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Thematic debate on the follow-up to the twentieth special session of the General Assembly: general overview and progress achieved by Governments in meeting the goals and targets for the years 2003 and 2008 set out in the Political Declaration adopted by the Assembly at its twentieth special session

"Making drug control 'fit for purpose': Building on the UNGASS decade"**

Report by the Executive Director of the United Nations Office on Drugs and Crime as a contribution to the review of the twentieth special session of the General Assembly

Contents

		Page
I.	Introduction	3
II.	The performance of the international drug control system	3
	Universal adherence	3
	Containment over the last century	3
	Containment over the last decade	6
	Contained but not solved	9
	Unintended consequences	10
III.	The way forward	13

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1. Reaffirm the principles . . . 13
The multilateral principle . . . 13
The public health principle . . . 13
2. Improve the performance . . . 15
Achieving the UNGASS objectives . . . 15
Strategic choices . . . 16
3. Mitigate the consequences . . . 17
Crime prevention . . . 17
Harm reduction . . . 18
Human rights . . . 19
IV. Conclusion . . . 19

I. Introduction

In the course of the next year the United Nations will take a considered look at the performance of the multilateral drug control system. It will look backward, in order to see more clearly forward: back over the last century of drug control since it began at Shanghai in 1909, and back over the last decade, since the UNGASS in 1998. Above all it will look forward, into the next decade, not only to anticipate emerging challenges but also to make the multilateral machinery 'fit for purpose' to face those challenges.

Without getting ahead of ourselves – the historical reviews and the evaluations have yet to be completed – some things can, and should, be put on the table right now. It is hoped that these assertions will inform the debate and be treated as a contribution to the thought, reflection and discussion that will unfold over the next several months. Hopefully, they will also influence the practical implementation of the multilateral drug control system over the forthcoming decade.

II. The performance of the international drug control system

Illicit drugs are widespread. They do not respect national borders. Since the drug problem is international, its solution must be international. The current multilateral system provides the only viable framework for such a global solution. The United Nations international drug control Conventions of 1961, 1971 and 1988 constitute the architecture of the multilateral system.

Universal adherence

The entire world agrees that illicit drugs are a threat to health and that their production, trade and use should be regulated: indeed, adherence to the conventions is virtually universal. Ninety six percent of all countries (186 countries) are State Parties to the Single Convention on Narcotic Drugs of 1961. Ninety four percent (183 countries) are State Parties to the 1971 Convention on Psychotropic Substances. About the same number (182 countries) are State Parties to the 1988 Convention. These are among the highest rates of adherence to any of the United Nations multilateral instruments which is, in itself, a considerable accomplishment.

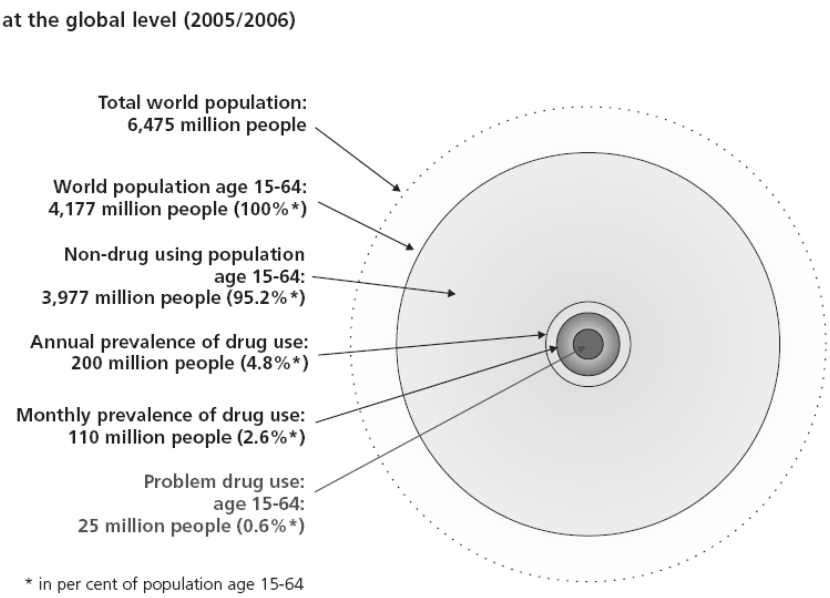
Among multilateral systems, the one regulating illicit drugs has a powerful characteristic: when a State Party ratifies one of the three Conventions, it becomes obliged to bring its national laws in line with international law. While this may narrow the room for manoeuvre for individual countries, it protects the multilateral system from its biggest vulnerability: a unilateral action by a single State Party may compromise the integrity of the entire system.

Containment over the last century

The drug control system has succeeded in containing the drugs problem to less than 5% of the adult population (aged 15-64) of the world. This refers to annual prevalence: those who have used drugs at least once in the year prior to the survey. Problem drug users are limited to less than one tenth of this already low percentage: there may be 25 million of them in the world, namely 0.6% of the planet's adult

population. In other words, occasional statements such as "there are drugs everywhere" or that "everybody takes drugs" are just plain nonsense.

Figure 1
Illegal drug use at the global level (2005/06)



Source: UNODC, *2007 World Drug Report*.

Actually, and in comparative terms, these statistics point to an undeniable success. The consumption of tobacco, an addictive psychoactive drug that is sold widely as a legal commodity in open (albeit regulated) markets, has spread to about 30% of the adult population. The proportion of the world population that consumes alcohol, another addictive psychoactive substance freely available in many countries, is even higher. In the absence of the drug control system, it is not fanciful to imagine illicit drug use reaching similar proportions.

