countering the world drug problem was identified by Barrett (2010) as an important barrier to significantly shift drug policy towards a human rights-based centre. The threat-based rhetoric used in the UN Drug Control Conventions, reflects one used for more serious threats to the well-being of humanity such as terrorism and control of nuclear weapons. The creation of a human rights risk environment for PWUD is identified as a direct consequence of the threat-based rhetoric dominating discourse pertaining to international control of narcotic and psychotropic substances.

The **role of consensus** in diplomacy is quintessential to strengthen relations, instil trust, and ultimately reach a common goal. Negotiations of opposing interests on behalf of an ideological group through persuasive, or coercive means is recognised as the state's most powerful tool to advance national interests, particularly on the international stage. Therefore, strategic bargaining and alliances constitute the core purpose of diplomacy and are best delivered when actors speak with one voice. Discourse at the United Nations, particularly jointly produced resolutions represent the agreed and collective vision of the International Community. Analysing the UN's language on drugs from a human rights perspective, Bridge et al. (2021) explains that although the situation improved from the early 1990's, the UNGA resolutions continue to omit human rights language from the operative section. Therefore, the **art of diplomacy** on one side, and the **art of activism** on the other side, continue to contend a very fragile place in the international framework promoting the RIGHT TO HEALTH for PWUD.

Various voices, from civil society, but also from UN institutions and agencies have been repeatedly calling for a change in the current approach to address drug use in society. The contentious recommendation by van Ree (1999) to add an article to the UN Declaration of Human Rights envisioning that everyone has a right to use mind altering substances and the Principle of Generic Consistency (PGC) proposed by Stevens (2011) construe drugs within a historical and human rights framework, therefore one prioritising agency, over coercion.

Whilst recognising that there is no absolute freedom to consume mind altering substances, van Ree (1999) and Stevens (2011) highlight that societies are being negatively impacted by a criminalised approach and a disease or pathological model of addiction. Anthropological findings confirm that the use of mind-altering substances has always been a staple presence in various communities and across various civilisations. This information contrasts with the narrative of destruction dogmatically repeated by the International Community and commitments taken to promote a drug free world. The writers emphasise the importance of recognising inter and intrapersonal benefits extracted from the use of mind-altering substances, and the need to frame this behaviour as part of an artistic and cultural expression, or as falling under additive rights.

Stevens (2011) applies a hierarchical approach to the realisation of rights and emphasises the role of fulfilling and not infringing basic and non-subtractive rights, before moving towards enjoying additive freedoms. Directly linked with the well-being of others considered also as purposive agents, the Principle of Generic Consistency (PGC) proposes an environment which facilitates agency without coercion or harm to others. According to the PGC, PWUD are bestowed with autonomy, agency and responsibility, further reaffirming the strong nexus between human rights, the right to health and the well-being of society.

Calls for a change in policy have been at the cornerstone of TANs work and recommendations. In the most recent report by the IDPC (Nougier, Fernandez, & Putri, 2021), civil society reaffirms the urgent need to include stronger human rights language in UN discourse pertaining to drugs, thus prioritising legal regulatory models placing social justice, human rights and public health at the core of drug policy. The role of promoting grass roots voices at higher levels of decision making has been recognised as important by (POMPIDOU, 2015), (Sarosi, Van Dam, & Fulga, 2020), and (VNGOC, 2019). The pivotal contribution by civil society, particularly across UNGA negotiations and preparatory work, has been identified by Bridge et al. (2021) as an important motor pushing for significant change. Whilst recognising positive

developments on the part of civil society engagement and the inclusion of human rights language in UN Resolutions, Bridge et al. (2021) highlight that the unequal realities faced by PWUD and increased human rights abuses in certain geographical areas are indicative of a growing split and hegemonic struggle between, (a) interpretations of the UN Drug Control Conventions, (b) legally binding international human rights law, and (c) unilateral decisions by UN member states.

#### 5.5.1 Human Rights and Harm Reduction

As explained by Bewley-Taylor and Jelsma (2011) international drug control moved from a regulatory approach towards a humanitarian mission of addressing threats linked with drugs and drug addiction. The strict control and criminalised language used to prohibit narcotic substances included in the 1961 Convention, as opposed to later conventions focusing on psychotropic substances and providing considerations for alternatives to penal sanctions, reflect early snaps in the international consensus on addressing and countering the world drug problem. It also brings to the fore competing political, commercial and diplomatic interests swerving negotiations and decisions.

Sanchez-Aviles and Ditrych (2017) highlight that when looking at the history of drug use in society, the criminalisation of certain substance does not follow historical and anthropological developments. In fact, the writers identify hegemony of international influence, control by colonial powers and non-state morally driven entrepreneurs as key actors in the development of international drug control. Furthermore, international discourse pertaining to PWUD continues to establish a direct relationship between drug use, crime and disease, further justifying the states' power of coercion and control.

The UN **Theme 1** and **Theme 2** focusing on the threats caused by drugs and the need of international consensus on ways to address the world drug problem, are on a completely opposing pole from the TANs interpretation included in **Theme 1** and **Theme 3**. In fact, whereas the UN Themes point towards consensus on the criminalisation and prohibition of narcotic and psychotropic substances, TANs Themes recognise the link between criminalisation and infringements of the RIGHT TO HEALTH for PWUD, and other members of society.

Harm Reduction and the establishment of a decriminalised system, whereby alternatives to incarceration and a less stigmatised approach directly address the negative effects of a threat-based rhetoric, have throughout the years moved from the fringes of grass roots organisations, towards higher institutional levels. To mention just a few examples, the International Guidelines on Human Rights and Drug Policy (2019), the introduction of a decriminalised system in 26 countries and recognition of the medicinal value of cannabis by the UN in 2020 are indicative of social change. The hegemonic approach of viewing narcotic and psychotropic substances within a criminal lens, is slowly shifting towards an evidence-based approach built on human rights, sustainable development, and social justice. As attested by the UNGA resolution of 2009, and more recent resolutions from 2016 and 2021, the inclusion of human rights language, beyond sovereign rights and the focus on evidence-based interventions, including considerations for sustainability, reflect an international discourse slowly shifting towards a human rights-based approach. Nonetheless, as attested by TANs, translation of discourse into implementation continues to be lacking, especially for people in the Global South. This reality is particularly acute for vulnerable groups, such as people in prison, or people requiring pain medication. Therefore, whilst progress on the right to health of PWUD continues to shine with a brighter light on some northern horizons implementing decriminalised and Harm Reduction measures, others predominantly in the global South continue to walk in the dark and amidst a minefield of structural health injustices.

## 5.6 Conclusion

The continued unequal realities faced by PWUD, but also societies affected by an extremist interpretation of provisions included in the international drug control conventions, could be interpreted as an entrenched trend and a continued reaffirmation of the *status quo*. Nonetheless, the technologization of discourse on the RIGHT TO HEALTH for PWUD by TANs is, in part, effectively contributing to influence discourse and operationalisation in certain countries. Testimony of this is the increased number of countries adopting a Harm Reduction or a decriminalised approach to the non-medical use of drugs. TANs work has been instrumental to promote a human rights-based approach across UN agencies and institutions, further promoting the voice of PWUD. Nonetheless, an ideology driven approach to pursue supply and demand reduction measures adopted by consensus at the expense of diplomatic squabbles or the risk of a diplomatic incidence for the inclusion of specific human rights terminology, such as Harm

Reduction, continues to dominate the International Community's vision on the world drug problem. Clear indications of the *status quo* are the continued missed opportunities to embed human rights language in the operative section of the UN Resolutions and the persistent choice to omit the term Harm Reduction from UNGA resolutions.

The role of diplomatic consensus to adhere to threat-based language and persistence to adopt international policies contributing to the creation of 'unintended consequences' continue to stall human rights developments for all PWUD. Following an increased number of countries introducing different levels of decriminalised systems for drugs, or legal regulatory frameworks for the non-medical use of cannabis, one questions the strengths of the Vienna consensus on drug policy and implications for the future. Employed as a double-edged sword by actors representing the interests of competing ideological and commercial groups, diplomatic consensus is strategically being employed to maintain the *status quo* at international level, and promote the clear vision of eliminating narcotic and psychotropic substances. This approach is directly inflicting devastating losses for all member states whilst further increasing health and social disparities across the north-south divide. Most strikingly, the International Community continues to apply meagre human rights provisions when discussing drug policy, health and social justice matters. The fragmented reality adopted by UN member states which is gaining increased momentum in the past decade is slowly but surely feeding an already sizeable green (decriminalisation) elephant in the room. As this animal dons new legislative and regulatory robes. Divisions in terms of the realisation of the RIGHT TO HEALTH for PWUD continue to accentuate the shackles of a dominant threat based discursive formation embedded in the UN Drug Control Conventions and are resonated by different governments today.

Overall, these developments suggest that a recontextualization of discourse on the RIGHT TO HEALTH for PWUD, pushed by the art of activism, can be observed, in principle, across the UNGA Resolutions between the years 1998 – 2021. Nonetheless, the missed health targets and fragmented operationalisation of human rights language by different member states indicate that through the art of diplomacy, the technologization of human rights discourse on PWUD is occurring in a patchwork approach and has not yet been fully embraced and equally naturalised within the UNGA discourse on drugs. When considered within broader health realities faced by People Who Do Not Use Drugs, particularly the alarming reality that five billion people continue to remain without access to pain medication due to restrictive interpretations of the UN Drug Control Conventions, these changes reflect a harrowing reality together with growing

health, social and economic disparities between the rich developed North and the poor developing Global South.

## Chapter 6 Conclusion

### 6.1 Introduction

This chapter provides a brief summary of the research study on the RIGHT TO HEALTH for PWUD and discourse adopted by the UNGA and TANs to define this right. This chapter also presents the strengths and limitations of this study. Recommendations for academics, and diplomats working on human rights and drug policy matters will also be presented.

### 6.2 Summary of the research study

The RIGHT TO HEALTH for PWUD presents a unique reality both from a health perspective but also from an international and a social perspective. The UN World Drug report (2021) highlights that 5.5% of the global population had used an illicit substance in 2019. Furthermore, data from the WHO shows that between 2015 and 2019 the number of people who died from drug use disorders increased from 154,811 to 181,758. The situation becomes particularly acute when including data from TANs showing that only 1% of the people who inject drugs live in countries with access to safe injecting equipment and opioid substitution therapy. Therefore, after more than fifty years of international cooperation to address and counter the world drug problem, data points towards an increased world (health) drug problem.

The UN **Theme 1: Drugs are a threat to the health, security and well-being of humankind**, and **Theme 2: International consensus on addressing and countering the world drug problem**, highlighted the role of a multidisciplinary approach built on consensus and cooperation to counter the devastating effects of drugs. Cooperation includes the exchange of best practices, technical expertise, and disaggregated data between different actors, such as educators, employers, law enforcement agents and the judiciary. Strength lies in bilateral and multilateral cooperation and diplomatic consensus at the UNGA to protect society from the negative effects of drugs. On the other end of the spectrum, TANs **Theme 2: Criminal policy jeopardising the right to health** and **Theme 3: International drug control fuels inequality**, highlights the negative effects caused by international cooperation and consensus of adopting a criminal based approach to drug policy. As presented by Bridge et al. (2021), shifts in human rights language across the UNGA resolutions including increased considerations for health are

positive developments. Yet, when considering the poor coverage of Harm Reduction services, and the continued opposition of including this term in the UNGA resolutions, this study demonstrated that tensions between dominant ideological discursive formations embedded in the provisions of the UN Drug Control Conventions, and international human rights law, echoed through the technologization of discourse by TANs continue to have a direct impact on the realisation of the RIGHT TO HEALTH for PWUD.

Defined as an indivisible right, the right to health has been recognised as constituting part of broader economic, social and cultural rights. Not to be confused with the right to be healthy, the right to health includes a set of freedoms, entitlements and obligations. Murphey (2013) identifies governments as the main duty bearers to protect human rights, and together with other actors, such as civil society directly contribute to promote or hinder the realisation of these rights. Murphey (2013) recognises the role of proportionality to ensure the right to health is equally enjoyed by all and is not used as a discriminatory practice.

