

Prague Declaration

(On the principles of effective local drug policies)

The Prague Declaration is a statement of representatives of municipal governments, decision makers responsible for local and municipal drug policies, workers in the field of drug prevention, regulation, treatment, and harm reduction, and researchers in the field of drugs. It was prepared in Prague for the conference *Urban Drug Policies in the Globalised World* (September 30th – October 2nd, 2010) and it is open to be signed by anyone interested in urban, municipal and local drug policy at <http://www.pragedeclaration.com>.

We, the signatories of the Prague Declaration, believe that it is local/municipal/urban drug policies that have the most direct impact on the drug situation. In the period of a shackled global economy, the role of municipalities in tackling the negative impacts of the use of psychotropic substances and the related negative phenomena on communities is more significant than ever. The reaffirmation of the commitment of the international community to more effective and better balanced drug policies as demonstrated by the *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem [1]*, and the increasing concerns of recognised scientists and public figures about the threats posed by both illegal drugs and the unintended consequences of drug policies to the health and safety of communities globally (such as those expressed, most recently, by the *Vienna Declaration [2]*), lead us to declare a simple and brief set of seven principles of effective drug policies at the local level that we consider tested and confirmed by our everyday work and practical experience.

1. No size fits all

Local drug policies can operate only within national drug policies and the international drug control regime as defined by the three UN Conventions [3-5]. However, this does not require uniformity of drug policies at the local level, since drug situations, which may seem homogeneous from a global point of view in countries or even whole continents, are tremendously heterogeneous when considered city by city or neighbourhood by

neighbourhood. Innovative and effective interventions and approaches at the local level that have responded to local developments in the drug situation have triggered most of the advances in drug treatment, prevention, harm reduction and law enforcement, and the mutual cooperation of these in recent decades. Therefore, it is vital that local drug policies use the whole space available for manoeuvring and experimenting within the national and international legal environments.

2. Realism is the key

A drug-free world – or a drug-free city – is an unrealistic idea and a harmful concept if set as an ultimate goal, just like other utopias that have been set as aims in history. Substances with psychotropic effects are older than mankind and are here to stay, with all their negative as well as positive aspects. However, it is beneficial and realistic to aim to diminish the harms related to drug trafficking and use as much as possible – *inter alia* by reducing the non-medical consumption of drugs and thus the total volume of related risks by means of prevention, treatment, and regulation.

3. Human rights apply to ill people in particular

Drug addiction is a disease defined by the World Health Organisation. It has multiple possible causes and the related research is far from conclusive. However, it is clear that there is no scientific justification and no ethical principle to support the criminalisation of a disease or citizens being deprived of their human rights because they are ill. This should be recognised particularly by everyone involved in drug policy at the local level, where drug users are not anonymous “aliens” but sons and daughters, brothers and sisters, and parents, and the human rights and human dignity of drug addicts should be carefully protected.

4. Public health and public safety concerns must not be seen as contradictory

Often, the problem of interventions in the drugs field is interpreted as a “compromise” between public safety and public health, suggesting that these are somehow opposites. This is contradictory to scientific evidence and experience in the field: the interventions that are truly effective for public health are also beneficial for the safety of communities because the health of a community is a vital part of its perceived safety, and interventions that protect public safety effectively must be, and are, one of the prerequisites for improved public health. Both public health and public safety efforts share the same ultimate goal in the field of drugs: to minimise the adverse consequences related to drug trafficking and use as much as possible.

5. Evidence-based decisions only

The problem of illegal drugs and their harmful impacts is a complex multidisciplinary field influenced by dozens of factors that do not relate only to psychiatry or criminology, but also include a wide range of other factors, including genetic, biological, social, religious/spiritual, politic, economic, and others. Thus, many of the simplistic ideas presented by their proponents as self-evident may prove, and have proven, to be false or even harmful. There is no doubt that the values of individual nations and communities should be reflected in everyday decision making as a matter of course. However, every such decision-making process should be firmly rooted in the evidence gathered by scientific, replicable and controllable methods, and should never be based solely on beliefs, ideologies and/or wishful thinking.

6. Evaluation and monitoring

The monitoring and evaluation of interventions is widely recognised as a condition *sine qua non* for the successful implementation of any intervention, programme or policy. Only those drug policies that involve evaluation as an inherent component can be assessed and constantly improved. Monitoring in its wider sense – both of the implementation of drug policies and of the drug situation *per se* – is a prerequisite for any evaluation. As such, the monitoring of a drug situation that is performed routinely at the national level should be disaggregated and reported at the local level – and supported by monitoring activities and specialised studies commissioned and/or supported by the municipal/local authorities when needed for informed decisions and not available otherwise.

7. Constant and improving mutual information flows between local, national and international levels of drug policy through a common voice

The national and international legal environments cannot remain unchanged, since they are here not to exist for their own sake and divorced from reality, but to react to the dynamic and changing drug phenomenon. The assessment, evaluation and development of national and international norms should increasingly be seen from the local perspective and be influenced by that perspective. Such a process may be fostered, for example, by the creation of a global platform for networks of cities that are dealing with drug policies and that already exist in countries and/or regions. Such a platform may play a crucial role in the development of fruitful cooperation between various stakeholders on the local, national and international levels that may result in the implementation of more efficient measures addressing recent problems in the drugs field.

References

1. Fifty- second session of the Commission on Narcotic Drugs, *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, United Nations Office for Drugs and Crime, Editor. 2009, United Nations: New York.
2. *The Vienna Declaration*, in <http://www.viennadeclaration.com> 2010.
3. United Nations and Economic and Social Council, *United Nations convention against illicit traffic in narcotic drugs and psychotropic substances adopted by the conference at its 6th plenary meeting, on 19 December 1988*. 1988, Economic and Social Council, United Nations: Vienna.
4. United Nations, *Single Convention on Narcotic Drugs*. 1961, United Nations: New York.
5. United Nations, *Convention on Psychotropic Substances, 1971*. 1971, United Nations: New York.