The mortality statistics associated with the consumption of these three addictive substances tell a complementary story. The numbers of deaths are striking: about 5 million per year caused by tobacco, about 2 million caused by alcohol against about 200,000 killed by illicit drugs. Again, one could argue that in the absence of the drug control system, illicit drug use might have caused numbers of deaths not far from those attributed to licit addictive substances.

Evidence from a century of drug control (1909-2008) will be presented shortly in the UNODC *2008 World Drug Report* and in a more elaborate way, as a contribution of the centennial celebrations in Shanghai, China (February 2009). Some of the evidence can be outlined here.

Little more than a century ago, prior to the creation of the international drug control system, there was a massive increase in global opium production and opium exports, leading to alarming abuse rates in a number of countries. There was also a

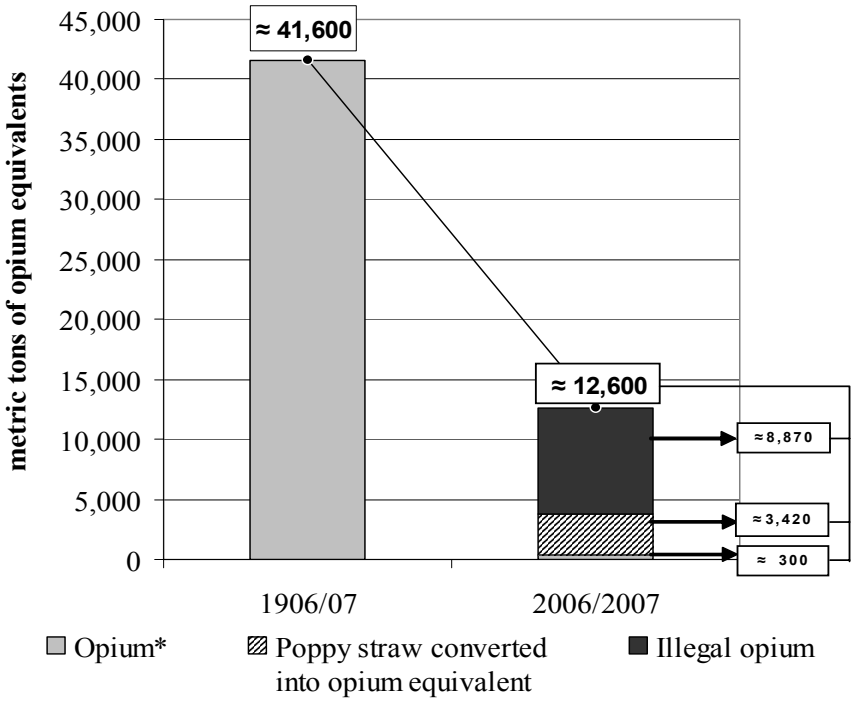
considerable increase in global coca leaf exports. As a result of these developments, and beginning with the Shanghai Opium Commission (1909) and the subsequent Convention of The Hague (1912), the international drug control system developed incrementally over the next decades.

Three Conventions were elaborated under the auspices of the League of Nations. After World War II international drug control became the responsibility of the United Nations. The system was rationalized in the Single Convention on Narcotic Drugs (1961), on which our current control mechanisms are based. The 1961 Convention covers the classical plant-based drugs, such as opium, heroin, cocaine and cannabis. In 1971, the Convention on Psychotropic Substances extended control to a number of new substances that had many medical uses, but were increasingly being diverted from licit trade and abused. In 1988, the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances extended controls to the entire market chain, including the control of precursors at the beginning of the chain, and measures to prevent money laundering at the end of it.

What was the impact of the control system over the last century? Is its impact measurable? If we start with the negative developments, today there are several new drugs out on the market, many of which did not exist a century ago; their use is widespread. Cannabis and cocaine use are also higher than they were a century earlier. It can be counter-argued, of course, that the increase might well have been far greater if international drug control had not been in place. It can also be argued, as stated earlier, that global drug use still affects a far smaller number of people than those that use legal psychoactive substances such as tobacco and alcohol.

There is clear evidence of net progress over the last century when we consider the most problematic group of drugs – the opiates – which today account for the bulk of treatment demand and most of the drug-related deaths worldwide. Opium is the basis for all of these substances, which include morphine and heroin. In contrast to the massive increases of opium production in the 19th century, global production of opium, including legal opium for medicine (plus poppy straw) as well as illegal opium, was some 70% lower in 2007 than in 1906/07, despite the fact that the world population more than quadrupled over this period. This can be nothing but a major success of the control system.

Figure 2
Global opium production, in tons, 1906/07 and 2006/07



* Legal status of opium production <= 1907 to be differentiated from the opium > 1907.

Data for 1906/07: derived from the Report of the International Opium Commission, Shanghai, 1909;
Legal opium production data: INCB forecast for 2007 (rounded);
Poppy straw production data: derived from INCB data for 2006 (rounded);
Illegal opium data: Preliminary UNODC estimate for 2007;
Totals: rounded figures.