The UN Themes **Theme 3: Holistic approach to address the world drug problem**, and **Theme 4: Different groups requires different policy options**, recognise the role of a heterogenous approach conscious of different vulnerable groups and in need of an evidence-based approach to drug policy. Women and youth are here identified as a vulnerable group and therefore in need of adequate prevention and treatment services. Once more, the TANs themes, **Theme 1: Consequences of international cooperation to address the world drug problem** and **Theme 4: Shrinking international consensus on addressing and countering the world drug problem**, identify a disproportionately criminalised approach directly impacting the realisation and wellbeing of PWUD, including of vulnerable groups. In fact, people in prison are exposed to higher rates of HIV infection and are at a higher risk of suffering other health related problems. The realisation of Harm Reduction services in a number of countries, including a larger number of countries introducing medicinal cannabis, highlight the fragmented policy framework applied for PWUD across different geopolitical regions of the world. In fact, whilst adhering to the overarching goal of the UN Drug Control Conventions, countries are opting for elegant decriminalised and regulatory manoeuvres to address drug use in society. Without upsetting the Vienna consensus on drugs and therefore, by stirring away from inflammatory language such as Harm Reduction the International Community is adopting a dot work approach to adhere to the provisions of the UN Drug Control Conventions and the realisation of the RIGHT TO HEALTH for PWUD.

As has been demonstrated by this study, consensus at the UNGA is acting as a double-edged sword. On one side, diplomatic consensus continues to reaffirm the status quo and prevent the inclusion of strong human rights language from the operative sections of the UNGA resolutions, directly impacting the right to health of millions of people. On the other side, it is contributing to further increase division between the fulfilment of the RIGHT TO HEALTH for PWUD in the North and the fulfilment of the same right for people in the Global South.

This study identified **diplomatic consensus** and not drug policy as directly hindering the RIGHT TO HEALTH for PWUD. Whilst being celebrated as a unique tool for successful multilateral dialogue, the art of diplomacy and consensus on the use of a threat-based discourse at the expense of human rights language continues to negatively impinge on the realisation of the RIGHT TO HEALTH for millions of PWUD, but also other people residing in countries with strict adherence to the provisions of the UN Drug Control Conventions. In part, at a policy level, and from a North perspective, the UN Drug Control Conventions allow for flexible interpretation, so much so that certain countries have now moved to regulating the non-medical use of cannabis. This ever-increasing individual policy by UN member states, and therefore options leaning closer towards a human rights-based approach, are indicative of a recontextualization of discourse at the regional and individual member state level. Nonetheless, the art of activism, embodied in the work of TANs pushing forward a global decriminalised system prioritising health and human rights over a militaristic style approach, has not been effective enough to translate into an updated UNGA consensus on cooperation to address and counter the world drug problem.

The contested proposal of including a right to consume drugs in the UN Charter of Human Rights by van Ree (1999), and the PGC by Stevens (2011) whereby rights are defined according to a hierarchy, of basic, non-subtractive and additive rights, one may highlight similarities with the decriminalised models introduced by various states. Shifts towards a less criminalised approach recognise that a political framework built on criminalisation is directly hindering the RIGHT TO HEALTH for PWUD and negatively impacting the well-being of society. Therefore, without declaring an absolute right to use mind altering substances for recreational purposes, various countries have recognised the validity and efficiency of Harm Reduction programmes and of a less punitive approach. The consensus on eliminating narcotic and psychotropic substances through supply and demand measures achieved in Vienna, quickly dissipates into patchworked national policy frameworks. Despite the overarching goals of the UN Drug Control Conventions and legally binding international human rights law of protecting

mankind, drug policy today vacillates between countries adopting the death penalty for the possession of drugs to countries allowing the establishment of decriminalised and regulatory models for the cultivation, consumption and sale of cannabis.

An artistic configuration to the questions guiding this research project, that is, (a) how is the RIGHT TO HEALTH for PWUD defined and represented by the United Nations General Assembly (UNGA) and TANs between 1998 and 2021, and (b) what changes in discourse have occurred by the International Community when addressing the RIGHT TO HEALTH for PWUD? is hereby proposed.



Figure 2 Chained bird

(Pete70003)

If the RIGHT TO HEALTH for PWUD could be represented by a bird, this image provides an illustration of the ideological, historical and structural chains directly stifling flight or the realisation of the RIGHT TO HEALTH for PWUD. Two long chains representing the North-South political and socio-economic divide, and two shorter chains representing the role of consensus in international dialogue on drugs, continue to bind the animal to one core element, **the criminal hook of a threat-based discourse on drug policy**. As the bird tries to free itself, the long chains, fomented also by broader structural and political forces, tie its wings preventing sustainable development, security and peace. The shorter chains tied to the feet prevent movement towards comprehensive human rights-based policy to address drug use in society. Similarly, as PWUD through the art of activism and work of TANs, challenge the unintended consequences of the war on drugs and seek agency, representation and

empowerment at the highest level of multilateral decision making, the International Community, through the art of diplomacy, particularly the diplomatic creed on consensus, continues to stifle comprehensive and significant change for PWUD. As a number of feathers fall off and permeate the environment around, one can think about the key role of TANs in identifying in the criminal approach to drug policy as the root cause threatening the health and well-being of humankind. Each feather represents the determined approach of TANs in advancing the RIGHT TO HEALTH for PWUD and is a symbol of a multiplying effect caused by a chained, yet determined peer-led group of activists, researchers, and people who use drugs.

### 6.3 Strengths and Limitations

#### **Strengths**

This study had a number of strengths which are worth to point out:

- This is the first local study that adopts a Critical Discourse Analyses framework to the international dimension of the RIGHT TO HEALTH for PWUD, whilst taking due consideration for peer led initiatives representing the voice of PWUD.
- This is also the first study which brought to the attention of local academia the role of peer led civil society organisations, identified as TANs in promoting a shift in discourse on the RIGHT TO HEALTH for PWUD.
- Consistent with a Critical Discourse Analysis methodology developed by Fairclough (2012), this study adopted a multidisciplinary approach, including considerations for the genealogical aspects of discourse directly impacting orders of discourse, hegemonic struggle, status quo, the technologization of discourse, and, ultimately social change.
- Without claiming generalizability, the researcher included a reflective section in the appendix section further reducing the risk of bias.
- The appendix includes additional sections which complement the literature review and further strengthen the transdisciplinary approach proposed by CDA.

#### **Limitations**

The limitations of the present study included:

- The fact that this was the researcher's first attempt at applying CDA, particularly the generation of codes and themes might have been the most significant limitation. However, the guidance of the tutor helped the researcher grasp the method and apply it to the research question of this dissertation project.
- Studies accessed were only in the English language, thus limiting coverage of peer-led initiatives and publications. To balance this limitation, the researcher chose TANs shadow reports which included the collaboration of a large number of civil society organisations, thus offering better regional coverage.
- The aim of this research is not to generalise data, but rather to provide a thematic analysis of the RIGHT TO HEALTH for PWUD. Therefore, the findings may not be representative of neither the official UNGA position or the official TANs position.
- The word limit attached to this research project confined the researcher to be very selective in the amount of data analysed and later translated into themes. Therefore, some topics such as the relationship between development and the right to health might have not been entirely described and analysed.

#### 6.4 My Learning Experience

This research project joined together matters pertaining to international relations, public health, human rights, and the role of civil society activism in directly impacting developments for PWUD. As a novel researcher applying CDA, conducting this study helped me understand better the intricate realities faced by PWUD, particularly the mismatch between narratives at the UNGA and those from TANs describing the causes and solutions to address the world drug problem. Furthermore, as a person already working in the field of diplomacy and international relations, this study bridged two important tools to promote the realisation of the RIGHT TO HEALTH for PWUD: the art of diplomacy and the art of activism. Whilst recognising that consensus is acting as a double-edged sword, this study helped the researcher to recognise the validity of both mechanisms in promoting the RIGHT TO HEALTH for PWUD. Most importantly, thanks to the role of semiotic differences identified by CDA, the researcher is now better equipped to define the RIGHT TO HEALTH for PWUD. By equalising the voice of peer led shadow reports with that of the International Community contained in the UNGA positions, the researcher fulfilled the goals of a critically oriented project aimed at emancipating the oppressed and of promoting social justice.

Throughout the research project, the researcher looped back and forth between theory, data analysis, and the state of play of the RIGHT TO HEALTH for PWUD included in the literature review. The researcher explored the dialectical nature of a qualitative research approach whilst prioritised the dialogical purpose of analysing drug use in society through texts and a Critical Discourse Analysis framework. Analysis focusing on the role of ideology and power relations in the establishment of the status quo or the generation of new knowledge, provided the researcher with new tools of inquiry and the possibility of observing the phenomenon from a broader perspective. In addition to my learning experience, this research study provides a number of recommendations for member of the academia and diplomatic staff working within the fields of human rights and drug policy.

## 6.5 Recommendations

### 6.5.1 Recommendations for academics and diplomats working within the fields of human rights and drug policy

- Embed in diplomatic briefing notes, educational curricula, and government agencies, a human rights-based approach to drug policy, thus ensuring human rights law is given precedence over criminalisation whilst guarantee that the voice and rights of PWUD are fully respected.
- Create a national curriculum defining the RIGHT TO HEALTH for PWUD whilst ensuring this programme is delivered across different levels and thus including law enforcement agents, the judiciary, the medical field, the political class, the media, and any other stakeholder directly or indirectly interested in drug use in society.
- Set up a Human Rights for PWUD Unit within the Human Rights Directorate, under the Ministry of Equality, Innovation and Research.
- Push forward for a fully decriminalised system (removal of all criminal sanctions) to the non-violent use of all narcotic and psychotropic substances, not just cannabis, whilst enact a comprehensive educational approach founded on Harm Reduction principles.

### 6.5.2 Recommendations for future research

- This study adopted an international perspective to define the RIGHT TO HEALTH for PWUD. It would be interesting if future research adopted a CDA framework analysing the RIGHT TO HEALTH for PWUD in Malta.
- In view of the fast-evolving nature of drug policy reform in some geographical areas, a CDA exercise looking at discourse as a site of social change, could be replicated every few years, thus providing a better timeline of hegemonic struggle and social change.
- An ethnographic study on the RIGHT TO HEALTH for PWUD from a researcher still using drugs and therefore being able to declare so without criminal or academic repercussions would also be an interesting and novel approach to address drug use in society.
- The application of a mixed methods approach, therefore incorporating both qualitative and quantitative tools to analyse the right to health for PWUD would further complement efforts to promote the voice and aspirations of PWUD.

## Appendices

A total of six appendices have been included with the research project. Appendix I complements the multidisciplinary approach adopted by CDA and further explains the role of empowered focused research when studying social phenomena such as human rights, drug policy and injustice. Appendix II provides a detailed breakdown of the CDA model developed by Fairclough in 1992 and later transformed into the four-stage model applied for this research project. The inclusion of Fairclough's earlier work provides a better picture of CDA processes and methods of inquiry. Appendix III provides a reflexive part, a strong methodological tool complementing a trustworthy qualitative research project. Appendix IV provides full details of the analysis process applied by the researcher to generate codes and transpose them into themes for later analysis through CDA, and as included in Chapter 5. Appendix V provides evidence of ethical clearance by the Faculty Research Ethics Committee. Appendix VI includes definitions of key terms used throughout the research project.

## Appendix I From silence to empowerment

As the war in Vietnam was sweeping thousands of innocent lives, two distinct and academically diverse scholars worked on matching revolutionary ideas for their respective fields, yet in completely different environments, and privy to one another. Paulo Freire, an educator from Brazil and Johan Galtung, the founder of peace studies identified in social structures different forces of contestation and an environment where the oppressed are continually silenced, marginalised, and violated.

Positioned within an international relations field of study, Galtung (1969) describes violence as physical or psychological (including brainwashing and indoctrination) forces increasing the distance between the potential and the actual, or in simple terms what could have been and what is. Making a distinction between personal and structural violence, Galtung (1969) explains the latter as the most pervasive and cryptic to link to a particular actor. In fact, structural violence is embedded into the structures of society and is visible in unequal power relations resulting in unequal decision making, and life chances. Giving an example the death of a person from tuberculosis, Galtung (1969) explains that if this happened in the 18<sup>th</sup> century it could not be categorised as a violence, however, considering the medical advancements of the last century the explanation would be different if the person dies of the same disease today. Structural violence is identified as causing more harm than physical violence and together with silent and static societies contribute to naturalise violence. Through negative peace, therefore the absence of personal violence and positive peace, therefore the absence of structural violence and including social justice, Galtung (1969) proposes an approach to research which aims to be of contribution to society, and not merely an analytical exercise (Galtung, 1969)

In *Pedagogy of the Oppressed*, Freire (1970) speaks about tools of dehumanisation in further subjugating the oppressed, and the need to replace fear and myths with autonomy and responsibility. Through a dialectic relationship between oppressed and oppressor, the author calls for a shift from a pedagogy of the oppressed to a pedagogy of humankind. Freire (1970) identifies oppression as a violent act whereby the 'other' is viewed as an object and alienated into internalising the culture of the oppressor, and in turn attribute negative attributes to the self. Therefore, the cultural invasion presupposed on the principles of a higher knowledge and morality by the oppressor, needs to be replaced with a cultural synthesis whereby oppressed and oppressor work in solidarity, through humility and trust, celebrating diversity, and not replicating inequality and oppression through hegemony. Freire identifies education, more

specifically co-intentional education as opposed a banking concept, serving as an act of cognition in the process of re-creating knowledge (Freire, 1970).

