

REPORT OF THE INTERNATIONAL NARCOTICS CONTROL BOARD FOR 2003

Measures to reduce harm - Excerpts paragraphs 217-226 , pp. 36 and 37.

For full report see: http://www.incb.org/e/ind_ar.htm

K. Measures to reduce harm

217. The Board is responsible for reviewing whether measures taken in a country are in line with the three international drug control conventions. In that context, the Board has, over a period of many years, expressed its views on the compatibility of such measures with the conventions. The Board has decided to further clarify the issue.

218. The conventions do not contain, refer to or define "harm reduction". The three conventions refer to measures against drug abuse. Article 38 of the 1961 Convention refers to the need for a State to take measures for the prevention of drug abuse and for the early identification, treatment, aftercare, rehabilitation and social reintegration of drug abusers. Article 14 of the 1988 Convention requires parties to adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering. The ultimate aim of the conventions is to reduce harm.

219. In its report for 1993, the Board acknowledged the importance of certain aspects of "harm reduction" as a tertiary prevention strategy for demand reduction purposes.(37) In its report for 2000, the Board reiterated that "harm reduction" programmes could play a part in a comprehensive drug demand reduction strategy but such programmes should not be carried out at the expense of other important activities to reduce the demand for illicit drugs, for example drug abuse prevention activities; the Board drew attention to the fact that "harm reduction" programmes could not be considered substitutes for demand reduction programmes.(38)

220. In its report for 2000, the Board also noted that since some "harm reduction" measures were controversial, discussions of their advantages and disadvantages had dominated the public debate on drug policy. The Board regretted that the discussion on some "harm reduction" measures had diverted the attention (and, in some cases, funds) of Governments from important demand reduction activities such as primary prevention or abstinence-oriented treatment.(39)

221. In a number of countries, Governments have introduced since the end of the 1980s programmes for the exchange or distribution of needles and syringes for drug addicts, with the aim of limiting the spread of

HIV/AIDS. The Board maintains the position expressed by it already in 1987 (40) that Governments need to adopt measures that may decrease the sharing of hypodermic needles among injecting drug abusers in order to limit the spread of HIV/AIDS. At the same time, the Board has been stressing that any prophylactic measures should not promote and/or facilitate drug abuse. The Board welcomes Commission on Narcotic Drugs resolution 46/2 in which the Commission called on all States to strengthen efforts to reduce the demand for illicit drugs, taking into account in their national control policies the drug-related spread of HIV infection.

222. Many Governments have opted in favour of drug substitution and maintenance treatment as one of the forms of medical treatment of drug addicts, whereby a drug with similar action to the drug of dependence, but with a lower degree of risks, is prescribed by a medical doctor for a specific treatment aim. Although results are dependent on many factors, its implementation does not constitute any breach of treaty provisions, whatever substance may be used for such treatment in line with established national sound medical practice. The Board has, over the years and in line with its mandate under the estimate system of the 1961 Convention, discussed and confirmed quantities Governments have needed for such purpose. As is the case with the concept of medical use, treatment is not treaty-defined; therefore, the parties and the Board are provided with some flexibility.

223. In some countries, facilities have been established where injecting drug abusers can inject drugs that they have acquired illicitly. That practice has been allowed by national drug control legislation or Governments have simply allowed or tolerated such initiatives by local governments or institutions. The Board has stated on a number of occasions, including in its recent annual reports, that the operation of such facilities remains a source of grave concern. The Board reiterates that they violate the provisions of the international drug control conventions.

224. The Board reiterates that article 4 of the 1961 Convention obliges States parties to ensure that the production, manufacture, import, export, distribution of, trade in, use and possession of drugs is to be limited exclusively to medical and scientific purposes.

Therefore, from a legal point of view, such facilities violate the international drug control conventions.

225. In some countries where the abuse of synthetic drugs, mainly amphetamine-type stimulants, has become widespread, authorities have provided facilities for having the composition and quality of the drugs, usually in tablet form, tested and then returned to the drug abusers, informing them about the results of the test, in particular to warn them if the drug is impure or adulterated. The Board has been concerned that such practices conveyed the wrong message on the risks of drug abuse and provided a false sense of safety for drug abusers, thereby running contrary to drug abuse prevention efforts required from Governments under the international drug control conventions. The Board notes the announcement of the Government of the Netherlands, one of the first countries where such drug testing had been introduced, that the programme of pill testing at parties and clubs had been terminated in order to avoid the projection of messages counterproductive to drug abuse prevention efforts.

226. The Board calls on Governments that intend to include “harm reduction” measures in their demand reduction strategies to carefully analyse the overall impact of such measures, which may sometimes be positive for an individual or for a local community while having far-reaching negative consequences at the national and international levels.

Notes

(37) *Report of the International Narcotics Control Board for 1993* (United Nations publication, Sales No. E.94.XI.2), para. 29.

(38) *Report of the International Narcotics Control Board for 2000* (United Nations publication, Sales No. E.01.XI.1), para. 445.

(39) *Ibid.*, para. 446.

(40) *Report of the International Narcotics Control Board for 1987* (United Nations publication, Sales No. E.87.XI.3), para. 2.