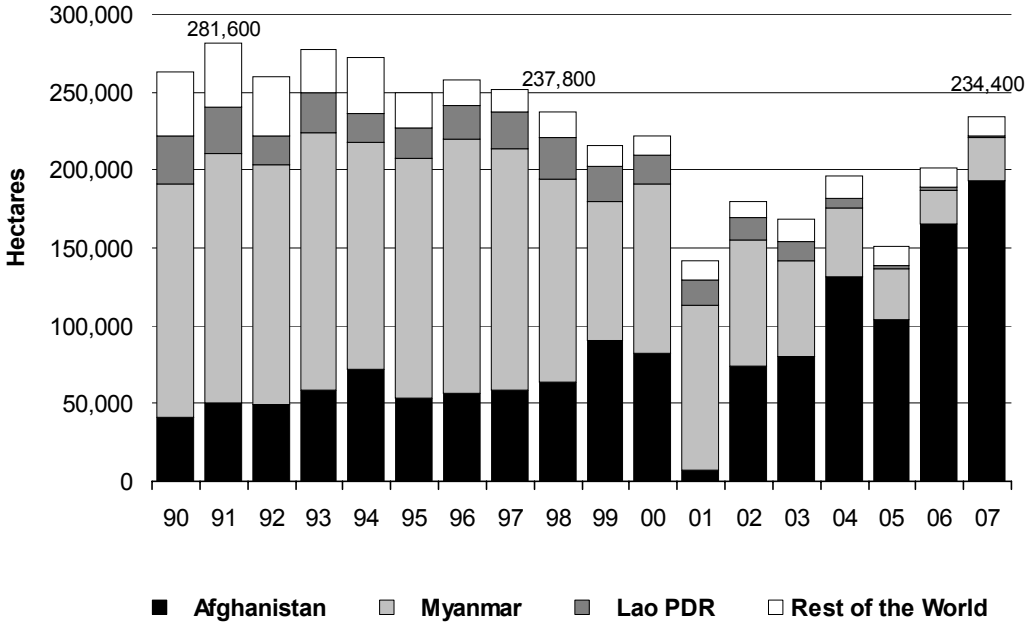
Sources: *Report of the International Opium Commission*, Shanghai, China, February 1909, International Narcotics Control Board, *Narcotic Drugs*, New York 2008 and UNODC, 2008 World Drug Report, Pre-Publication Draft, March 2008.

Containment over the last decade

If we consider the large-scale trends over the last decade, since the UNGASS, the situation also looks fairly positive. Global production of cocaine, the amphetamines and ecstasy have all stabilized during the past half dozen years (since about the years 2000-02). Cannabis production increased strongly until 2004 but shows stabilization, or even possibly a small downward trend, since then. Opium production has shown a steady downward trend in the Golden Triangle for over almost a decade. The only real problem has been the increase of opium production in Afghanistan, but even in this case there could be the first signs of stabilization or even small decline in 2008. Above all, the massive increases of opium cultivation (between 2002 and 2007) in the south of Afghanistan are not explained by world demand for opiates (globally stable, with marked decline in traditional markets), but

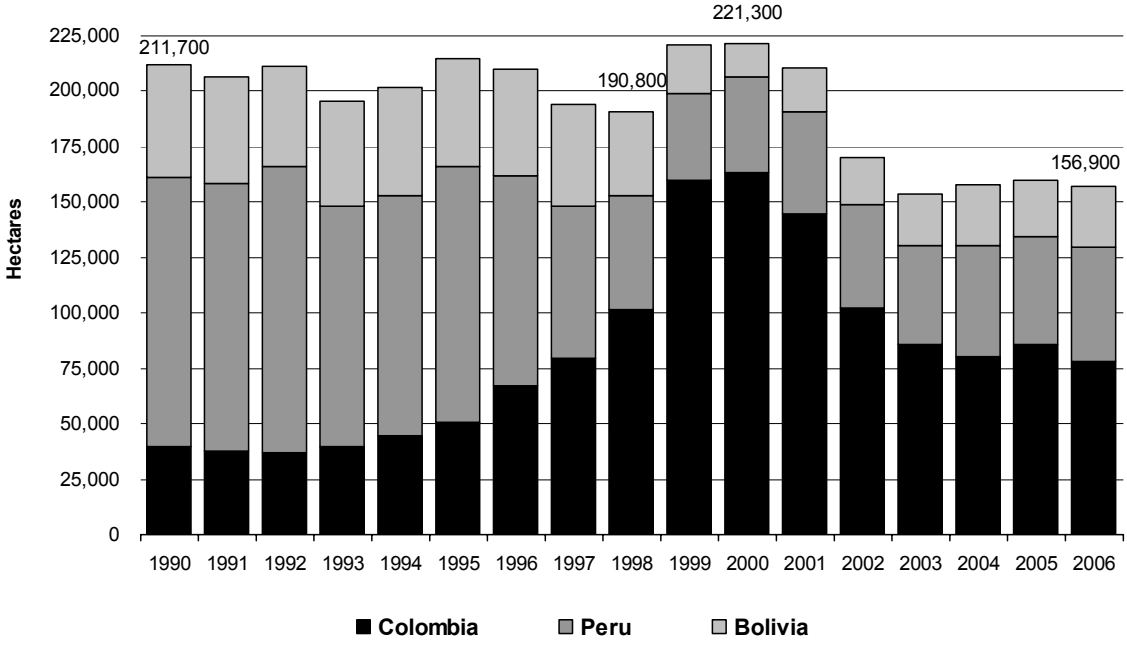
rather by insurgency and generally, by the lack of government control in these provinces.