Originating in the 1980's and 1990's the advocacy and participatory paradigm denounced the positivists approach of replicating imposed structural forces further marginalising vulnerable groups and ignoring broader political and social variables. Therefore, the advocacy paradigm contains an active agenda for reform and provides a strong basis for emancipation and empowerment. (Creswell, 2009)

Taking pride in giving voice to the oppressed, an advocacy paradigm adopts an inductive approach developed through a categorisation of themes ultimately transforming into propositional generalisations. This dialectic approach between data and researcher presupposes an active, bi-directional, and multilinear approach to research. Further espousing the relationship between researcher and participants (Haviland et al., 2008).

In *Supporting Social Justice Advocacy: A paradigm shift towards and ecological perspective supporting social justice advocacy*, Greenleaf and Williams (2009) explain that an ecological perspective, whereby human behaviour is understood within the person-environment interaction realm, has been identified as an important tool to promote a holistic approach to wellness, especially mental health, and psychological well-being. An ecological model recognises that interactions at the microsystem (in the family, at the workplace), mesosystem (interaction between two microsystems), exosystem (systems which directly influence the person such as healthcare) and macrosystem (norms, values and shared beliefs) act in tandem to hinder or promote wellness. Through social justice advocacy, whereby oppressive social orders are identified, and researcher-participant interaction aims to awaken consciousness, the group is empowered to counter internalised oppression in the form of destructive self-concepts, and ultimately advocate for social action and change to the oppressive environment (Greenleaf & Williams, 2009).

A social justice advocacy approach for PWUD has been proposed by Dr Russell Newcombe in *Intoxiphobia: discrimination toward people who use drugs*. Newcombe (2016) provides a *Charter of Rights for People who use Drugs* and underlines a number of key elements directly impinging on the human rights of people who use drugs. The researcher underlines the importance of terminology, and therefore the need to distinguish between substances and groups. Therefore, when speaking about women who use heroin, this should be listed accordingly and not in general terms women who use drugs.

Identifying discrimination as a core occurrence in the lives of people who use drugs, Newcombe (2016) explains that this phenomenon occurs on two tiers, at an inter-group level (between users and non-users) and intra-group level (between people who use drugs differently, ex. Injecting and non-injecting drug users). Furthermore, he identifies organisational sources of discrimination operating both at the international and domestic level, such as criminal justice, as directly impacting the human rights of people who use drugs.

Looking at different models that try to explain drug use, the researcher provides the following list:

- 1) Moral Model: drug use is bad and people who use drugs suffer from unhealthy pathological behaviours requiring treatment
- 2) Criminal Model: drug use is a criminal offence and people should be punished
- 3) Psychosocial Model: drug use is the expression of deviant behaviour and dysfunctional adjustment methods, therefore should be given education, prevention and Harm Reduction tools
- 4) User-Activist Model: drug use under regulated and licensed conditions is acceptable and provisions to combat stigma and discrimination introduced

Following the core principles of the 4<sup>th</sup> model and taking into consideration evidence on the violations of the human rights of people who use drugs, Newcombe (2016) lists various structural forces that hinder individual well-being from both a health and social perspective. Amongst the few discriminatory practices, he identifies barriers to access employment, education and health services, compulsory drug treatment, urine checking and supervised use of medication.

Newcombe (2016) calls on the work of JS Mill, the right to liberty and control of one's body if no harm is done to others, as constituting the basis for the right to be intoxicated and, hence the creation of a Charter of Rights for People Who use Drugs. The Charter includes rights for safe access to drugs and paraphernalia, the possibility of sharing drugs and exchange of information on safer using methods, the right to a criminal justice system that protects instead of pursues non-violent individuals, and health care services which are non-discriminatory and accessible. Most importantly, the Charter includes the right to full citizenship and social inclusion. (Newcombe, 2016)

## Appendix II Fairclough (1992) data collection in detail

An important aspect of data collection is the corpus and therefore matching the content and structure of information with the domain of the research project. This allows the creation of a mental model of the order of discourse of the institution and better guidance where to collect data for the corpus. Coding and selecting samples within the corpus are important steps in CDA. Fairclough (1992) explains that researchers might wish to code themes in broad terms or in terms of topics. Interaction with participants is advised to further strengthen appropriate samples.

Moving to the analytical stage, Fairclough (1992) highlights the importance of moving analysis from the macro aspect of discourse practices based on intertextuality and interdiscursivity, to the analysis of text at the micro level, and to analysis of the social practice in which discourse is rooted. This process involves a progression from interpretation to description and back to interpretation, thus presupposing a circular and continuous flow between the macro and micro levels.

Fairclough (1992) explains that there are mainly four dimensions of discourse practice: Interdiscursivity, Intertextual Chains, Manifest Intertextuality and Coherence.

1. Interdiscursivity aims to specify what discourse types are identified in the sample under analysis and how. Interpretation needs to show coherence with the text and should ask the following questions:
  - Can the sample be categorised in terms of a genre? If so, what are the implications for production, distribution and consumption?
  - Is the sample representative of more than one genre?
  - What activity types, styles, discourses are drawn upon, and according to which tenor, mode and rhetorical mode?
  - Is the discourse sample conventional in its interdiscursive properties?
2. Intertextual chains aim to identify a series of types of texts which are related to one another and transformed by each other. Transformations can take different forms and involve manifest intertextuality such as discourse representation, or have a more diffused character, understood as common elements shared by different text types. The latter may be manifested at different levels and in different ways, such as the use of

metaphors or the way discourse is organised. When analysing intertextual chains, the following questions should be raised:

- What sorts of transformation does this type of discourse undergo?
- Are intertextual chains and transformations stable, shifting or contested?
- Are there signs of anticipated multiple audiences?

At this point, considerations for the conditions of discourse practice, thus specifying the social practices associated with the text production and consumption is required to further corroborate with the interdiscursive analysis.

3. Manifest intertextuality aims to identify what other texts are drawn upon in the production of the text under analysis, and can take the form of sequential intertextuality, different texts or discourse types alternate within the same text; embedded intertextuality, one discourse type is clearly visible within the matrix of another; and mixed intertextuality, where discourse types are merged. Questions to elicit information need to focus on discourse representation and presupposition.

Discourse representation:

- Direct or indirect?
- Is there context, style, or just ideational meaning?
- Is discourse demarcated clearly?
- How is this contextualised in discourse?

Presupposition:

- How are they cued?
- Are there links to priori texts?
- Is there an element of manipulation?
- Are they negative and polemical, or positive and neutral sentences?

4. Coherence aims to look at the interpreter's role in imposing different coherent readings of a text. More simply explained, coherence looks at personal assumptions which interpreters bring to the interpretation process, including ideological assumptions. Interpreters might generate resistant interpretations and reach partial compromise with

contradictions presented in the text. During this process interpreters are resolving contradictions interpretatively and positioned or having previous positionings strengthened. This analysis further strengthens assessment of the political and ideological effectiveness of interpreters.

Fairclough (1992) provides a list of elements that could be utilised in text analysis CDA:

- 1) Interactional control: looks at who is in control of interaction; is it a joint exercise or asymmetrically exercised by one part?
- 2) Cohesion: explore how sentences and clauses are connected with each other in the text, providing a basis for a description of the rhetorical mode
- 3) Politeness: identified as a means of acknowledging social and power relations, and divided between positive politeness (using indirect speech and expressing solidarity), and negative politeness (mitigated by showing respect)
- 4) Ethos: looks at the genres and discourse types used by participants, a key element of subjectivity (social identity), whilst considered within broader modelling frameworks directly impacting intertextuality
- 5) Grammar: through transitivity, theme and modality, discourse is linked to the three functions of language (identity, relational, and ideational), thus linked to the ways social identities are set up in discourse, to how social relations are negotiated and enacted, and to how texts signify the world, processes, institutions, and relations
- 6) Transitivity: explores how particular process and participants are given priority in the text, including matters of agency and nominalization of processes (omission of agent)
- 7) Theme: aims to identify patterns in the texts thematic structure giving insight on social order and rhetoric
- 8) Modality: aims to understand the degree of affinity between grammar and the interpersonal function of language, thus including modal auxiliary verbs, tense, modal adverbs, hedges and intonation patterns. Modality may be subjective and therefore explicit, or objective and therefore not clearly indicating affinity.
- 9) Word meaning: explores the relationship of words in a bi-directional way, thus understanding words as having various meanings and in turn meanings as worded differently. Choices pertaining to both instances are socially variable and represent broader social and cultural processes, and which are too part of hegemony
- 10) Wording: aims to identify different perspectives as expressed through lexical choices, and gives attention to nominalization, whereby new words obtain a higher status

- 11) Metaphors: are important indicators of a constructed reality and in turn could also be a sign of a strongly naturalised process embedding metaphorical images into reality. Analysis of metaphors provides a deeper understanding of social judgments and deeply ingrained ideological beliefs
- 12) Social practice: aims to specify the nature of the social practices within which the discourse practice is taking place. Therefore, considerations for ideology and hegemony are given priority and explored as important determinants to construct or fracture relations ultimately leading to social change or status quo respectively
  - 12.1 Social Matrix of discourse: aims to identify the social and hegemonic structures constituting power relations and how these are reproduced, restructured or challenged
  - 12.2 Orders of discourse: looks at the relationship of social and discursive practice to the orders of discourse it draws upon, and therefore considerations for democratization, commodification and technologization of discourse are analysed
- 13) Ideological and political effects of discourse: focus upon ideological and hegemonic effects, both contributing or hindering social change

## Appendix III Reflexivity

Back in 2013 I stumbled upon a book which practically opened a whole new world of understanding when it comes to substance use and PWUD. I am speaking here about the book by Prof. David Nutt, *Drugs without the Hot Air*, published in 2012. For the very first time the information I was reading about drugs, and the realities I observed around me started to make more sense. In stark opposition to the predominantly local approach to explain illicit substance use through a fatalistic and problematic medico-criminal view, Prof. Nutt's book explained substance use in a factual and scientific approach, including also considerations for the social and human aspect of illicit substance use. This propelled me to research more the topic, especially since local media reports spoke about the constant misery of people arrested and incarcerated for a non-violent crime. In fact, it is the story of Christopher Bartolo, a kidney patient incarcerated for his cannabis consumption and small-scale trafficking (resulting in dire consequences for his health and donated kidney), that prompted me to intensively research cannabis and question, how could in the 21<sup>st</sup> century my country still adopt such draconian and inhumane approaches for people who use drugs?

My background in international relations guided me to look at the phenomenon of drug use from an international perspective, and to identify the role of the International Community, as a key player to promote or hinder the wellbeing and the right to health for people who use drugs. In fact, I was surprised to observe great similarities of injustice and discrimination experienced by other marginalised groups, and in this case replicated for people who use drugs. The colonial history of drug prohibition, coupled with broader political and social considerations, continued to encourage me to delve further into this field and to research the role of the International Community in framing, shaping, and influencing domestic policy, academic research, and general perceptions.

As attested by various experts (included in the literature review), yet never echoed locally by members of the academia, much less from the political class, high levels of incarceration, stigma and discrimination, and lack of access to health services have been the most damning realities faced by people who use drugs. In reality, they are just the tip of the iceberg, burying much more intricate and deeper levels of abuses faced by people who use drugs. Only recently, a local newspaper published an article with the title *cannabis law paves the way for generations of junkies* (Calleja, 2022).

This is a clear reflection of the distorted perceptions and purposeful choice of dehumanising language to speak about people who use drugs. This title in part echoes the relatively shared belief that people who use illicit substances are a threat or a sick patient not capable of taking responsible decisions. Furthermore, as attested also by the name of this Masters program, there is always a strong focus by the academia on addiction, frequently explained within a biological lens or psychological weakness (such as the fallacious theory of an addictive personality) on the part of the person, and therefore in need of a strict regime to get back in line. This is sometimes echoed also in law courts, with Magistrates giving the person a last warning to break free from addiction or face jail time. This cruel approach is a direct affront to human rights. Most truly, it has never succeeded in curtailing drug use, or in promoting the health and welfare of humankind.

