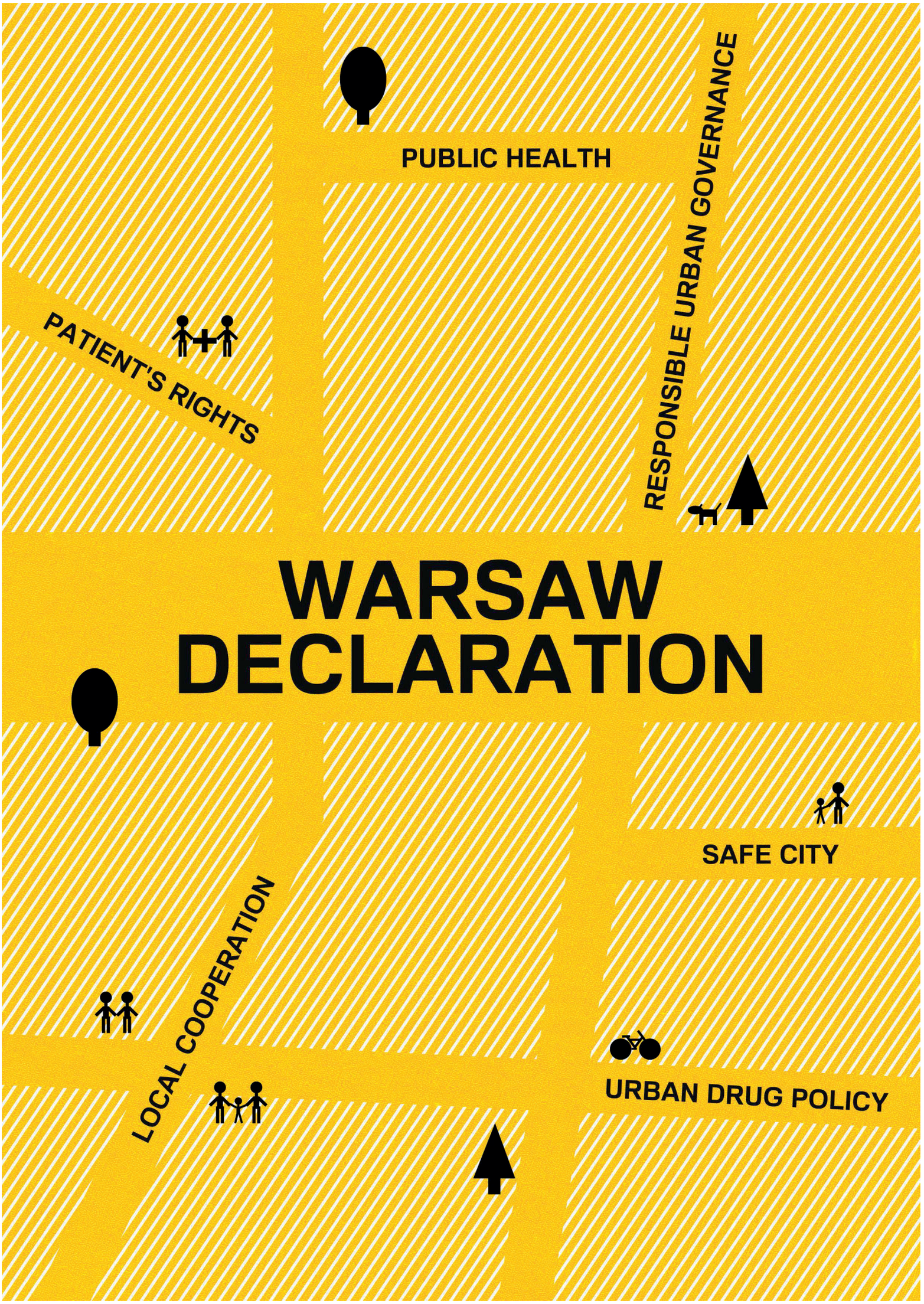
PUBLIC HEALTH
RESPONSIBLE URBAN GOVERNANCE
PATIENT'S RIGHTS
WARSAW DECLARATION
SAFE CITY
LOCAL COOPERATION
URBAN DRUG POLICY

Warsaw Declaration



The Warsaw Declaration is a statement from representatives of municipal and national governments, decision makers, law enforcement, civil society, people who use drugs, harm reduction and treatment providers, and academics.

It builds on the seven key principles set out in the 2010 Prague Declaration, one which followed the first international meeting focused on substance use in the urban environment and the exchange of experiences in implementing evidence-informed policies to best mitigate its harms.

Illicit drug use presents an on-going challenge for public health in the urban context and demands the development of effective and evidence-informed policies. Focusing on harm reduction, the treatment of drug dependence and addiction where needed, and drug prevention and education over enforcement-led approaches has enormous potential to improve not only the lives of people who use drugs, but public health for society as a whole. In recognition of the urban environment serving as a microcosm of the broader dynamics of the illicit drugs market, such evidence-informed interventions must be continually monitored and evaluated so as to inform policy from the municipal to the regional, national and international levels.

The deleterious effects of criminalising people who use drugs and denying targeted health interventions are irrefutable and have led to countless negative consequences, including the spread of blood-borne viruses and other infectious diseases, and the restriction of people's access to employment and education opportunities, among others. Policies addressing the use of drugs that are grounded in human rights, evidence and compassion vastly improve public health and secure the safety of communities.

To reiterate the Prague Declaration, a drug-free world is unrealistic as a concept. The use of drugs has existed within societies for millennia and is here to stay, with both negative and positive aspects. Devising ways to minimise the adverse effects of drug trafficking and use is a more realistic and pragmatic approach.