Figure 3
Global opium poppy cultivation, in hectares, 1990-2007



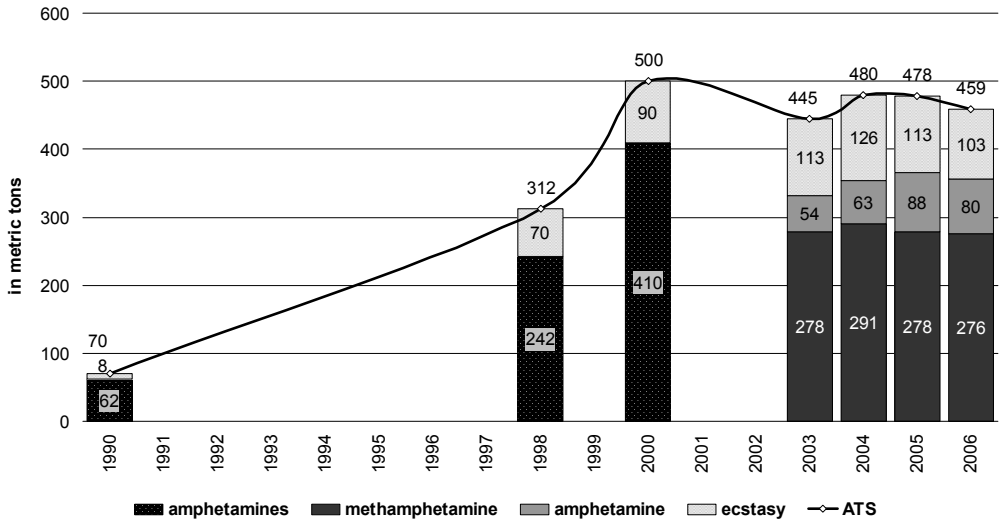
Source: UNODC, 2008 World Drug Report, Pre-Publication Draft, March 2008.

Figure 4
Global coca bush cultivation, in hectares, 1990-2006



Source: UNODC, 2008 World Drug Report, Pre-Publication Draft, March 2008.

Figure 5
Global production of amphetamine-type stimulants (ATS), in metric tons, 1990-2006



Source: UNODC, 2008 World Drug Report, Pre-Publication Draft, March 2008.

When it comes to global demand, the situation is more complex and harder to measure. Generalization about levels of demand must, of necessity, be cautious. Most countries – even a century after international drug control began – still lack reliable monitoring systems to estimate the extent of demand, or track changes in it over time. This is a consequence of demand issues being given insufficient attention at the international level, as discussed below. The result of this deficiency is the sometimes wildly contradictory statements and claims that are made about the contemporary drug situation.

For countries which have systems to monitor demand, and this includes most developed countries, the reported trends are encouraging. This is particularly the case for North America, which has had major achievements in stabilizing and/or reducing drug consumption over the last two decades – especially among the most vulnerable cohorts (age 14-20). The situation for Europe is mixed, with major achievements in stabilizing or reducing opiate consumption offset by rising levels of cocaine use. Cannabis use increased until a few years ago, but now shows some signs of stabilization or reduction in countries that had high levels of use, though it continues to increase in countries with lower prevalence rates. A similar pattern appears for the amphetamine-type stimulants.

Trends reported from developing countries tend to go in different directions, though mostly upward. This is the case for South America and Africa when it comes to cannabis and cocaine. It is also the case for South-West Asia and Central Asia as well as East and Southern Africa when it comes to heroin. Supply increases in Afghanistan seem to have been primarily responsible for this. In contrast, countries in South-East Asia generally report a downward trend in opiate abuse, which follows the massive production decline in the Golden Triangle over the last decade.

In the case of ATS, the trend is mixed and harder to quantify. The problem is most acute in South-East Asia. Some reports indicate a general increase over the last few years; others point to a stable or declining trend. Similar examples can also be found for several other regions. This, in fact, reflects the fact that many of these perceived trends in developing countries are still based on expert opinion rather than actual data.

Contained but not solved

Despite the caveats noted above, there is enough evidence to show that the drug problem has been contained. Containment of a problem is not, of course, the same thing as its solution. The drug problem is still with us. The fundamental objective of the Conventions – restricting the use of psychoactive substances under international control to medical and scientific use – has not yet been achieved. Some of the more ambitious targets set at UNGASS in 1998 remain elusive.

The fact that containment started chronologically at about the middle of the UNGASS decade, makes it tempting to postulate that it has occurred because of it. Although there is no statistical foundation to claim a causal relationship, the coincidence of the two events in time is worth noting. It must also be an incentive for further research, to determine what is happening on the world drug scene in relation to the achievements of at least some of the UNGASS goals.

Determining what is happening in world drug markets, especially in a rapidly globalizing world, is a complex undertaking. Development and modernization have

a double-edged quality when considered in terms of their impact on drug use. On the one hand, drug use is often called a disease of development, related to the increasing need for psychoactive substances to reduce stress, increase performance or simply escape from a harsh reality. On the other hand, development enables - in financial, organizational and technological terms - an enormous array of interventions to reduce both the supply of, and the demand for, illicit drugs.

In the developing and transition countries, the threat of significant increases in drug use, all things considered, is real. It is driven by both a 'supply push,' as traffickers look for new markets and for new routes to reach old ones, as well as by a 'demand pull,' as life-styles and consumption patterns migrate, promoted by ever more globalized media, cheap travel, and higher incomes. As we gather the evidence to map out and detail the extent of the drug problem in the developing world, we must thus be prepared for another uncomfortable truth - that the problem may, in fact, be bigger than we had hitherto anticipated and that it may become worse before it gets better.

Unintended consequences

The benefit of hindsight is the insight it offers us to evaluate the present and enrich future policy. Looking back over the last century, we can see that the control system and its application have had several unintended consequences – they may or may not have been *unexpected*, but they were certainly *unintended*.

The *first* unintended consequence is a huge criminal black market that now thrives in order to get prohibited substances from producers to consumers. Whether driven by a 'supply push' or a 'demand pull,' the financial incentives to enter this market are enormous. There is no shortage of criminals competing to claw out a share of a market in which hundred fold increases in price from production to retail are not uncommon.