To further enrich my research and knowledge, especially on matters related to Harm Reduction, I reached out to a number of regional organisations and collaborated on voluntary basis through research and writing. In fact, I presently collaborate with the following NGOs: Drugs n Me, the European Coalition for Just and Effective Drug Policy (ENCOD), the European Correlation Harm Reduction Network, People and Dancefloors, and Women Harm Reduction International Network (WHRIN). Furthermore, in 2018 I enrolled for a University of Malta credit about youth and addiction, and finally in 2019 for a Master of Science in Addiction. During this time, I also set up the first local Harm Reduction page on Facebook, called Harm Reduction Malta, with the main aim of promoting a knowledge-based approach to drug use.

I am proud to state that my research on cannabis and outreach to different stakeholders, has in 2021 translated in an encouraging first step of moving cannabis policy closer to a human rights-based approach. My contribution to the white paper consultation on the Responsible Use of Cannabis, has in part been reflected in the final legislation, particularly ensuring personal rights, freedoms and responsibilities are respected by the legislator. Furthermore, additional legal safeguards are introduced shifting cannabis users from being dependant on the criminal and illicit market, to a self-sustaining and community approach to cannabis consumption and cultivation. My contribution could not have not been possible without my collaboration with ENCOD and their precious documents on cannabis social clubs. My visit to the ENCOD General Assembly of 2019 sparked in me a new research impetus. This time to look at the role of civil society in pushing forward a human rights-based agenda. Their work, determination, and conviction to promote the rights of people who use drugs, have been for me an inspiration, a source of knowledge and a great bridge for networking with other peer led organisations.

My observant participation to the 5th European Harm Reduction Conference, by Correlation European Harm Reduction Network (C-EHRN) held in collaboration with the European Parliament in Prague between 10-12 November 2021, further complemented desktop research efforts and exposed the researcher to a new world of civil society research, work and activism. Attended by a large number of national and transnational civil society organisations representing 40 countries, including a strong participation of drug using and peer-led networks, the Conference provided an important platform for a shared civil society vision and commitment to protect and promote the rights of all people who use drugs. I found particularly interesting presentations given by Ms Marie Nougier and Mr Matt Southwell.

Ms Marie Nougier, representing work by The International Drug Policy Consortium (IDPC) spoke at length about the benefits of a decriminalised system and highlighted that unfortunately, the current thresholds are too low to safeguard the rights of PWUD. Quoting the Portuguese model as a frequently quoted example of success, Ms Nougier highlighted that a lot of people are still ending up in prison for their personal non-violent drug use. She underlined the importance of introducing decriminalised models which ensure a complete removal of criminal sanctions and ensure public health and human rights are prioritised before matters pertaining to security and the economy.

Representing the voice of an activist drug user and speaking on behalf of the European Network of People Who Use Drugs (EuroNPUD), Mr Matt Southwell emphasised that the role of CSOs is essentially part of a political struggle to challenge the current status quo and negative effects of policy. Highlighting various challenges linked to being an open activist and drug user, Mr Southwell, underlined the important role of peer led CSOs in promoting the voice of PUWD and ensure policy addresses grievances and needs.

All of this has contributed in no small part to the philosophical background and methodology chosen for this research project. In reality, I have been espousing an advocacy-based paradigm and a critical theory approach to my voluntary work without being cognizant of this fact. As I write these reflections, I feel blessed to have found my voice, and the courage to swim upstream and challenge ongoing injustices and abuses. This thesis is testimony to my strong beliefs in the role of society, more specifically peer led civil society organisations and the International Community, in shaping international discourse and policy, ultimately dehumanising or empowering people who use drugs.

Appendix IV Interviewing texts through Creswell’s model (2009); generating codes into themes

UNGA Political Declaration 1998

*Drugs destroy lives and communities, undermine sustainable human development and generate crime. Drugs affect all sectors of society in all countries; in particular, drug abuse affects the freedom and development of young people, the world’s most valuable asset. Drugs are a grave threat to the health and well-being of all mankind, the independence of States, democracy, the stability of nations, the structure of all societies, and the dignity and hope of millions of people and their families*

<b>Sentence</b>	<b>Codes</b>
<i>Drugs destroy lives and communities</i>	1. <i>Destruction</i>
<i>undermine sustainable human development and generate crime</i>	2. <i>Stall development</i>
<i>Drugs affect all sectors of society in all countries</i>	3. <i>Negatively effect the whole of society</i>
<i>drug abuse affects the freedom and development of young people</i>	4. <i>Drugs take away agency</i> 5. <i>Vulnerable group (youths)</i>
<i>Drugs are a grave threat to the health and well-being of all mankind</i>	6. <i>Health, security and well-being of mankind</i>
<i>the independence of States, democracy, the stability of nations, the structure of all societies</i>	7. <i>Domestic and International effects of drugs</i>
<i>dignity and hope of millions of people and their families</i>	8. <i>Destruction (1)</i>

UNGA Political Declaration 2009

*One decade after the commitments made at the twentieth special session of the General Assembly to address the world drug problem, notwithstanding the ever increasing efforts and progress made by States, relevant international organizations and civil society, the drug problem continues to pose a serious threat to the health, safety and well-being of all humanity, in particular youth, our most precious asset. Furthermore, the world drug problem undermines sustainable development, political stability and democratic institutions, including efforts to eradicate poverty, and threatens national security and the rule of law. Drug trafficking and abuse pose a major threat to the health, dignity and hopes of millions of people and their families and lead to the loss of human lives. We are determined to tackle the*

*world drug problem and to actively promote a society free of drug abuse in order to ensure that all people can live in health, dignity and peace, with security and prosperity*

<b>Sentence</b>	<b>Codes</b>
<i>One decade after the commitments made at the twentieth special session of the General Assembly to address the world drug problem</i>	9. Timeline of action taken at international level
<i>ever increasing efforts and progress made by States, relevant international organizations and civil society</i>	10. Joint efforts between different actors
<i>the drug problem continues to pose a serious threat to the health, safety and well-being of all humanity, in particular youth</i>	11. Threat to the whole of society 12. Vulnerable group (5)
<i>undermines sustainable development, political stability and democratic institutions</i>	13. Stall development
<i>threatens national security and the rule of law</i>	14. Domestic and international effects of drugs (7)
<i>including efforts to eradicate poverty</i>	15. Poverty
<i>Drug trafficking and abuse pose a major threat to the health, dignity and hopes of millions of people and their families</i>	16. Threat to the whole of society (11) 17. Destruction (1)
<i>determined to tackle the world drug problem</i>	18. Committed approach at international level
<i>actively promote a society free of drug abuse</i>	19. Set of overarching goals
<i>ensure that all people can live in health, dignity and peace, with security and prosperity</i>	20. Set of overarching goals (19)

UNGA Joint Ministerial Statement of the 2014 High-Level Review by the Commission on Narcotic Drugs of the Implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

### **Extracts from Page 1**

*We, the Ministers and government representatives participating in the high-level segment of the fifty-seventh session of the Commission on Narcotic Drugs, held in Vienna on 13 and 14 March 2014, gathering to undertake a midterm review of progress made in the implementation by Member States of the Political Declaration and Plan of Action on*

*International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted during the high-level segment of the fifty second session of the Commission on Narcotic Drugs, in 2009, and by the General Assembly in its resolution 64/182 of 18 December 2009. Are fully aware that the world drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation and demands an integrated, multidisciplinary, mutually reinforcing, balanced and comprehensive approach to supply and demand reduction strategies, and reaffirm our unwavering commitment to ensuring that all aspects of demand reduction, supply reduction and international cooperation are addressed in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States;*

<b>Sentence</b>	<b>Codes</b>
<i>Ministers and government representatives participating in the high-level segment of the fifty-seventh session of the Commission on Narcotic Drugs</i>	21. Member states signatory to the UN Drug Control Conventions meeting at the CND
<i>undertake a midterm review of progress made in the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted during the high-level segment of the fifty second session of the Commission on Narcotic Drugs, in 2009, and by the General Assembly in its resolution 64/182 of 18 December 2009</i>	22. Policy Analysis
<i>world drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation</i>	23. Joint efforts between different actors (10)
<i>integrated, multidisciplinary, mutually reinforcing, balanced and comprehensive approach to supply and demand reduction strategies,</i>	24. Holistic framework
<i>reaffirm our unwavering commitment to ensuring that all aspects of demand reduction, supply reduction and international cooperation are addressed in full conformity with the purposes and principles of the Charter of the United</i>	25. Human rights

<i>Nations, international law and the Universal Declaration of Human Rights</i>	
<i>full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States</i>	26. International law on sovereignty
<i>human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States</i>	27. Human rights and diplomatic tools of engagement

UNGA Ministerial Declaration 2019 on strengthening our actions at the National, Regional and International levels to accelerate the implementation of Our Joint Commitments to address and counter the world drug problem

### Extracts from Page 1

*We, the Ministers and government representatives participating in the ministerial segment of the sixty-second session of the Commission on Narcotic Drugs, have met at the United Nations in Vienna to take stock of the implementation of the commitments made over the past decade to jointly address and counter the world drug problem, in particular in the light of the 2019 target date set in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem of 2009, and to enhance our efforts beyond 2019; We reaffirm our shared commitment to effectively addressing and countering the world drug problem, which requires concerted and sustained action at the national and international levels, including accelerating the implementation of existing drug policy commitments; We also reaffirm our commitment to effectively addressing and countering the world drug problem in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States; We further reaffirm our determination to address and counter the world drug problem and to actively promote a society free of drug abuse in order to help ensure that all people can live in health, dignity and peace, with security and prosperity, and reaffirm our determination to address public health, safety and social problems resulting from drug abuse*

<b>Sentence</b>	<b>Codes</b>
<i>Ministers and government representatives participating in the ministerial segment of the sixty-second session of the Commission on Narcotic Drugs</i>	28. Member states signatory to the UN Drug Control Conventions meeting at the CND (21)

<i>take stock of the implementation of the commitments made over the past decade to jointly address and counter the world drug problem</i>	29. Policy Analysis (22)
<i>2019 target date set in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem of 2009</i>	30. Committed approach at international level (18)
<i>shared commitment to effectively addressing and countering the world drug problem</i>	31. Committed approach at international level (18)
<i>concerted and sustained action at the national and international levels</i>	32. Domestic and international effects of drugs (7)
<i>accelerating the implementation of existing drug policy commitments</i>	33. Need to increase action
<i>effectively addressing and countering the world drug problem in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights,</i>	34. Human rights (25)
<i>with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States</i>	35. International law on sovereignty (26)
<i>all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States</i>	36. Human rights and diplomatic tools of engagement (27)
<i>determination to address and counter the world drug problem and to actively promote a society free of drug abuse</i>	37. War on drug abuse
<i>ensure that all people can live in health, dignity and peace, with security and prosperity,</i>	38. Health, security and well-being of mankind (6)
<i>determination to address public health, safety and social problems resulting from drug abuse</i>	39. Negatively effect the whole of society (3)

### **Extracts from Way forward – We commit**

*We commit to safeguarding our future and ensuring that no one affected by the world drug problem is left behind by enhancing our efforts to bridge the gaps in addressing the persistent and emerging trends and challenges through the implementation of balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug*

*problem, placing the safety, health and well-being of all members of society, in particular our youth and children, at the centre of our efforts;*

*We commit to accelerating, based on the principle of common and shared responsibility, the full implementation of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, the Joint Ministerial Statement of the 2014 highlevel review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action and the outcome document of the special session of the General Assembly on the world drug problem held in 2016, aimed at achieving all commitments, operational recommendations and aspirational goals set out therein;*

*We commit to further strengthening cooperation and coordination among national authorities, particularly in the health, education, social, justice and law enforcement sectors, and between governmental agencies and other relevant stakeholders, including the private sector, at all levels, including through technical assistance;*

*We commit to strengthening bilateral, regional and international cooperation and promoting information-sharing, in particular among judicial and law enforcement authorities, in order to respond to the serious challenges posed by the increasing links between drug trafficking, corruption and other forms of organized crime, including trafficking in persons, trafficking in firearms, cybercrime and money-laundering, and in some cases terrorism, including money-laundering in connection with the financing of terrorism, and to effectively identify, trace, freeze, seize, and confiscate assets and proceeds of drug-related crime and ensure their disposal, including sharing, in accordance with the 1988 Convention, and, as appropriate, their return, consistent with the United Nations Convention against Corruption and the United Nations Convention against Transnational Organized Crime;*

