



A Youth Response to
the World Drug Report
2021

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Contents

Co-Authors	1
Opening Remarks.....	3
Share Facts on Drugs, Save Lives.....	4
Covid-19 and Harm Reduction Services.....	7
Closing Remarks.....	8



Opening Remarks

This response is written by youth advocates from across the world. As young people we hold keen insights into youth drug use and as advocates, we represent youth perspectives on drug policies.

We would like to commend the United Nations Office on Drugs and Crime on developing the World Drug Report, as it provides both governments and civil society with essential information on global developments in drug cultivation, trafficking and consumption, that in turn could inform future policy decisions. Throughout this response we provide our insights on the report and ways in which it could provide more meaningful data and representation, that could better advise governments, international bodies and civil society moving forward.

We see throughout this report that drug cultivation, trafficking and use have consistently increased over the last 50 years. With consistent increasing rates of drug consumption and drug related death across the globe, it is clear that both drug supply and demand reduction efforts are failing us. We are seeing more potent and purer drugs (particularly cocaine and cannabis) becoming more commonplace. As traditional policies focused on creating a “drug free world” are proven consistently ineffective, we call for a shift in policies which maximises the health and welfare of all those in society, particularly people who use drugs.



The overall framing of the document as “Drugs cost lives”, though well meaning, is stigmatising and even potentially harmful, given the recent strides made by the international community, particularly towards those vulnerable that are caught in the illicit drug trade. We find it more reflective of our lived realities to assert that the criminalisation and underfunding of life saving harm reduction services, lack of fact based drug education, inefficient mental health services and the lack of access to an unadulterated drug supply is what costs lives. Drugs themselves are not inherently life-threatening, as evidenced by the medical benefits that can be derived from both legal and illegal psychoactive substances, an aspect acknowledged by the UN Commission on Narcotic Drugs and many member states.

“Drugs cost lives” therefore highlights an outdated attitude that fails to account for the recent decisions taken by the international community, overlooking the need for member states to address the funding shortages experienced by harm reduction services, as well as their commitment to upholding the human rights of drug users. In a time when we need attitudes that seek to maximise the health and life quality of society as a whole, but particularly those who are exposed to the drug trade and people who use drugs, youth representatives urge for holistic data and observations to back the commitments and ethos displayed by the United Nations.

Share Facts on Drugs, Save Lives

We celebrate the UNODC's new framing of "Share Facts on Drugs, Save Lives", as evidence and factual information are fundamental components of harm reduction and fact based drug education for which we advocate. We welcome this initiative and believe that the ethos of this statement should be enforced across the work of all bodies that interact with drug policy at any level. That being said, we would have appreciated seeing this vision more consistently embodied throughout the World Drug Report.

Selective Use of Socio-Economic and Regional Factors

We are particularly saddened to observe the omission of socioeconomic factors and cross-cutting issues in relation to drugs and human rights, youth, children, women, racial and ethnic groups, especially considering that last year's report dedicated a separate Booklet to address developments in this regard. This is regrettable as conditions brought on by the pandemic have tragically highlighted how social and economic inequalities related to race, gender and age exacerbate harms and risks for people who use drugs. As such, we would have valued a more comprehensive insight to be given into the treatment of vulnerable populations, as well as an acknowledgement of the human rights abuses perpetrated by some members of the international community.

When socioeconomic and sociodemographic factors are used throughout the report, they are employed selectively and do not contribute to answering outstanding questions posed by civil society and member states alike, allowing for significant gaps in our collective responses to the changing landscape witnessed in the past year. This is apparent in the focus on youth perceptions of the risk related to cannabis use, as youth gets little to no mention elsewhere in the report. Contextually, we are particularly saddened to see youth disregarded when it comes to acknowledging the vulnerable groups affected by the pandemic, as multiple member states have experienced a surge in overdose deaths amongst young people, as well as a rising mental health crisis predominant within this group.

We were equally disheartened to notice the absence of solid statistics and other forms of reliable quantitative evidence for the West African region from which service providers and members could substantially benefit from. This is particularly relevant in the sections on Drug Market Trends and Covid-19 and Drugs of the report, where most information is qualitative-based and therefore insufficient to discern conclusive developments.

Furthermore, the choice of measurement, particularly in correlation with opioids, seems not to correspond with traditionally acceptable systems. This is especially apparent in the employment of DALY, a metric strongly opposed by the disabled community, that has been historically used to deny life-saving treatment. Founded in the idea that the years of one's life as a disabled person are inherently worth less than those of an able-bodied person, this metric is fundamentally opposed to commitments made by the UNODC in relation to our vulnerable populations.

Overall, the presentation of data misses the opportunity to address significant causal relationships concerning the harms suffered by people who use drugs, their communities, as well as regional, racial, gender and age-related inequalities that persist in society. We welcome more comprehensive research to be showcased in these areas and more attention to be given in the treatment of the vulnerable when selecting measurement systems.