The *second* unintended consequence is what one might call policy displacement. The expanding criminal black market obviously demanded a commensurate law enforcement response, and more resources. But resources are finite. Public health, which is clearly the first principle of drug control, also needs a lot of resources. Yet the funds were in many cases drawn away into public security and the law enforcement that underpins it. The consequence was that public health was displaced into the background, more honoured in lip service and rhetoric, but less in actual practice. In fact, public security is now frequently perceived as the primary, or at least the most effective, way of solving the drug problem – certainly the one that delivers quicker results than public health programmes, with greater media attention than prevention campaigns.

The *third* unintended consequence is geographical displacement. It is often called the *balloon effect* because squeezing (by tighter controls) one place produces a swelling (namely, an increase) in another place, though it may well be accompanied by an overall reduction. This can be historically documented over the last half century, in so many theatres around the world. Success in controlling the supply of illicit opium in China in the middle of the 20th century, for example, displaced the problem to the Golden Triangle. Later successes in Thailand displaced the problem to Myanmar. A similar process unfolded in South West Asia from the 1970s onward. Supply control successes in Turkey, Iran and Pakistan eventually displaced the

problem to Afghanistan. In the first years of the 21st century, displacement indirectly connected South East and South West Asia: as opium production declined in Myanmar, it increased markedly in Afghanistan, although there were other forces at play – namely the role of insurgents and terrorists in promoting opium cultivation, heroin/morphine processing and their trafficking. Cocaine production trends in the Andean countries show a similar dynamic: as supply was reduced in Peru and Bolivia, in the second half of the 1990s it displaced to Colombia, again as a complement to insurgency and violence.

The *fourth* unintended consequence is what one might call substance displacement. If the use of one drug was controlled, by reducing either supply or demand, suppliers and users moved on to another drug with similar psychoactive effects, but less stringent controls. For example, cocaine is easier to control than the amphetamines: with the former, there is a considerable geographical distance between the raw material (the coca bush in the Andean countries) and the consumer (in North America or Europe). The latter can literally be produced in the user's neighbourhood or, more literally, in a kitchen. So it is with the retail market: cocaine has to be bought from a street dealer; various forms of amphetamine-type stimulants (ATS) can be bought online from an internet pharmacy. The increasing popularity of synthetic drugs can be better understood also in this light. Substance displacement can of course move in the opposite direction. In the past couple of years, cocaine has been displacing amphetamine in Europe because of greater availability. Substance displacement also happens with precursor chemicals where the same kinds of dynamics apply.

The *fifth* unintended consequence is the way we perceive and deal with the users of illicit drugs. A system appears to have been created in which those who fall into the web of addiction find themselves excluded and marginalized from the social mainstream, tainted with a moral stigma, and often unable to find treatment even when they may be motivated to want it.

Unless we face these unintended consequences head-on, we will continue to be mesmerized by the many paradoxes of the drug problem. One of the reasons why we are unable to deal with the unintended consequences is the cumbersome nature of any big multilateral system and the inertia it adopts over time. The three drug conventions were developed over three decades, from the 1960s to the 1980s. The foundation of the whole system is clearly the 1961 Convention: it came into effect in 1964, nearly half a century ago. This fact is too often forgotten. It is easy forget such things and to ignore the truism that times have changed, when there is a clamour for change, but no clear view or agreement on what to change or how to change it. There is often comfort in the status quo; not necessarily because it is in itself desirable, but because there is no way of predicting what the future state of affairs will be.

Some headway can be made by considering what has changed in our world in the last half century – since the 1961 Convention was adopted. The authority of the nation state has diminished and today the term *international* covers much more than just the multi-state system. Globalization of commerce, finance, information, travel, communications, and all kinds of services and consumer patterns accelerates day over day. Cultural barriers are falling even faster, blending life-styles as they move over time and space at a speed never known before. Migration and urbanization, both of which have enormous demographic and socio-economic significance, are

increasing. New health crises, exemplified by the HIV/AIDS epidemic, are being superimposed on top of older health problems we have not yet solved. Organized crime and terrorism are no longer abstract concepts: they touch the lives of many. They are now conceived in one place, organized in another and then executed thousands of miles away. Each of these big changes (and the list above is not meant to be exhaustive) has a direct bearing on the drug problem and how it is experienced, perceived or resolved. These changed circumstances will therefore have to be considered in answering any question about implementation of the international drug control system in the 21st century.

Clearly, we must humanize our drug control regime which appears to many to be too depersonalized and detached from their day-to-day lives. What many people see is:

- too much crime;
- too big a criminal market;
- too many people in prison;
- too few people in treatment;
- too many resources in enforcement;
- too few resources in prevention, treatment, rehabilitation and harm reduction;
- too little machinery for international cooperation to reduce the demand for illicit drugs and mitigate their negative consequences;
- too little appreciation of the fact that the drug economy flourishes where governments are negligent or their control inadequate;
- too much emphasis on illicit crop destruction, and too few resources for development assistance to farmers.

In other words, of the three links in the drug chain – the farmers who produce the raw material, the traffickers who turn it into poison and trade it across borders, and the addicts - too much emphasis is placed on the second link (fighting the criminals) and not enough on promoting a switch in activity (by the farmers) and in behaviour (by the addicts).

What many people do *not* see are the achievements of the drug control system over the last century, and the improvements over the last decade:

- containment of illicit drug use to less than 5% of the world adult population;
- containment of the hardcore problem drug users to less than 1% of the world adult population;
- considerable reductions, over a century, in the cultivation, production and consumption of opiates – the biggest problem drugs;
- international law which sets standards to which national law must conform;
- a multilateral system that leaves less room for unilateral action:
- greater adherence, now approaching universal, to the multilateral system after UNGASS (after 1998, 20 countries acceded to the 1961 Convention, 25 to the 1971 Convention, and 34 to the 1988 Convention);

- universal acceptance of the principle of *shared responsibility*, to assist weak states, persuade uncooperative states, and bring powerful states behind the multilateral system; and
- a well functioning system to regulate the production, distribution and use of controlled drugs for medical and scientific purposes.