*We commit to continuing to mobilize resources, including for the provision of technical assistance and capacity-building at all levels, to ensure that all Member States can effectively address and counter emerging and persistent drug-related challenges;*

*We commit to increasing the provision of technical assistance and capacity building to Member States, upon request, in particular those most affected by the world drug problem, including by illicit cultivation and production, transit and consumption;*

*We commit to supporting the Commission on Narcotic Drugs continuing, within its mandate, as the principal policymaking body of the United Nations with prime responsibility for drug control matters, including, but not limited to, fostering broad, transparent and inclusive discussions within the Commission, involving, as appropriate, all relevant stakeholders, such as law enforcement, judicial and health-care personnel, civil society, academia and relevant United Nations entities, on effective strategies to address and counter the world drug problem at all levels, including through the sharing of information, best practices and lessons learned;*

*We commit to strengthening the work of the Commission on Narcotic Drugs with the World Health Organization and the International Narcotics Control Board, within their treaty-based mandates, as well as with the United Nations Office on Drugs and Crime, to continue to facilitate informed scheduling decisions on the most persistent, prevalent and harmful substances, including synthetic drugs and new psychoactive substances, precursors,*

*chemicals and solvents, while ensuring their availability for medical and scientific purposes, and commit to strengthening the dialogue of the Commission with the International Narcotics Control Board on the implementation of the three international drug control conventions, and with relevant international organizations;*

*We commit to ensuring that the Commission-led follow-up on the implementation of all commitments to address and counter the world drug problem made since 2009 is done in a single track, which entails the following: (a) Devoting a single standing agenda item at each regular session of the Commission to the implementation of all commitments; (b) Ensuring that collection of reliable and comparable data, through a strengthened and streamlined annual report questionnaire, reflects all commitments; (c) Requesting the Executive Director of the United Nations Office on Drugs and Crime to adapt the existing biennial report, transforming it into a single report, to be prepared on a biennial basis, within existing resources, on the basis of the responses provided by Member States to the strengthened and streamlined annual report questionnaire on progress made to implement all commitments at the national, regional and international levels, the first of which reports should be submitted for consideration by the Commission at its sixty-fifth session, in 2022*

*We commit to promoting and improving the collection, analysis and sharing of quality and comparable data, in particular through targeted, effective and sustainable capacity-building, in close cooperation with the International Narcotics Control Board and the World Health Organization, as well as with the United Nations Office on Drugs and Crime and other relevant partners, including through the cooperation between the Commission on Narcotic Drugs and the Statistical Commission, with a view to strengthening national data-collection capacity in order to improve the response rate and expand the geographical and thematic reporting of related data in accordance with all commitments;*

*Following up to this Ministerial Declaration, we resolve to review in the Commission on Narcotic Drugs in 2029 our progress in implementing all our international drug policy commitments, with a mid-term review in the Commission on Narcotic Drugs in 2024.*

<b>Sentence</b>	<b>Code</b>
to safeguarding our future and ensuring that no one affected by the world drug problem is left behind	40. UN SDGs 2030
enhancing our efforts to bridge the gaps in addressing the persistent and emerging trends and challenges through the implementation of balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses	41. Holistic framework (24)
placing the safety, health and well-being of all members of society, in particular our youth and children, at the centre of our efforts	42. Health, security and well-being of mankind (6) 43. Vulnerable group (5)

<p>accelerating, based on the principle of common and shared responsibility, the full implementation of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, the Joint Ministerial Statement of the 2014 highlevel review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action and the outcome document of the special session of the General Assembly on the world drug problem held in 2016, aimed at achieving all commitments, operational recommendations and aspirational goals set out therein</p>	<p>44. Committed approach at international level (18)</p>
<p>strengthening cooperation and coordination among national authorities, particularly in the health, education, social, justice and law enforcement sectors</p>	<p>45. Joint efforts between different actors (10)</p>
<p>between governmental agencies and other relevant stakeholders, including the private sector, at all levels, including through technical assistance</p>	<p>46. Joint efforts between different actors (10)</p>
<p>strengthening bilateral, regional and international cooperation and promoting information-sharing, in particular among judicial and law enforcement authorities</p>	<p>47. Joint efforts between different actors (10)</p>
<p>respond to the serious challenges posed by the increasing links between drug trafficking, corruption and other forms of organized crime, including trafficking in persons, trafficking in firearms, cybercrime and money-laundering, and in some cases terrorism, including money-laundering in connection with the financing of terrorism, and to effectively identify, trace, freeze, seize, and confiscate assets and proceeds of drug-related crime and ensure their disposal</p>	<p>48. Negatively effect the whole of society</p>
<p>1988 Convention, and, as appropriate, their return, consistent with the United Nations Convention against Corruption and the United Nations Convention against Transnational Organized Crime</p>	<p>49. 1961, 1971, 1988 UN Drug Control Conventions providing legal basis for international drug control</p>
<p>continuing to mobilize resources, including for the provision of technical assistance and capacity-building at all levels, to ensure that all Member States can effectively address</p>	<p>50. Joint efforts between different actors (10)</p>

and counter emerging and persistent drug-related challenges	
provision of technical assistance and capacity building to Member States, upon request, in particular those most affected by the world drug problem, including by illicit cultivation and production, transit and consumption	51. Reduce illicit cultivation of narcotic and psychotropic drugs
supporting the Commission on Narcotic Drugs continuing, within its mandate, as the principal policymaking body of the United Nations with prime responsibility for drug control matters, including, but not limited to, fostering broad, transparent and inclusive discussions within the Commission, involving, as appropriate, all relevant stakeholders, such as law enforcement, judicial and health-care personnel, civil society, academia and relevant United Nations entities, on effective strategies to address and counter the world drug problem at all levels, including through the sharing of information, best practices and lessons learned;	52. Cooperation with UN 53. Joint efforts between different actors (10)
strengthening the work of the Commission on Narcotic Drugs with the World Health Organization and the International Narcotics Control Board,	54. Inter-institutional cooperation 55. Cooperation with UN (52) 56. Joint efforts between different actors (10)
Commission-led follow-up on the implementation of all commitments to address and counter the world drug problem made since 2009	57. Policy analysis (22)
(a) Devoting a single standing agenda item at each regular session of the Commission to the implementation of all commitments; (b) Ensuring that collection of reliable and comparable data, through a strengthened and streamlined annual report questionnaire, reflects all commitments; (c) Requesting the Executive Director of the United Nations Office on Drugs and Crime to adapt the existing biennial report, transforming it into a single report, to be prepared on a biennial basis, within existing resources, on the basis of the responses provided by Member States to the strengthened and streamlined annual report questionnaire on progress made to implement all commitments at the national, regional and international levels, the first of which reports should be submitted for	58. Policy analysis (22)

consideration by the Commission at its sixty-fifth session, in 2022	
promoting and improving the collection, analysis and sharing of quality and comparable data	59. Disaggregated data
targeted, effective and sustainable capacity-building, in close cooperation with the International Narcotics Control Board and the World Health Organization, as well as with the United Nations Office on Drugs and Crime and other relevant partners, including through the cooperation between the Commission on Narcotic Drugs and the Statistical Commission, with a view to strengthening national data-collection capacity in order to improve the response rate and expand the geographical and thematic reporting of related data in accordance with all commitments	60. Inter Institutional cooperation (54) 61. Cooperation with UN (52) 62. Disaggregated data (59)
review in the Commission on Narcotic Drugs in 2029 our progress in implementing all our international drug policy commitments, with a mid-term review in the Commission on Narcotic Drugs in 2024	63. Policy analysis (22)

#### UNGA Resolution 2016

*10. Urges Member States to address the relevant socioeconomic factors that relate to the world drug problem through a comprehensive, integrated and balanced approach that incorporates drug policies in a broader socioeconomic and development agenda, in compliance with the three international drug control conventions;*

*15. Urges Member States to increase the availability, coverage and quality of scientific evidence-based prevention measures and tools that target relevant age and risk groups in multiple settings, reaching youth in school as well as out of school, among others, through drug abuse prevention programmes and public awareness raising campaigns, including by using the Internet, social media and other online platforms, to develop and implement prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace, and to enhance the capacity of teachers and other relevant professionals to provide or recommend counselling, prevention and care services*

*28. Urges Member States to ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, and to ensure that women, including detained women, have access to*

*adequate health services and counselling, including those particularly needed during pregnancy*

*45. Urges all Member States to enact comprehensive measures aimed at stemming the abuse of prescription drugs, in particular through the establishment of awareness-raising initiatives targeting the general public and health-care providers*

*62. Urges Member States to promote partnerships and innovative cooperation initiatives with the private sector, civil society and international financial institutions to create conditions more conducive to productive investments targeted at job creation in areas and among communities affected by or at risk of illicit drug cultivation, production, manufacturing, trafficking and other illicit drug – related activities in order to prevent, reduce or eliminate them, and share best practices, lessons learned, expertise and skills in this regard*

*66. Urges Member States to increase cooperation at all levels and enhance measures to prevent and significantly and measurably reduce or eliminate the illicit cultivation of opium poppy, coca bush and cannabis plant used for the production of narcotic drugs and psychotropic substances, including through eradication, within the framework of sustainable crop control strategies and measures*

*90. Urges Member States to continue to actively cooperate with the International Narcotics Control Board in the exercise of its mandate, and reiterates the need to ensure that an appropriate level of resources is made available to the Board to enable it to engage with Governments to effectively monitor compliance by States parties with the three international drug control conventions*

<b>Sentence</b>	<b>Codes</b>
<i>address the relevant socioeconomic factors</i>	64. Poverty (15)
<i>comprehensive, integrated and balanced approach</i>	65. Holistic Framework (24)
<i>incorporates drug policies in a broader socioeconomic and development agenda</i>	66. UN SDGs 2030 (40)
<i>In compliance with the three international drug control conventions</i>	67. 1961, 1971 and 1988 UN Control Conventions, providing the legal basis for international drug control (49)
<i>increase the availability, coverage and quality of scientific evidence-based prevention measures and tools</i>	68. Evidence based prevention tools of good quality and large outreach
<i>target relevant age and risk groups in multiple settings</i>	69. Disaggregated data (59)
<i>reaching youth in school as well as out of school</i>	70. Vulnerable group (youths) (5)
<i>programmes and public awareness raising campaigns, including by using the Internet, social media and other online platforms,</i>	71. Holistic education for all (71)
<i>prevention curricula and early intervention programmes for use in the education system</i>	72. Holistic education for all (71)

<i>at all levels, as well as in vocational training, including in the workplace,</i>	
<i>capacity of teachers and other relevant professionals to provide or recommend counselling, prevention and care services</i>	73. Joint efforts between actors (10)
<i>ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes</i>	74. Non discriminatory health services
<i>offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community</i>	75. Non Discriminatory health services (74)
<i>ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy</i>	76. Gender and women's needs during pregnancy
<i>comprehensive measures aimed at stemming the abuse of prescription drugs</i>	77. Abuse from prescription drugs
<i>awareness-raising initiatives targeting the general public and health-care providers</i>	78. Holistic education for all (71)
<i>promote partnerships and innovative cooperation initiatives with the private sector, civil society and international financial institutions to create conditions more conducive to productive investments targeted at job creation in areas and among communities affected by or at risk of illicit drug cultivation, production, manufacturing, trafficking and other illicit drug – related activities</i>	79. Joint efforts between different actors (10)
<i>share best practices, lessons learned, expertise and skills in this regard</i>	80. Dialogue and exchange of best practice
<i>increase cooperation at all levels</i>	81. Joint efforts between different actors (10)
<i>and enhance measures to prevent and significantly and measurably reduce or eliminate the illicit cultivation of opium poppy, coca bush and cannabis plant used for the production of narcotic drugs and psychotropic substances, including through eradication</i>	82. Reduce illicit cultivation of narcotic and psychotropic drugs (51)
<i>within the framework of sustainable crop control strategies and measures</i>	83. UN SDGs 2030 (40)
<i>actively cooperate with the International Narcotics Control Board in the exercise of its mandate</i>	84. Cooperation with the UN (52)
<i>appropriate level of resources is made available to the Board to enable it to engage with Governments to effectively monitor compliance by States parties</i>	85. Role of the INCB to monitor compliance