Share Facts on Drugs, Save Lives

Young People and the Risk Perceptions of Cannabis

As mentioned beforehand, we noticed a disproportionate focus on the risks posed to adolescents by cannabis without equal attention to the medical benefits cannabis has for millions of patients, including children. Despite not presenting clear evidence demonstrating an accurate determination of reduced perception of harmfulness within the adolescent population, the report maintains this assertion throughout.

As youth drug policy advocates, we are particularly concerned with this conclusion by the Report. In particular, we are disappointed in how the report frames this reduction in perceived harmfulness with the increase in cannabis potency over the past twenty years, as if to say young people should be more aware of the risks high-potency cannabis poses. While cannabis potency is a cause for concern, there are several competing factors which we would submit contribute massively towards young people seeing cannabis as less harmful, which the Report gives much less attention to than the general increase in cannabis potency.

First, scientific research has produced conclusive evidence of the low toxicity, low risk of dependence, and medical potential of cannabis. This has led to 47 countries and territories developing medical cannabis programmes, with many more to follow suit in the near future, as well as the removal of cannabis from Schedule IV of the 1961 Single Convention on Narcotic Drugs, during the 63rd Commission on Narcotic Drugs. We would submit that these are likely contributory factors in adolescents increasingly perceiving cannabis as less harmful. Moreover, we think that a reduced perception of the harm cannabis poses among young people is a positive development. It is in line with recommendations made by the World Health Organization and reflects how youth over the past decade have witnessed the transition of cannabis from being a criminally prohibited substance, to a substance accessed through regulated, legal markets in many parts of the world. It is worth noting that the development of medical cannabis globally was stymied by the denial of the medical potential of cannabis, as well as frequent invocations of the harm the substance posed.

Even today, despite millions of people worldwide relying on cannabis for a range of conditions, this denial of benefits and invocation of harm persists as a barrier to reform.

Given this reality, it is perhaps unsurprising that many adolescents treat contemporary claims of the dangers posed by cannabis with a degree of skepticism.

In this regard, we are concerned by the lack of acknowledgement by the report on the medicinal properties of cannabis, and the fact that cannabis has considerably less potential for harm than many other drugs. Relatedly, we found the pairing of cannabis and opioids in the same chapter by the Report as confusing and misguided, given the considerable differences between the two classes of drugs. Cannabis consumption carries no risk of fatal overdose in the same way that opioid consumption does, nor does cannabis consumption lead to physical withdrawal as opioid consumption does. This pairing of cannabis and opioids contravenes previous decisions made by the Commission of Narcotic Drugs to reschedule cannabis and allow research into its potential for medical treatment. This one-sided framing can be highly harmful to research and medical efforts, leaving the door open for vulnerable populations to be further endangered and denied access to treatment. We would have welcomed more research to be presented on the overdose risks presented by opioid substitutes in the context of medication shortages, rather than having opioids and cannabis inappropriately grouped within the same section.

We urge the UNODC to adopt a different approach towards risks associated with cannabis. The increasing potency of the substance and the risks it poses to adolescents should not be focused on to the exclusion of the development of successful medical and non-medical cannabis policy frameworks that benefit millions of people worldwide. We would strongly suggest that any educational and awareness-raising efforts related to cannabis take account of the societal impact of prohibition and regulation respectively, and discuss the medical uses and medical potential of cannabis to the same extent as the potential harms of cannabis. We strongly believe such information would be more useful to the international community and civil society, as the conversation would be centred more towards the Share Facts on Drugs, Save Lives principle, which lies at the foundation of UNODC's work and the commitments made by member states.

Share Facts on Drugs, Save Lives

Legal/Decriminalised Markets Vs Illegal Markets

From a market-oriented perspective, we regrettably observed a lack of distinction between legal and illegal environments throughout the report. Given the increasing number of countries where coca/cannabis cultivation, sale and consumption are legal, it is disappointing to see little to no distinctions being made in data gathering and collection. Following the rescheduling of cannabis this year, and increased coca cultivation for traditional use, we expected to see more information on how changing the legal status of a drug affects those involved in that drug market and other relevant stakeholders. Similarly, we see the same issue with the lack of analysis of decriminalised drug possession, particularly in relation to cannabis and coca possession.

This lack of distinction between regulated and unregulated markets is especially evident in the report's general analysis of the global cannabis market. The report does not include a clear demarcation of which countries permit the use of cannabis for medical use, aside from detailed analysis of Cannabis, Uruguay and the USA. This appears to be an unfortunate oversight, given how 47 countries now have medical cannabis programmes of varying scope and accessibility.



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While this report is covering the period of 2010-2019 and admittedly much of these reforms have occurred in the latter half of this period, there is a clear trend of cannabis being treated as a public health issue rather than a criminal justice issue in many regions beyond Canada, Paraguay and the USA. Reporting on trends in cannabis usage across various global regions without referring to this reality is regrettable.