III. The way forward

Building on the recent past we can go forward, confidently, into the next decade, by doing at least three things: *first*, we must reaffirm the basic principles; *secondly*, we must improve the performance of the drug control system; and *thirdly*, we must face the unintended consequences, contain them and then undo them.

1. Reaffirm the principles

The multilateral principle

The objectives of the drug conventions have not yet been achieved, but the multilateral machinery is there to achieve them. It is in good working order. Adherence to the conventions is near universal. There is indeed a spirit of reform in the air, to make the conventions fit for purpose and adapt them to a reality on the ground that is considerably different from the time they were drafted. With the multilateral machinery to adapt the conventions already available, all we need is: *first*, a renewed commitment to the principles of multilateralism and shared responsibility; *secondly*, a commitment to base our reform on empirical evidence and not on ideology; and *thirdly*, to put in place concrete actions that support the above, going beyond mere rhetoric and pronouncement.

The public health principle

We must bring public health – the first principle of drug control – back to centre stage. It has, over time, receded from that position, over-shadowed by the concern with public security and the law enforcement actions that are necessary to ensure public security. Probably the most important reason why public health has receded back-stage is that the power of the international conventions has not always been harnessed to give it unequivocal support. This is because the Single Convention left the issues surrounding the demand for narcotic drugs to individual States to deal with in their own specific cultural contexts. Considering the time at which it was done, this was not a bad thing. The Single Convention was formulated at the height of the era of decolonization and new states being built (the membership of the United Nations more than doubled from 60 States Members in 1950 to 127 in 1970). This sensitivity to cultural context in the new States Members is not surprising.

There was another, specifically scientific, reason for not detailing provisions on the treatment of drug addicts in the 1961 Convention: to allow for the possibility of scientific and medical progress. When considered in this light, the Single Convention was quite clearly a forward-looking piece of legislation. The *Commentary on the Single Convention* states:

> "*...the differing causes of addiction and the divergent conditions in different countries, as well as the possibility of scientific progress in understanding the*

> *problem and in methods of treatment of addiction, made it advisable not to lay down in the treaty a particular method of treatment as being valid under all conditions, in all countries and for the whole period of the operation of the Convention.*" (page 447, para. 6)

The unintended consequence of all this, however, was that demand for illicit drugs and related public health issues did not get the international focus and attention they would have if they had been detailed in the Single Convention. If the treatment of public health issues had been more specific, national institutions advocating prevention and treatment would have gained more legitimacy, and more resources than they eventually got. States did, of course, deal with public health in their own contexts, but there was little sense of the international community moving in one direction here. The need for international cooperation was consequently less apparent. Mutual monitoring mechanisms were thus less effective and rarely deployed. In order to start moving in one direction, the international community took several steps, in 1987 with the International Conference on Drug Abuse and Illicit Trafficking, in 1990 at a Special Session of the General Assembly, but had to wait until the UNGASS in 1998 before it got *Guiding Principles of Demand Reduction*. Powerful as these *Guiding Principles* may be, we must accept that adherence to them is less stringent than it is to an international convention. The practice is even more remote from the statements of principle.

Another important historical condition explains the limited attention given to public health in the drug Conventions: they were drafted *before* the new health challenges became manifest. The HIV virus and the Hepatitis C virus were both identified in the 1980s, *after* the 1961 and the 1971 Conventions were drawn up and came into effect. The HIV/AIDS epidemic, and the identification of injecting drug use as a vector for its spread, was also after the 1961 and 1971 Conventions.

Meanwhile, issues of public security and law enforcement got the attention they deserved at the national level, and a supportive infrastructure at the international level. The machinery for international cooperation in these areas was increased and improved steadily. While this was as it should be, the machinery for international cooperation in public health and illicit drug demand did not keep pace and stagnated. This was recognized, as far back as a decade before the UNGASS, when the International Conference on Drug Abuse and Illicit Trafficking (June 1987) called for a '<u>balanced approach</u>:' giving the reduction of demand for illicit drugs the same importance as the reduction of supply and trafficking. Twenty years later, we can see that while many efforts have been made, including the *Guiding Principles of Demand Reduction* at the UNGASS, we have still not quite redressed the balance.

How should we <u>redress the balance</u>? We will certainly not achieve it by emulating a pendulum. While adjustments to drug policy may well be necessary, and even desirable, we should not confuse public opinion by veering from one extreme to another. This has happened, more than once, in several countries, especially with cannabis. Vacillation is also prescribed by more than one tract on drug policy reform, exhorting the world to renounce 'prohibition' and espouse 'legalization.' The temptation to find a simple solution, the proverbial 'silver bullet' is timeless, but ultimately chimerical. Improving the performance of the control system is however both necessary and possible.

2. Improve the performance

There seems to be wide consensus on how we can improve the way in which the international drug control system performs. It hinges on our trying to do several things *simultaneously*:

- *First*, enforce the laws;
- *Secondly*, prevent the behaviour (drug use);
- *Thirdly*, treat and rehabilitate those who are neither deterred (by the laws) nor prevented (by prevention education) from entering into drug use; and
- *Fourthly*, mitigate the negative consequences of drugs, for both the addicts and society at large – including the countries caught in the crossfire of drug trafficking and related crimes.