<i>three international drug control conventions</i>	86. 1961, 1971 and 1988 UN Control Conventions, providing the legal basis for international drug control (67)
---	---

## UNGA Resolution 2021

*15. Urges Member States to address the relevant socioeconomic factors that relate to the world drug problem through a comprehensive, integrated and balanced approach that incorporates drug policies into a broader socioeconomic development agenda, in compliance with the three international drug control conventions*

*21. Urges Member States to increase the availability, coverage and quality of scientific evidence-based prevention measures and tools that target relevant age and risk groups in multiple settings, including in educational institutions, in both the public and private sectors, reaching youth in school as well as out of school, among others, including by providing children and youth with information on drug abuse and its harmful effects and consequences as well as drug use prevention programmes and public awareness-raising campaigns, including by using the Internet, social media and other online platforms, to develop and implement prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace, and to enhance the capacity of teachers and other relevant professionals to provide or recommend counselling, prevention and care services, and opportunities to choose healthy lifestyles, and to promote safe and drug-free environments in educational settings*

*42. Urges Member States to ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, and to ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy*

*54. Urges Member States and other donors to continue to provide bilateral and other funding for the global drug problem response, including in particular the HIV/AIDS response, including to the Joint United Nations Programme on HIV/AIDS, and to strive to ensure that such funding contributes to addressing the growing HIV/AIDS epidemic among people who inject drugs, and HIV/AIDS in prison settings, in the spirit of the pledge made in the 2030 Agenda for Sustainable Development to leave no one behind*

*58. Urges all Member States to enact comprehensive measures aimed at stemming the abuse, diversion and misuse of prescription drugs, in particular through the establishment of awareness-raising initiatives targeting the general public and health-care providers*

*77. Urges Member States to promote partnerships and innovative cooperation initiatives with the private sector, civil society and international financial institutions to create conditions more conducive to productive investments targeted at job creation in areas and among*

*communities affected by or at risk of illicit drug cultivation, production, manufacturing, trafficking and other illicit drug-related activities in order to prevent, reduce or eliminate them, and share best practices, lessons learned, expertise and skills in this regard*

*79. Urges Member States to increase cooperation at all levels and enhance measures to prevent and significantly and measurably reduce or eliminate the illicit cultivation of opium poppy, coca bush and cannabis plant used for the production of narcotic drugs and psychotropic substances, including through eradication, within the framework of sustainable crop control strategies and measures*

*101. Urges Member States to continue to actively cooperate with the International Narcotics Control Board in the exercise of its mandate, and reiterates the need to ensure that an appropriate level of resources is made available to the Board to enable it to engage with Governments to effectively monitor compliance by States parties with the three international drug control conventions*

<b>Sentence</b>	<b>Codes</b>
<i>address the relevant socioeconomic factors</i>	87. Poverty (15)
<i>comprehensive, integrated and balanced approach</i>	88. Holistic Framework (24)
<i>broader socioeconomic development agenda</i>	89. UN SDGs 2030 (40)
<i>in compliance with the three international drug control conventions</i>	90. 1961, 1971 and 1988 UN Control Conventions, providing the legal basis for international drug control (67)
<i>increase the availability, coverage and quality of scientific evidence-based prevention measures and tools</i>	91. Evidence based prevention tools of good quality and large outreach
<i>target relevant age and risk groups in multiple settings</i>	92. Disaggregated data (59)
<i>reaching youth in school as well as out of school,</i>	93. Vulnerable group (youth) (5)
<i>including by providing children and youth with information on drug abuse and its harmful effects and consequences as well as drug use prevention programmes</i>	94. Vulnerable group (children) (5) 95. Destruction (1)
<i>public awareness-raising campaigns, including by using the Internet, social media and other online platforms,</i>	96. Holistic education for all (71)
<i>prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace,</i>	97. Holistic education for all (71)
<i>capacity of teachers and other relevant professionals to provide or recommend counselling, prevention and care services,</i>	98. Joint efforts between different actors (10)

<i>opportunities to choose healthy lifestyles, and to promote safe and drug-free environments</i>	99. Promote a drug free environment and propose healthy lifestyles
<i>ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes</i>	100. Non discriminatory health services (74)
<i>persons in prison or pretrial detention, which are to be on a level equal to those available in the community</i>	101. Non discriminatory health services (74)
<i>ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy</i>	102. Gender and women's needs during pregnancy (76)
<i>provide bilateral and other funding for the global drug problem response</i>	103. Multilateral cooperation and funding
<i>particular the HIV/AIDS response, including to the Joint United Nations Programme on HIV/AIDS,</i>	104. International response to HIV/AIDS
<i>growing HIV/AIDS epidemic among people who inject drugs, and HIV/AIDS in prison settings</i>	105. Growing HIV/AIDS epidemic 106. Acute in prison settings
<i>spirit of the pledge made in the 2030 Agenda for Sustainable Development to leave no one behind</i>	107. UN SDGs 2030 (40)
<i>comprehensive measures aimed at stemming the abuse, diversion and misuse of prescription drugs</i>	108. Abuse from prescription drugs (77)
<i>awareness-raising initiatives targeting the general public and health-care providers</i>	109. Holistic education for all (71)
<i>partnerships and innovative cooperation initiatives with the private sector, civil society and international financial institutions to create conditions more conducive to productive investments targeted at job creation in areas and among communities affected by or at risk of illicit drug cultivation, production, manufacturing, trafficking and other illicit drug-related activities</i>	110. Joint efforts between different actors (10)
<i>share best practices, lessons learned, expertise and skills in this regard</i>	111. Dialogue and exchange of best practice (80)
<i>increase cooperation at all levels</i>	112. Joint efforts between different actors (10)
<i>enhance measures to prevent and significantly and measurably reduce or</i>	113. Reduce illicit cultivation of narcotic and psychotropic drugs (51)

<i>eliminate the illicit cultivation of opium poppy, coca bush and cannabis plant</i>	
<i>framework of sustainable crop control strategies and measures</i>	114. UN SDGs 2030 (40)
<i>actively cooperate with the International Narcotics Control Board in the exercise of its mandate</i>	115. Cooperation with the UN (52)
<i>appropriate level of resources is made available to the Board to enable it to engage with Governments to effectively monitor compliance by States parties</i>	116. Role of the INCB to monitor compliance
<i>three international drug control conventions</i>	117. 1961, 1971 and 1988 UN Control Conventions, providing the legal basis for international drug control (67)

From codes to themes

<b>Codes</b>	<b>Themes for UNGA</b>
Health, security and well-being of mankind; Negatively effect the whole of society; Destruction; Stall development; Domestic and international effects of drugs; Threat to the whole of society; Poverty; Drugs take away agency	<b>Drugs are a threat to the health, security and well-being of humankind</b>
Joint efforts between different actors; Timeline of action taken at international level; set of overarching goals; member states signatory to the UN Drug Control Conventions meeting at the CND; Policy analysis; Holistic framework; International law on sovereignty; Human rights and diplomatic tools of engagement; reduce illicit cultivation of narcotic and psychotropic drugs; UN SDG's 2030; 1961, 1971, 1988 UN Drug Control Conventions providing legal basis for international drug control; Multilateral cooperation and funding; international response to HIV/AIDS; role of INCB to monitor compliance; Dialogue and exchange of best practices; Committed approach at international level; war on drug abuse; Cooperation with UN; Interinstitutional cooperation	<b>International consensus on addressing and countering the world drug problem</b>

<p>Holistic education for all; Holistic framework; Evidence based prevention tools of good quality and large outreach; Non-discriminatory health services; Promote a drug free environment and propose healthy life styles; Joint efforts between different actors; Human rights; Human rights and diplomatic tools of engagement</p>	<p><b>Holistic approach to address the world drug problem</b></p>
<p>Disaggregated data; Drugs take away agency; Vulnerable group; Gender and women’s needs during pregnancy; Policy analysis; Growing HIV/AIDS epidemic; acute in prison settings; abuse from prescription drugs; Evidence based prevention tools of good quality; joint efforts between different groups; Dialogue and exchange of best practices</p>	<p><b>Different groups require different policy options</b></p>

The Alternative World Drug report (2016) Threatening public health, spreading disease and death

*While the war on drugs has primarily been promoted as a way of protecting health, it has in reality achieved the opposite. It has not only failed in its key aim of significantly reducing or eliminating drug use, but has increased risks and created new health harms – while establishing political and practical obstacles to effective public health interventions that might reduce these harms. Prevention and Harm Reduction messages are undermined by the criminalisation of target populations, leading to distrust and stigmatisation. Criminalisation encourages high-risk drug-using behaviours, such as injecting in unhygienic, unsupervised environments. Enforcement tilts the market towards more potent but profitable drug products. It can also fuel the emergence of new, high-risk drugs (or novel psychoactive substances – NPS), and domestically manufactured drugs. Illegally produced and supplied drugs are of unknown strength and purity, increasing the risk of overdose, poisoning and infection. The emotive politics of the drug war, and stigmatisation of drug users, has created obstacles to the provision of effective Harm Reduction services, which, despite proven cost-effectiveness, remain unavailable in many parts of the world. This fuels overdose deaths, the spread of HIV/AIDS, hepatitis, and tuberculosis among people who inject drugs. The growing population of people who use drugs in prisons has created a particularly acute health crisis, as prisons are high-risk environments, inadequately equipped to deal with the health challenges they face. The development impacts of the war on drugs have had much wider negative impacts on health service provision, with billions diverted from proven health programmes into counterproductive enforcement. Drug-war politics have had a chilling effect on the provision of opiates for pain relief and palliative care, with over five billion people having little or no access to the medicines they need. There is an absence of evidence*

*that either supply-side or user-level enforcement interventions have dramatically reduced or eliminated use. Instead, drug-related risks are increased and new harms created – with the greatest burden carried by the most vulnerable populations.*

<b>Sentence</b>	<b>Codes</b>
<i>war on drugs has primarily been promoted as a way of protecting health, it has in reality achieved the opposite</i>	1. War on drugs in breach of the right to health
<i>failed in its key aim of significantly reducing or eliminating drug use</i>	2. No impact on prevalence of drug use
<i>increased risks and created new health harms</i>	3. Increased risks and harms
<i>establishing political and practical obstacles to effective public health interventions that might reduce these harms</i>	4. Acting as barrier to address harms resulting from war on drugs
<i>Prevention and Harm Reduction messages are undermined by the criminalisation of target populations distrust and stigmatisation</i>	5. Criminalisation acting as barrier to education and tools to minimise harm 6. Criminalisation contributing to stigma and distrust
<i>Criminalisation encourages high-risk drug-using behaviours, such as injecting in unhygienic, unsupervised environments</i>	7. Criminalisation acting as barrier to access health 8. HIV
<i>Enforcement tilts the market towards more potent but profitable drug products</i>	9. Role of enforcement on drug markets and availability of products
<i>fuel the emergence of new, high-risk drugs (or novel psychoactive substances – NPS), and domestically manufactured drugs</i>	10. Emergence of new psychoactive drugs
<i>Illegally produced and supplied drugs are of unknown strength and purity, increasing the risk of overdose, poisoning and infection</i>	11. Illicit products increases health risks
<i>emotive politics of the drug war, and stigmatisation of drug users, has created obstacles to the provision of effective Harm Reduction services, which, despite proven cost-effectiveness, remain unavailable in many parts of the world</i>	12. Emotive politics, morally driven policy and stigmatisation acting as barrier to provide Harm Reduction, although proven to be effective 13. Lack of global Harm Reduction coverage
<i>fuels overdose deaths, the spread of HIV/AIDS, hepatitis, and tuberculosis among people who inject drugs</i>	14. HIV
<i>The growing population of people who use drugs in prisons has created a particularly acute health crisis, as prisons are high-risk environments, inadequately equipped to deal with the health challenges they face</i>	15. Inadequate health services in prison

<i>billions diverted from proven health programmes into counterproductive enforcement.</i>	16. Inadequate and mismatched funding
<i>Drug-war politics have had a chilling effect on the provision of opiates for pain relief and palliative care, with over five billion people having little or no access to the medicines they need</i>	17. No access to equal health care
<i>absence of evidence that either supply-side or user-level enforcement interventions have dramatically reduced or eliminated use.</i>	18. No impact on prevalence of drug use
<i>drug-related risks are increased and new harms created</i>	19. Threat to health
<i>greatest burden carried by the most vulnerable populations.</i>	20. Vulnerable groups

