

THE ROME CONSENSUS 2.0
TOWARDS HUMANITARIAN DRUG POLICY STATEMENT
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Recalling that, in 2005, the leaders of 121 National Red Cross and Red Crescent Societies across the world agreed the Rome Consensus for a Humanitarian Drug Policy¹, which articulated principles for humane and effective drug policies that prioritize individual and public health. The Rome Consensus 2.0 declaration seeks to build upon the first Consensus – broadening it out for new signatories from around the world, and providing a blueprint for policy and best practices for the coming decade.

Acknowledging that illicit drug consumption and related problems have increased since the 1961 Single Convention on Narcotic Drugs was adopted:²

- An estimated 271 million people, or 5.5 percent of the global population aged 15–64, are using drugs prohibited under the international treaties.
- Of these individuals, an estimated 35 million (almost 13 percent) suffer with so-called ‘drug use disorders’, affecting their mental and physical health, economic productivity, and family and community.
- An estimated 1.4 million people who inject drugs are living with HIV, and 5.6 million are living with viral hepatitis, undermining the global health responses to these diseases.
- Around 585,000 people are estimated to have died as a result of drug use in 2017, and the rates of overdose deaths continue to rise in North America, Europe and elsewhere.
- There are more than 10 million people in prison globally, around 1 in 5 of whom are serving sentences principally tied to drug law offences³, while around one third of people in prison are estimated to have used drugs at least once while incarcerated.⁴
- Conversely, an estimated 5.5 billion people (75 percent of the world population) have limited or no access to effective medicines containing narcotic drugs, such as codeine or morphine, for pain relief and other medical treatment.⁵

Recognizing that truly effective health-based drug policies should encompass adequate provision of evidencebased prevention, practical harm reduction measures, and accessible treatment and rehabilitation services. Mechanisms to make these services available should be prioritized, including as alternatives to conviction or punishment for drug-related offences. At the same time, the health-based approach also entails ensuring access to essential medicines for pain relief and other needs.

¹ <http://villamaraini.it/attivita/red-cross-and-red-crescent-partnership-on-sustance-abuse/>

² <https://wdr.unodc.org/wdr2019/>

³ https://www.unodc.org/documents/data-and-analysis/statistics/crime/ACONF222_4_e_V1500369.pdf

⁴ <https://wdr.unodc.org/wdr2019/>

⁵ http://www.incb.org/documents/Publications/AnnualReports/AR2015/English/Supplement-AR15_availability_English.pdf

Recognizing that, despite the wealth of evidence, guidance and international commitments to pursue evidencebased policy and practice, the global coverage of these services remains far short of the needs, and many strategies and programs are delivered inconsistently or contrary to the evidence. We know what can be done to prevent and treat problems associated with drug use, but this is a crisis of political will, funding and capacity.

Welcoming that, in 2018, all 31 United Nations agencies agreed, for the first time ever, a ‘common position supporting the implementation of the international drug control policy through effective inter-agency collaboration’, which called for a refocusing of policies and programs away from punishment and repression, and towards delivery of effective health and social support.⁶

Recalling that the preambles of all three drug control treaties state their concern for ‘the health and welfare of mankind’, and that the Outcome Document of the thirtieth Special Session of the UN General Assembly (UNGASS 2016) calls on governments to place individuals, families, communities and society at the center of their drug policies, and to implement a range of measures to improve health and social outcomes for their citizens.⁷

Welcoming the 2030 Agenda for Sustainable Development and the Sustainable Development Goals as a shared blueprint for global peace and prosperity,⁸ and recognize this unique opportunity to establish a new commitment to humane and effective drug policies that contribute to these global aims and are free from ideology, force, stigmatization and discrimination.

Asserting that it is essential that we treat people who use drugs as valued and respected citizens, and with empathy and support. This is fundamental to a humane and effective policy that is free from stigma and discrimination. Policy development, implementation and evaluation is enhanced and informed through involving the affected populations, including people who use (or used) drugs and people living with HIV and hepatitis.