None of these four things is revolutionary; all of them have been suggested before. What appears to have been missing, however, is appreciating the need to do them simultaneously, and the empirical evidence on which to base them. The UNGASS exercise gave us the injunction to collect the evidence. Much of it has been assembled and will be analyzed over the next few months. A century of drug control has also given us an enormous corpus of evidence. It is not always in the form we would desire it, with clear baselines and identifiable trends, but it is enough to guide us over the years to come.

Achieving the UNGASS objectives

We need, first and foremost, to 'finish the job' on heroin and cocaine: a job we began a century ago and reiterated at UNGASS. The *Political Declaration* adopted at UNGASS committed States Members:

> "*...to developing strategies with a view to eliminating or reducing significantly the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2008.*"

We have not achieved this objective. It is still distant, but we are further on the path, at least with coca and opium, than we were in 1998. The overwhelming majority of the world's illicit opium production (93%) has been contained to a single country, Afghanistan. In that country, the lion's share is grown in a handful of provinces. While one cannot deny the difficulty or the enormity of the task of solving Afghanistan's opium problem, there is optimism to be found in the proposition that solving the world's opium problem essentially means curtailing production in a few (actually 5) provinces of a single country – in provinces, that is, where the drug problem is intertwined with the insurgency problem.

For the coca bush, cultivation came down by 29% between 2000 and 2006. It is confined to three countries. While Peru and Bolivia are not insignificant, about half of world coca cultivation happens in one country, Colombia. In that country, cultivation dropped by more than 50% between 2000 and 2006, once again taking place mostly in areas affected by insurgency.

With cannabis, the UNGASS objective is more distant – and by and large because the world is confused about cannabis. This confusion is not confined to public opinion, and often spreads to opinion makers. Cannabis is the most vulnerable point

in the whole multilateral edifice. In the Single Convention, it is supposed to be controlled with the same degree of severity as cocaine and the opiates. In practice, this is seldom the case, and many countries vacillate in the degree of control they exercise over cannabis. Even worse is the persistent habit in too many countries to change cannabis-related policies as coalitions alternate in power: this leads to confusion in public opinion, leaving it with the false impression that this drug is not dangerous for health. As a consequence, cannabis remains the most widely produced and the most openly used illicit drug in the world. Unless we face this issue squarely, and rebuild an international consensus on how to tackle cannabis multilaterally, we risk ruining the whole system.

With the amphetamine-type stimulants (ATS) we have moved further since UNGASS, with production and consumption appearing to be stable since 2000, but there is still more bark than bite in the multilateral response to the problem. The apparent stability, also, may be more present (and visible) in developed countries, and less so in the developing ones. In all cases the response must be both more extensive and more intensive. Supply control methods, well tried and tested with the botanical drugs, do not work well with the ATS because there is no botanical raw material to target, and no geographical distance between areas of production and of consumption. Precursor control is the only effective way of controlling ATS supply. There is doubtless progress here, but the threat of displacement continues to offset the gains of a control regime that is less than two decades old. Demand for ATS, another big challenge recognized at UNGASS, also remains buoyant on the basis of the widespread perception that synthetic drugs are more benign, and must be less dangerous if they can be bought as pills and pharmaceutical preparations, sometimes from an internet pharmacy. In this case as well, vacillating policies promoted by changing political coalitions tend to confuse people, under-rate the risks and perpetuate the problem.

Strategic choices

There will doubtless be much discussion over the next year about finding credible solutions to reach the UNGASS objectives. Much of the evidence of what has been achieved so far is being presented to the current session of the Commission on Narcotic Drugs in my Fifth Report on The World Drug Problem (E/CN.7/2008/2/Add.1 to Add.6). This report has six parts, dealing with the six action plans adopted at UNGASS: demand reduction, alternative development, judicial cooperation, ATS, precursors, and money-laundering. Consequently no attempt is made here to either summarize these reports or prioritize actions that must be taken in each of the areas they cover.

Some wider issues, most of them concerning UNODC strategic choices over the next few years, should be noted at this stage of the UNGASS assessment. We are a complex Office that combines research, normative and technical assistance functions, all directed to helping the world address its drug, crime and terrorism problems. While our mandates are focussed and clear, there are many areas in which our work intersects with that of other international agencies, chiefly those working on development, public health and the rule of law. Unless we make strategic choices, prioritizing those areas where we have real competency and comparative advantage, and where we can leverage resources and expand partnerships, we risk wasting public money and delivering ineffective programmes. Thus,

- for our programmes on alternative development to be successful, we must work with development agencies (first and foremost the World Bank) and international financial institutions;
- for our initiatives in law enforcement, we must collaborate with those institutions dedicated to enhancing security (DPKO to begin with);
- for our attempt to bring public health back to the centre-stage of drug control, we must work more closely with the World Health Organization and UNAIDS; and
- for ramping up our programmes on prevention, we must work closely with agencies such as UNESCO and UNICEF.

3. Mitigate the consequences

The ways in which we have dealt with the drug problem have had five unintended consequences, which were noted above:

- the criminal black market;
- policy displacement;
- geographical displacement;
- substance displacement; and
- the marginalization of users.

Many prescriptions are offered as ways of undoing these unintended consequences and they will doubtless be considered as we go through the UNGASS assessment and build a multilateral strategy for the next decade. At this stage of the process, it would appear to be constructive to identify the areas on which there is sufficient international consensus to go forward in refining the control system and making it more 'fit for purpose.' There appear to be three areas: crime prevention, harm reduction and human rights.