### Taking stock: a decade of drug policy (2018) The right to health

*Despite increases in the number of countries providing various Harm Reduction interventions, only 1% of people who inject drugs worldwide live in countries with adequate coverage of both needle and syringe programmes (NSPs) and opioid substitution therapy (OST). Access to Harm Reduction is even more limited in prisons and other places of detention, resulting in the prevalence of HIV, hepatitis B and tuberculosis among people in prison being two to ten times higher than among the general population. The surge in overdose deaths – in particular in the United States where over 71,000 people died of an overdose in 2017 alone – is also a major issue of concern. While the federal response in the United States has overwhelmingly been law enforcement focused, Canada – which has also been affected by a surge in overdose deaths – has adopted a number of public health measures, including the opening of 25 new drug consumption rooms since 2016. The criminalisation and stigmatisation of people who use drugs has been identified by a number of UN agencies as a major barrier to accessing service provision. At national level, 26 countries have adopted a decriminalisation model to facilitate access to health services and reduce stigma and prison overcrowding. Meanwhile, 75% of the world population, concentrated in the Global South, remain without access to essential medications for pain relief, while 92% of morphine is being used by just 17% of the world population. Overall reforms remain inadequate to address this issue. However, countries such as Costa Rica, India, Mexico, Uganda and Ukraine have recently taken various steps to improve access to morphine for palliative care and pain relief, and 48 countries have now established medicinal cannabis systems for a number of ailments*

<b>Sentence</b>	<b>Codes</b>
<i>increases in the number of countries providing various Harm Reduction interventions</i>	21. Harm Reduction

<i>only 1% of people who inject drugs worldwide live in countries with adequate coverage of both needle and syringe programmes (NSPs) and opioid substitution therapy (OST).</i>	22. Lack of global Harm Reduction coverage
<i>Access to Harm Reduction is even more limited in prisons and other places of detention, resulting in the prevalence of HIV, hepatitis B and tuberculosis among people in prison being two to ten times higher than among the general population</i>	23. Limited access of Harm Reduction in prison, resulting in increased risks of HIV
<i>surge in overdose deaths – in particular in the United States where over 71,000 people died of an overdose in 2017 alone – is also a major issue of concern.</i>	24. Surge of OD deaths in USA
<i>federal response in the United States has overwhelmingly been law enforcement focused,</i>	25. USA enforcement
<i>Canada – which has also been affected by a surge in overdose deaths – has adopted a number of public health measures, including the opening of 25 new drug consumption rooms since 2016</i>	26. Canada health approach
<i>criminalisation and stigmatisation of people who use drugs has been identified by a number of UN agencies as a major barrier to accessing service provision</i>	27. Criminalisation acting as barrier to access health (7)
<i>26 countries have adopted a decriminalisation model to facilitate access to health services and reduce stigma and prison overcrowding</i>	28. Decriminalisation to facilitate health, reduce stigma and prison overcrowding
<i>75% of the world population, concentrated in the Global South, remain without access to essential medications for pain relief</i>	29. No access to equal health care
<i>92% of morphine is being used by just 17% of the world population.</i>	30. No access to equal health care
<i>reforms remain inadequate to address this issue</i>	31. Reform inadequate
<i>Costa Rica, India, Mexico, Uganda and Ukraine have recently taken various steps to improve access to morphine for palliative care and pain relief,</i>	32. Examples of good practices promoting equal access to health care
<i>48 countries have now established medicinal cannabis systems for a number of ailments</i>	33. Recognition of cannabis as a medicine by national governments

Taking stock of half a decade of drug policy, an evaluation of UNGASS Implementation (2021) A public health approach

*World Health Organization (WHO) data shows an increase in the number of people who died of ‘drug use disorders’ from 154,811 in 2015 to 181,758 in 2019, with the total number of deaths associated with drug use (including those related to HIV and hepatitis C) estimated at 585,000 in 2017. People who inject drugs remain particularly vulnerable to HIV, hepatitis C and tuberculosis infection, while overdose deaths have reached record highs. The continued lack of access to Harm Reduction and evidence-based treatment services is one of the main reasons for this trend, with little progress made since 2016. The ongoing criminalisation, stigmatisation and acts of intimidation, abuse, ill-treatment and torture against people who use drugs are also major contributing factors. Restrictions due to the COVID-19 pandemic have further limited availability and access – although in some contexts COVID-19 has led to the development of innovative Harm Reduction approaches, and to much-needed flexibility in the rules for accessing treatment. Meanwhile, five billion people around the globe have little to no access to controlled medicines for pain relief, anaesthesia and the treatment of drug dependence, mainly due to unnecessary restrictive regulations. The problem predominantly affects the world’s poorest, especially in the Global South. This is despite advances in global commitments to address this ongoing crisis. The long-overdue recognition of the medicinal value of cannabis by the UN in December 2020 is a small, but significant, step in the right direction.*

<b>Sentence</b>	<b>Codes</b>
<i>World Health Organization (WHO) data shows an increase in the number of people who died of ‘drug use disorders’ from 154,811 in 2015 to 181,758 in 2019, with the total number of deaths associated with drug use (including those related to HIV and hepatitis C) estimated at 585,000 in 2017</i>	34. HIV 35. Increased risks and harms
<i>People who inject drugs remain particularly vulnerable to HIV, hepatitis C and tuberculosis infection, while overdose deaths have reached record highs</i>	
<i>continued lack of access to Harm Reduction and evidence-based treatment services is one of the main reasons for this trend, with little progress made since 2016</i>	36. Harm Reduction 37. Lack of global Harm Reduction coverage
<i>ongoing criminalisation, stigmatisation and acts of intimidation, abuse, ill-treatment and torture against people who use drugs are also major contributing factors</i>	38. Criminalisation acting as barrier to access health 39. Criminalisation contributing to stigma and ill-treatment

<i>Restrictions due to the COVID-19 pandemic have further limited availability and access</i>	40. Covid acting as barrier to access Harm Reduction
<i>although in some contexts COVID-19 has led to the development of innovative Harm Reduction approaches, and to much-needed flexibility in the rules for accessing treatment</i>	41. Covid pushing innovative solutions to address Harm Reduction
<i>five billion people around the globe have little to no access to controlled medicines for pain relief, anaesthesia and the treatment of drug dependence, mainly due to unnecessary restrictive regulations</i>	42. No access to equal health care
<i>The problem predominantly affects the world's poorest, especially in the Global South</i>	43. No access to equal health care
<i>This is despite advances in global commitments to address this ongoing crisis</i>	44. Reform inadequate
<i>The long-overdue recognition of the medicinal value of cannabis by the UN in December 2020 is a small, but significant, step in the right direction</i>	45. Recognition of cannabis as a medicine by UN

#### From codes to themes

<b>Codes</b>	<b>Themes for TANs</b>
War on drugs in breach of the right to health; no impact on prevalence of drug use; Increased risks and harms; HIV; Emergence of new psychoactive drugs; Illicit products increase health risks; threat to health; surge of OD deaths in USA; Reform inadequate; inadequate and mismatched funding; no access to equal health care; lack of global Harm Reduction coverage;	<b>Consequences of international cooperation to address the world drug problem</b>
Acting as barrier to address harms resulting from war on drugs; criminalisation acting as barrier to education and tools to minimise harm; criminalisation contributing to stigma and distrust; criminalisation acting as barrier to access health; emergence of new psychoactive drugs; emotive politics, morally driven policy and stigmatisation acting as barrier to provide Harm Reduction, although proven to be effective; role of enforcement on drug markets and	<b>Criminal policy jeopardising the right to health</b>

<p>availability of products; threat to health; HIV; inadequate health services in prison; increased risks and harms</p>	
<p>Morally driven policy and stigmatisation acting as barrier to provide Harm Reduction; No access to equal health care; Reform inadequate; limited access to Harm Reduction in prison; lack of global Harm Reduction coverage; Harm Reduction; inadequate and mismatched funding; vulnerable groups; Covid acting as barrier to access Harm Reduction</p>	<p><b>International drug control fuels inequality</b></p>
<p>War on drugs in breach of the right to health; Canada health approach; USA enforcement; decriminalisation to facilitate health, reduce stigma and prison overcrowding; examples of good practices promoting equal access to health care; recognition of cannabis as a medicine by national governments, Harm Reduction; Covid pushing innovative solutions to address Harm Reduction; Recognition of cannabis as medicine by the UN</p>	<p><b>Shrinking international consensus on addressing and countering the world drug problem</b></p>

## Appendix V Ethical approval

SWB FREC <research-ethics.fsw@um.edu.mt>

1 Mar 2021, 11:08

Dear Karen Mamo,

Your research ethics proposal has been received.

As indicated in the [Research Ethics Review Procedures](#), E&DP forms which have no self-assessment issues are kept for record and audit purposes only. Hence, **research may commence**.

Kindly note that **FREC will not issue any form of approval** as the responsibility for the self-assessment part lies exclusively with the researcher.

Regards,



**L-Università  
ta' Malta**

### **Faculty Research Ethics Committee**

Faculty for Social Wellbeing  
Room 113, Humanities A Building  
+356 2340 3689, +356 2340 2237

[um.edu.mt/socialwellbeing/students/researchethics](http://um.edu.mt/socialwellbeing/students/researchethics)

## Appendix VI Definitions

**Biopower:** as coined by Foucault biopower emerges in the 17<sup>th</sup> century and considers a dual relation between power and knowledge. Therefore, modern power is not imposed by collective agents from above, such as a dominant class, but is developed in a dualistic relationship from below and through micro techniques such as medical examination (Fairclough, 1992).

**Hegemony:** originates from Gramsci's work analysing western capitalism and identifies the role of power over society enacted across economic, political, cultural and ideological domains. Hegemony represents an unstable equilibrium whereby power is strengthened through alliances and integration as opposed subordination. Therefore, hegemony is a space of constant struggle, with different ideological formations competing to become naturalised (Fairclough, 1992).

**Ideology:** represents constructions of reality, thus including the physical world, social relations and social identities, and directly contributes to reproduce or transform relations of power and domination (Fairclough, 1992).

## Bibliography

- Barrett, D. (2010). Security, development and human rights: normative, legal and policy challenges for the international drug control system. *International Journal of Drug Policy* 21, 140-144. <https://pubmed.ncbi.nlm.nih.gov/20116987/>
- Berridge, G., & James, A. (2003). A dictionary of diplomacy. *Palgrave Macmillan*. [http://kamudiplomasisi.org/pdf/kitaplar/\\_adictionaryofdiplomacy.pdf](http://kamudiplomasisi.org/pdf/kitaplar/_adictionaryofdiplomacy.pdf)
- Bridge, J., Hallam, C., Nougier, M., Cangas, M. H., Jelsma, M., Blickman, T., Bowdery, D. (2021). *Edging forward: How the UN's language on drugs has advanced since 1990*. <https://idpc.net/publications/2021/04/edging-forward-how-the-un-s-language-on-drugs-has-advanced-since-1990-version-2>
- Bewley-Taylor, D., & Jelsma, M. (2011). Regime change: Re-visiting the 1961 Single Convention on Narcotic Drugs. *International Journal of Drug Policy* 23, 72-81. <https://www.sciencedirect.com/science/article/abs/pii/S0955395911001575?via%3Dihub>
- Calleja, S. (2022). *Labour's cannabis law paves the way for generations of junkies*. <https://www.independent.com.mt/articles/2022-01-22/local-news/Labour-s-cannabis-law-paves-the-way-for-generations-of-junkies-6736240006>
- CESCR. (2000, Aug 11). E/C.12/2000/4 General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant). *UN Committee on Economic, Social and Cultural Rights (CESCR)*. <https://www.refworld.org/docid/4538838d0.html>
- Chilton, P., & Schaffner, C. (2004). Discourse and Politics. In T. A. Dijk, *Discourse as social interaction* (pp. 206-231). London: SAGE.
- Costa, A. M. (2011). Statement by the United Nations Under-Secretary-General and Executive Director of the United Nations office on Drugs and Crime, Mr. Antonio Maria Costa, to the opening of the high-level segment of the Commission on Narcotic Drugs at its fifty-second session. *UN Library*. <https://www.un-ilibrary.org/content/books/9789210555838c002>
- Creswell, J. W. (2009). *Research Design; qualitative, quantitative and mixed methods approaches*. California: SAGE Publications.
- Csete, J., Kamarulzaman, A., Kazatchkine, M., Altice, F., Balicki, M., & Buxton, J. (2016). *Public health and international drug policy*. The Lancet. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00619-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00619-X/fulltext)
- D'Acquisto, G. (2017). *A Linguistic Analysis of Diplomatic Discourse: UN Resolutions on the question of Palestine*. Cambridge Scholars Publishing. <https://www.cambridgescholars.com/product/978-1-4438-5072-8>
- Dijk, T. v. (2015). Critical Discourse Analysis. In D. Tannen, H. E. Hamilton, & D. Schiffrin (Eds.), *The Handbook of Discourse Analysis* (pp. 466-485). John Wiley & Sons, Inc. <https://onlinelibrary.wiley.com/doi/book/10.1002/9781118584194>
- Fairclough, N. (1989). *Language and Power*. Essex: Longman Group UK.