The incorporation of this data into the World Drug Report is crucial in supporting the legislative progress made by the international community, as well as in grounding efforts to broaden access to treatment to those made vulnerable during the pandemic. We welcome a better overview of these market differences in future reports.

Covid-19 and Harm Reduction Services

Important observations have been made in the report regarding the aggravated health consequences of drug-related harms during the COVID-19 pandemic, especially in the case of heroin substitutes. We particularly commend the UNODC for considering the experiences of some groups associated with the drug market and for outlining the need for treatment innovation and adaptation during lockdown. This has constituted a vital component of the work civil society and youth organisations have been engaging with in the past year. We aspire that, moving forward, these efforts will carry on in a closer partnership with state governments and other relevant stakeholders.

Additionally, we were disappointed to see the missed opportunity of recognizing harm reduction services as essential health services in writing that “the closure of non-essential services and the reassignment of resources to manage acute COVID-19 cases resulted in a sudden and uncoordinated discontinuation of services for people with drug use disorders during the initial lockdown period.”(Booklet 5, p. 67). This is particularly regrettable given the efforts made by civil society actors and some member states in having harm reduction services acknowledged as essential both within the international community and their own regions.

Harm reduction service providers emphasized from the early days of the lockdown periods that governments wrongfully considered them non-essential services, with many providers continuing to operate despite restrictions to ensure continuity of services to people who use drugs, especially those who are most at risk of COVID-19, including homeless people and sex workers. As the report briefly touched upon the experiences of these two groups, we would have appreciated having this aspect included.

Furthermore, while the report rightfully recognises some of the member states that have stepped up in acknowledging the need for harm reduction programs, including needle and syringe services, to stay open during the pandemic as essential services, in many states harm reduction activities remained illegal and/or severely underfunded. It is especially reassuring to see recognition of the expanded model of take-home opioid agonist therapy medication. These positive developments aside, we regret the missed opportunity to demystify concepts around this type of treatment by highlighting that the introduction of take-home doses has not led to significant increases in diversion. On the whole, the report seems to unfortunately overlook differences in access to resources, findings that would have been essential in order for member states to meet the treatment demands of their peoples.

Likewise, the role of civil society is virtually overlooked in alleviating such resource shortages. All credit is given to member states, particularly with regard to service innovations such as telehealth measures. This is particularly concerning given the overall difficulties experienced by civil society during this year's Commission on Narcotic Drugs in having access to decision-making processes. Additionally, while service shortages were observed at the beginning of the pandemic, the report suggests that these issues were overcome relatively quickly by member states. In reality, these service shortages persist to this day, with civil society making active efforts to bridge existing gaps, largely on a volunteer basis. We would have welcomed the inclusion in the report of civil society actions and partnerships with member states to tackle this.

Conclusive Remarks

We extend our sincere gratitude to the UNODC for drafting the World Drug Report and adopting the framing of Share Facts on Drugs, Save Lives, a stance that, especially in the context of the pandemic, is crucial for the protection of the international community.

Nonetheless, we believe the report could have reflected this principle more comprehensively and accurately, particularly with regard to the overall presentation of cannabis trends. A clearer demarcation between illegal and legalised/decriminalised markets, as well as the inclusion of medical uses would have provided valuable information to member states and civil society, echoing the recent decisions adopted by the Commission on Narcotic Drugs. We found the apparent grouping of cannabis and opioids particularly harmful to the recent rescheduling of the former.

Additionally, we would have appreciated a wider acknowledgment and inclusion of youth in the report, particularly in the analysis of vulnerable populations during the Covid-19 pandemic. We were saddened to see the only significant mention of our group within the context of cannabis risk perceptions, a flawed section in terms of reliable data and evidence, that likewise seems to contravene with the recent rescheduling decisions of the Commission in its one-sided approach.

We deeply regret the lack of recognition given to civil society in alleviating shortages in harm reduction and health care services for people who use drugs, particularly during initial lockdowns. We would have equally valued the acknowledgement of the illegal status that these services have in some member states, as well as the persistence of underfunding in states where they operate in legality.

We hope that in the future, the use of socio-economic and regional factors will be more consistent throughout the report, allowing a more effective collective response from civil society and member states towards outstanding inequalities in our societies.

All in all, we believe the observations made by youth advocates in this response could substantially enhance the policymaking value of future UNODC reports. The current research clearly suggests the failures of our policies and the need for sustainable change to prevent further loss of life. Therefore, we are keen to see a more complex approach that goes beyond “Drugs Cost Lives” and instead holistically encompasses the evidence-based spirit of “Share Facts on Drugs, Save Lives”. With thousands of members across the globe, Students for Sensible Drug Policy is well embedded in hard to reach communities and is looking forward to working alongside the UNODC, as well as with individual member states to make this ideal a lived reality.



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