Through this Rome Consensus 2.0 we, the undersigned, call upon national governments and international and regional bodies to:

In their response to drug use in their societies:

- Reflect that the overriding purpose of drug policies and strategies should be to maximize the health and welfare of humankind.
- Specifically, frame drug policy objectives in terms of improving health, increasing security, achieving development, and protecting human rights.
- Eliminate all legal and social barriers that are hampering prevention and access to mental health services for people who use drugs.

⁶ <https://www.unsystem.org/CEBPublicFiles/CEB-2018-2-SoD.pdf>

⁷ <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>

⁸ <https://www.un.org/sustainabledevelopment/development-agenda/>

- Eliminate all legal, regulatory, political and social barriers that hamper access to essential controlled medicines for pain relief and other medical needs around the world.
- Accept that citizens should not be stigmatized, marginalized, or receive punishments, simply for possessing or consuming controlled drugs, and accept that not all people who use drugs are in need of intervention or treatment.
- Implement comprehensive mechanisms to deflect and divert people arrested for minor, non-violent drug-related offences to appropriate prevention and mental health services, where needed.
- Provide young and at-risk people with comprehensive, evidence-based and factual information on the properties and risks of consuming drugs, free from ideology and misinformation.
- Ensure that the national policy response to drug use does not violate human rights, including those relating to health, freedom from torture or degrading treatment, fair trials, and the rights of the child.
- Invest more in effective prevention, harm reduction, treatment and recovery services, and to end the criminalization of people who use drugs, to achieve better social, economic and fiscal results.

In their response to people who seek help:

- Recognise that these people are struggling with emotional, social and economic problems, and have the potential to overcome these problems and make a positive community and social contribution.
- Provide comprehensive evidence-based mental health and harm reduction services that protect the health of people who use drugs.
- Promote recovery and rehabilitation through giving people who use drugs the motivation and strength to improve their lives, and practical help towards social reintegration, where needed.
- Ensure that police forces and prosecution authorities implement programs to 'deflect' people who use drugs away from punishment and into prevention and health services.
- Ensure that prison authorities provide at least the equivalent quality and coverage of prevention, harm reduction, treatment, rehabilitation, care, aftercare, social and mental health services in closed settings.

The international community has made numerous commitments and declarations on how it will respond to drugs, but still lacks a robust and accountable system to ensure their implementation. Professional bodies, civil society and affected communities all have a pivotal role to play in the response to drugs. Success will only be achieved if we advocate at all levels to ensure more investments and public awareness to implement more humane and effective drug policies.

Working together, we can reduce and overcome the avoidable and unacceptable health and social harms associated with the world drug situation. We, our governments and our allies already have at our fingertips the tools, guidance and evidence we need to conquer these challenges. These include, inter alia, the normative guidance from the United Nations system on prevention⁹, treatment¹⁰, harm reduction¹¹, overdose management,¹² deflection from arrest,¹³ human rights¹⁴ and ensuring access to medicines.¹⁵

This can be the decade when we collectively rise to this challenge.

If you agree with this Declaration you can sign on at following platform:

romeconsensus.org

⁹ <https://www.unodc.org/unodc/en/prevention/prevention-standards.html>

¹⁰ <https://www.unodc.org/unodc/en/drug-prevention-and-treatment/publications.html>

¹¹ <https://www.who.int/hiv/pub/guidelines/keypopulations/en/>

¹² https://www.who.int/substance_abuse/publications/management_opioid_overdose/en/

¹³

https://www.unodc.org/documents/UNODC_WHO_Alternatives_to_Conviction_or_Punishment_2018.pdf

¹⁴

<https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/international-guidelines-on-human-rights-and-drug-policy.html>

¹⁵ https://www.who.int/medicines/publications/essentialmeds_committeereports/en/