- Fairclough, N. (1992). *Discourse and Social Change*. Cambridge: Blackwell Publishing.
- Fairclough, N. (1995). *Critical discourse analysis: the critical study of language*. New York: Longman Group.
- Fairclough, N. (2012). Critical Discourse Analysis. *International Advances in Engineering and Technology (IAET)*, 7, 452-487.  
[https://www.academia.edu/31906816/Critical\\_discourse\\_analysis](https://www.academia.edu/31906816/Critical_discourse_analysis)
- Freire, P. (1970). *Pedagogy of the Oppressed*. New York: The Continuum International Publishing Group Inc.
- Galtung, J. (1969). Violence, Peace and Peace Research. *Journal of Peace Research*, 6(3), 167-191.  
[http://www2.kobe-u.ac.jp/~alexroni/IPD%202015%20readings/IPD%202015\\_7/Galtung\\_Violence,%20Peace,%20and%20Peace%20Research.pdf](http://www2.kobe-u.ac.jp/~alexroni/IPD%202015%20readings/IPD%202015_7/Galtung_Violence,%20Peace,%20and%20Peace%20Research.pdf)
- Greenleaf, A. T., & Williams, J. M. (2009). Supporting Social Justice Advocacy: A paradigm shift towards an ecological perspective supporting social justice advocacy: a paradigm shift towards an ecological perspective. *Journal for Social Action in Counselling & Psychology*, 2(1) 11-14.  
<https://openjournals.bsu.edu/jsacp/article/view/217>
- Greer, S. L., Wismar, M., Pastorino, G., & Kosinska, M. (2017). *Civil Society and Health*. WHO Regional Office for Europe. <https://www.euro.who.int/en/publications/abstracts/civil-society-and-health-contributions-and-potential-2017>
- Haviland et al. (2008). Harnessing the power of Advocacy research collaborations, lessons from the field. *Feminist Criminology*, 3(4) 247-275. from <https://pubmed.ncbi.nlm.nih.gov/19890488/>
- Hunt, P. (2008). Human Rights, Health and Harm Reduction. *Harm Reduction 2008: IHRA's 19th International Conference* (pp. 1-14). International Harm Reduction Association.  
<https://www.hri.global/files/2010/06/16/HumanRightsHealthAndHarmReduction.pdf>
- Hunt, P. (2016). *Interpreting the International Right to Health in a Human Rights-Based Approach to Health*. Health and Human Rights: <https://www.hhrjournal.org/2016/12/interpreting-the-international-right-to-health-in-a-human-rights-based-approach-to-health/>
- Ismailov, F., Rayeva, G., Koblanova, A., Yelikbayev, B., & Yessenova, K. (2020). Analysis of political and diplomatic language in linguistic, cognitive and pragmatic aspects. *Revista de ciencias humanas y sociales*, 91, 804-819.  
<https://produccioncientificaluz.org/index.php/opcion/article/view/31882/33131>
- Jacobs, T. (2016). *The Language Diplomats Speak: A Discourse-theoretical Approach to the Negotiations in the EURONEST Parliamentary Assembly*. College of Europe.  
<http://aei.pitt.edu/85843/>
- Keck, M. E., & Sikkink, K. (1998). *Activists Beyond Borders*. London: Cornell University Press.
- Model United Nations*. (2022). United Nations: <https://www.un.org/en/model-united-nations/drafting-resolution>
- Miller, P. G., Strang, J., & Miller, P. M. (2010). *Addiction Research Methods*. West Sussex: Wiley-Blackwell.

- Morrow, R. A., & Brown, D. D. (1994). *Critical theory and methodology*. London: SAGE Publication.
- Murphy, T. (2013). *Health and Human Rights*. Oregon: Oxford and Portland.
- United Nations (2022). *General Assembly of the United Nations*. [https://www.un.org/en/ga/#:~:text=The%20UN%20General%20Assembly%20\(UNGA,Charter%20of%20the%20United%20Nations](https://www.un.org/en/ga/#:~:text=The%20UN%20General%20Assembly%20(UNGA,Charter%20of%20the%20United%20Nations).
- Newcombe, R. (2013). *Intoxiphobia: discrimination toward people who use drugs*. 3D Research. [https://www.academia.edu/34558548/Intoxiphobia\\_discrimination\\_toward\\_people\\_who\\_use\\_drugs](https://www.academia.edu/34558548/Intoxiphobia_discrimination_toward_people_who_use_drugs)
- Nougier, M. (2018). *Taking Stock: A Decade of Drug Policy, a civil society shadow report*. International Drug Policy Consortium. <https://idpc.net/publications/2018/10/taking-stock-a-decade-of-drug-policy-a-civil-society-shadow-report>
- Nougier, M., Fernandez, A., & Putri, A. (2021). *Taking Stock of Half a Decade of Drug Policy; an evaluation of UNGASS implementation*. International Drug Policy Consortium. <https://idpc.net/publications/2021/04/taking-stock-of-half-a-decade-of-drug-policy-an-evaluation-of-ungass-implementation>
- OHCHR. (1966, December 16). *International Covenant on Economic, Social and Cultural Rights*. From United Nations Human Rights Office of the High Commissioner: <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
- OHCHR. (2010, 2012, 2016, 2020). *Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*. United Nations Human Rights Office of the High Commissioner: <https://www.ohchr.org/en/special-procedures/sr-health>
- Pedro, P., & Panke, L. (2020). Diplomatic discourses: are they an object of Political Communication research? *Revista Brasileira de Ciências da Comunicação*, 43(2), 53-70. [http://old.scielo.br/scielo.php?script=sci\\_arttext&pid=S1809-58442020000200053&lng=pt&nrm=iso&tlng=en](http://old.scielo.br/scielo.php?script=sci_arttext&pid=S1809-58442020000200053&lng=pt&nrm=iso&tlng=en)
- Pete70003. (n.d.). *Chained bird*. <https://www.deviantart.com/pete70003/art/Chained-bird-52091317>
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: a primer on research paradigms and philosophy of science. *Journal of Conseling Psychology*, 52(2), 126-136. [https://www.researchgate.net/publication/232576307\\_Qualitative\\_Research\\_in\\_Counseling\\_Psychology\\_A\\_Primer\\_on\\_Research\\_Paradigms\\_and\\_Philosophy\\_of\\_Science](https://www.researchgate.net/publication/232576307_Qualitative_Research_in_Counseling_Psychology_A_Primer_on_Research_Paradigms_and_Philosophy_of_Science)
- POMPIDOU. (2015). *Policy paper on government interaction with civil society on drug policy issues: principles, ways and means, opportunities and challenges*. Drugs and Alcohol: <https://www.drugsandalcohol.ie/30826/>
- Ree, E. v. (1999). Drugs as a Human Right. *International Journal of Drug Policy*, 10(2) 89-98. <https://www.sciencedirect.com/science/article/abs/pii/S0955395999000080>

- Rolles, S., Murkin, G., Powell, M., Kushlick, D., Saunter, N., & Slater, J. (2016). *The Alternative World Drug Report*. London: Transform Drug Policy Foundation. <https://transformdrugs.org/publications/the-alternative-world-drug-report-2nd-edition>
- Schaffer, P. C. (2004). Discourse and Politics. In T. v. Dijk, *Discourse as social interaction* (pp. 206-231). London: SAGE.
- Scotland, J. (2012). Exploring the philosophical underpinnings of research: relating ontology and epistemology to the methodology and methods of the scientific, interpretative and critical research paradigms. *English Language teaching*, 5(9), 9-15. [https://www.researchgate.net/publication/266221532\\_Exploring\\_the\\_Philosophical\\_Underpinnings\\_of\\_Research\\_Relating\\_Ontology\\_and\\_Epistemology\\_to\\_the\\_Methodology\\_and\\_Methods\\_of\\_the\\_Scientific\\_Interpretative\\_and\\_Critical\\_Research\\_Paradigms](https://www.researchgate.net/publication/266221532_Exploring_the_Philosophical_Underpinnings_of_Research_Relating_Ontology_and_Epistemology_to_the_Methodology_and_Methods_of_the_Scientific_Interpretative_and_Critical_Research_Paradigms)
- Sánchez-Avilés, C., & Dytrich, O. (2017). The global drug prohibition regime: prospects for stability and change in an increasingly less prohibitionist world. *International Politics* 55, 463-481. [https://www.researchgate.net/publication/320360017\\_The\\_global\\_drug\\_prohibition\\_regime\\_prospects\\_for\\_stability\\_and\\_change\\_in\\_an\\_increasingly\\_less\\_prohibitionist\\_world](https://www.researchgate.net/publication/320360017_The_global_drug_prohibition_regime_prospects_for_stability_and_change_in_an_increasingly_less_prohibitionist_world).
- Sarosi, P., Van Dam, A., & Fulga, V. (2020). *Assessment Report & Literature Review – meaningful civil society involvement in the area of drug policy in Europe*. Civil Society Forum on Drugs in the EU. <http://www.civilsocietyforumondrugs.eu/assessment-report-literature-review-meaningful-civil-society-involvement-in-the-area-of-drug-policy-in-europe/>
- Stevens, A. (2011). *Drugs, Crime and Public Health, the Political economy of Drug Policy*. Routledge. Cavendish.
- Takahashi, S. (2009). Drug Control, Human Rights and the Right to the Highest Attainable standard of health: by no means straightforward issue. *Human Rights Quarterly*, 31(3), 748-776. <https://www.jstor.org/stable/40389966>
- United Nations. (1948, December 10). *Universal Declaration of Human Rights*. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
- United Nations. (1998). *General Assembly Political declaration on countering the world drug problem*. United Nations Office of Drugs and Crime. [https://www.unodc.org/unodc/en/commissions/CND/Political\\_Declarations/Political-Declarations\\_1998-Declaration.html](https://www.unodc.org/unodc/en/commissions/CND/Political_Declarations/Political-Declarations_1998-Declaration.html)
- United Nations. (2010). *A/65/255 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*. <https://www.ohchr.org/Documents/Issues/Water/Contributionsstigma/others/SPhealthI.pdf>
- United Nations. (2016). *A/RES/S-30/1 Resolution adopted by the General Assembly*. United Nations Office on Drugs and Crime. <https://undocs.org/A/RES/S-30/1>
- United Nations. (2019). *Ministerial Declaration*. United Nations Office on Drugs and Crime. [https://www.unodc.org/unodc/en/commissions/CND/session/62\\_Session\\_2019/session-62-of-the-commission-on-narcotic-drugs.html](https://www.unodc.org/unodc/en/commissions/CND/session/62_Session_2019/session-62-of-the-commission-on-narcotic-drugs.html)

- UNDP. (2019). *International Guidelines on Human Rights and Drug Policy*. United Nations Development Programme. <https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy>
- UNODC. (1961, 1971, 1988). *UN Drug Control Conventions*. United Nations Office on Drugs and Crime. <https://www.unodc.org/unodc/en/commissions/CND/conventions.html>
- UNODC. (2021). *World Drug Report*. Vienna: United Nations Office of Drugs and Crime. <https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html>
- van Dijk, T. (2004). *Discourse as social interaction* (Vol. 1 & 2). London: SAGE.
- van Dijk, T. A. (1998). *Discourse as structure and process*. London: SAGE.
- VNGOC. (2019). *The Civil Society Task Force on Drugs report*. VNGOC. From <https://vngoc.org/wp-content/uploads/2020/02/CSTF-Global-Consultation-Full-Results-Report-Online.pdf>
- Woodak, R., & Meyer, M. (2001). *Methods of Critical Discourse Analysis*. London: SAGE.
- WHO. (1946, July 22). *Constitution of the World Health Organisation*. World Health Organisation. [https://www.who.int/governance/eb/who\\_constitution\\_en.pdf](https://www.who.int/governance/eb/who_constitution_en.pdf)
- WHO. (2008). *Fact Sheet No. 31*. UN Office of the High Commissioner for Human Rights (OHCHR): <https://www.ohchr.org/documents/publications/factsheet31.pdf>