We, the signatories of the Warsaw Declaration, hereby call for the following:

1. **The role and responsibility of effective local cooperative**
   The roles and responsibilities of local government agencies should be clearly defined when developing and implementing evidence-informed drug policies and programmes at the local level. Regular and formal consultations should take place with all relevant local stakeholders throughout the development of specific forums and implementation phases. This will ensure that effective partnerships exist between local authorities, community and faith groups, professionals working in related fields, service providers, civil society organisations, and affected communities such as people who use drugs. A local official or entity with relevant experience should be charged with coordinating this process.

2. **Innovations of drug policy at urban level**
   Municipalities should continue to take the lead in experimenting with innovative and evidence-informed drug policies, programmes and services that respond pragmatically to the needs of the local population. Experiences from Frankfurt, Zurich, Lisbon and Vancouver, among other cities, highlight the enormous benefits that innovative programmes – for example, harm reduction centres – can provide to broader public health and public safety. Policy innovation at local, national and international levels should be informed by all relevant stakeholders, including, though not limited to, local officials and law enforcement, health and service providers, civil society, affected communities, and academia.



3. **Policing practices based on effective cooperation between law enforcement agencies and health and social service providers.**
   Police and other law enforcement agencies should not target people who use drugs for simple possession of small amounts of drugs intended for personal use. Indicators of policing success should be reviewed in order to deprioritise the policing of low-level drug offenders, and to improve public health outcomes, recognising that this in turn will improve public safety. This should be clearly defined through guidelines on policing best practice or law enforcement agencies, and effective cooperation mechanisms should be established between law enforcement agencies and health and social service providers. Law enforcement officials should be adequately trained and sensitised as to how best to respond to drug use and/or drug dependence and addiction, and be properly informed as to the availability of prevention and education programmes, harm reduction services, treatment and social services for people who use drugs, should they be required.

4. **Safeguarding the human rights of people who use drugs**
   Mechanisms should be put in place at the local level to safeguard the human rights of people who use drugs, in particular through existing mechanisms such as the Ombudsman's office. These rights include, though are not restricted to, the right to the highest attainable standard of physical and mental health, the right to privacy, the right to be free from discrimination, the right to be free from torture, the right to a fair trial, and the right to not be arbitrarily detained.

5. **A comprehensive menu of health and social services - in accordance with human rights principles and the EU minimum quality standards**
   A comprehensive menu of health and social services – within which are included harm reduction programmes – should be available to address the different characteristics, needs, preferences and circumstances of people who use drugs. Treatment must be provided strictly on a voluntary basis, and any prevention initiatives should be evidence-informed. These programmes should be developed in accordance with human rights principles and the EU minimum quality standards for demand reduction. Local governments should effectively combat the stigma and discrimination faced by people who use drugs when accessing social and health programmes, and mechanisms should be developed to ensure that these individuals have uninterrupted access to different services as and when their circumstances change. In addition to accessibility, programmes should respond to the specific needs of different age groups, women, ethnic minorities, migrants, sex workers and LGBTQ people. The provision of information should avoid fear mongering and stigmatisation, be based on the dignity of the person and, among other initiatives, utilise peer-to-peer education.

6. **A comprehensive package of services - preventing and reducing harms and ensuring safety at night clubs**
   Municipalities should create regulations and guidelines to improve the safety of drug use in nightlife and recreational settings, and help facilitate cooperation among private sector actors, civil society, the local authorities, people who use drugs and the police. These regulations and guidelines should ensure that the owners of clubs and organisers of local parties, festivals and other events are able to offer a comprehensive package of services to prevent and reduce harms and ensure safety; for example, drug checking, peer-based interventions, information on safer use and access to cold drinking water. Club owners and event organisers should work to provide trainings for relevant staff members on how to work with people who use drugs in these settings.

7. **Solid needs assessment and sustainable funding allocation**
   Municipal governments should commit to allocating sustainable funding for harm reduction services and programmes, treatment, re-integration initiatives, evidence-informed drug prevention and education programmes, and for the training of local officials on best practice as it pertains to addressing drug use. Incorporated into the aforementioned should be services that work with affected communities and the families of people who use drugs. Recognising the current emphasis on law enforcement-led approaches, funding should be distributed in a more balanced way between law enforcement and social and health services, and should be based on a solid needs assessment. This funding should be allocated in a transparent manner and in consultation with civil society.

8. **Local communities education**
   Municipalities should work to sensitise and educate local communities in order to reduce the stigma and discrimination against people who use drugs, and inform them of the societal benefits of harm reduction programmes and evidence-informed drug treatment. Forums should also be provided that promote dialogue between service providers, neighbourhoods, law enforcement and affected groups so as to address any potential conflicts.



9. **Monitoring and evaluations of all local drug policies, services and programmes**
   Municipalities should establish mechanisms for the monitoring and evaluation of all local policies, services and programmes as they relate to drugs. This should be carried out by an independent monitoring group comprised of experts working in consultation with civil society, affected groups, and in partnership with academia. The evaluation should take into account the local context and the impact that these policies have had on public health, human rights and public safety, among others. Monitoring and evaluation should be an integral part of the budget plans of municipalities.

10. **Partnerships and networks**
    Systematic partnerships and networks should be established among municipalities at the regional, national and international levels to facilitate the exchange and sharing of best practice and successful evidence-informed drug policies.

Thanks:

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First of all many thanks to all institutions involved, representatives of municipal and national governments, representatives of civil society, harm reduction and treatment providers, academics and people who use drugs who took an active part in writing Warsaw Declaration principles

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