Crime prevention

There is a huge corpus of knowledge in the world, accumulated over centuries, in crime prevention and criminal justice. Since its very inception, the United Nations has been active in the development and promotion of international standards and norms for crime prevention and criminal justice. Eleven World Crime Congresses over the last half century have been instrumental is benchmarking humanity's progress towards a more humanitarian, caring and democratic way of administering justice. We must, therefore, harness this knowledge and expertise to control the criminal market for drugs. Doing this, in a multilateral framework, has become easier during the decade following UNGASS (1998). Some of the standards and norms formed the basis for five binding legal instruments brokered by UNODC and adopted between 2000 and 2003: the UN Convention against Transnational Organized Crime, its three supplementary protocols (on Trafficking in Persons, Smuggling of Migrants and Illicit Manufacturing and Trading in Firearms), and the UN Convention against Corruption.

Institutionally, the support structure for this multilateral machinery was put in better order by merging drugs and crime in the UNODC in 2002. The need to treat drug

trafficking, organized crime, corruption and terrorism as linked phenomena is increasingly recognized and has moved up high on international priority concerns. The 2005 report of the High Level Panel on Threats, Challenges and Change, the Report of the Secretary-General *In larger freedom: towards development, security and human rights for all*, and the General Assembly's 2005 World Summit Outcome resolution all testify to this. Even more pointedly, there are now actual examples of drug trafficking, organized crime, corruption and terrorism threatening national security and putting whole countries under threat. The most affected nations are also among the planet's poorest: in Central America, the Caribbean, Western and Eastern Africa – all of them caught in the cross fire of world drug trafficking.

Harm reduction

The concept of 'harm reduction' is often made into an unnecessarily controversial issue as if there were a contradiction between (i) prevention and treatment on one hand, and (ii) reducing the adverse health and social consequences of drug use on the other hand. This is a false dichotomy. These policies are complementary.

Improving the performance of the drug control system, it was noted above, requires us to do four things simultaneously: enforce the laws; prevent the drug-related behaviour; treat those who are neither deterred or prevented from entering into illicit drug use; and mitigate the negative consequences of drugs, both for those who are caught in the web of addiction, as well as for society at large. The last of those four is what is normally called 'harm reduction.' There cannot be anything wrong with it provided it is done along with the other three things: enforcement, prevention and treatment. If 'harm reduction' is done exclusively, namely without the other three components, it will make a mockery of any control system, send the wrong message and only perpetuate drug use.

The 1961 Single Convention put it unequivocally:

> "*...Parties shall give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social integration of the persons involved.*"

As early as 1993, the International Narcotics Control Board pronounced that harm reduction programs can be part of a comprehensive demand reduction strategy, but they should not be carried out at the expense of – or considered substitutes for other important policies (such as prevention) to reduce the demand for illicit drugs. Yet, for all of this clarity, an unhelpful debate has raged on, lost in the need to find certainty between the polarities of 'zero tolerance' and 'harm reduction.'

In an attempt to break out of this circular debate by taking a pragmatic step forward, my Office recently published a discussion paper called *Reducing the adverse health and social consequences of drug abuse: A comprehensive approach*. It tried to demystify the issue, listing the kind of evidence-based measures that should be taken, and locating the so-called harm reduction measures in a continuum that starts with prevention and treatment. The continuum should, of course, stretch further, by including enforcement. Thus, we have enforcement, prevention, treatment and harm reduction as the four things we must do *simultaneously* to improve the performance of the drug control system. The key to doing them all simultaneously is to involve *all* of society, not only the drug control experts.

Human rights

The production, trafficking and consumption of illicit drugs can only be understood properly if they are seen in their many different dimensions: the political, the social, the economic and the cultural. The drugs issue thus intersects many different domains: law, criminal justice, human rights, development, international humanitarian law, public health and the environment, to name but a few. In each of these domains, the United Nations has standards, norms, conventions and protocols. Their status varies, ranging from "soft" to "hard" law, from non-binding standards to obligatory conventions. While it is not always easy to establish a hierarchy between these different instruments, it is clear that the constituting document of the Organization, the *Charter of the United Nations*, takes priority over all other instruments. Article 103 of the Charter states:

> "*...In the event of conflict between the obligations of the Members of the United Nations under the present Charter and their obligations under any other international agreement, their obligations under the present Charter shall prevail.*"

In the context of drug control, this means that the drug Conventions must be implemented in line with the obligations inscribed in the Charter. Among those obligations are the commitments of signatories to protect human rights and fundamental freedoms.

The protection of human rights is further enshrined in another foundational document of the United Nations, the *Universal Declaration of Human Rights*, which is now 60 years old. In Article 25 of the *Universal Declaration*, health is listed as a basic human right. It stands to reason, then, that drug control, and the implementation of the drug Conventions, must proceed with due regard to health and human rights. The former was discussed at length above in the context of public health and the drug control system. The issue of human rights, the protection of which is a growing international movement, is now also becoming salient in the implementation of certain drug control measures. The use of the death penalty (among others for drug offences) presently divides the membership of the United Nations. The recent General Assembly moratorium on the application of capital punishment is a way forward, but the gaps between international standards and the law of individual nations need to be bridged by means of negotiation and the promotion of good practice in this difficult area.

IV. Conclusion

This informal paper, issued under the sole responsibility of the Executive Director of the UNODC, has argued that the international drug control system is an extremely valuable piece of political capital, enjoying virtually universal adherence. It has succeeded in containing the illicit drug problem across the span of a whole century, as well as over the last decade. Yet it has not solved the problem it was created to resolve. The ways in which the drug control system has been implemented have had several unintended consequences: the criminal black market, policy displacement, geographical displacement, substance displacement and the marginalization of users. Moving forward, and into the next decade, would appear to need a triple commitment: reaffirming the basic principles (multilateralism and

the protection of public health); improving the performance of the control system (by achieving the UNGASS objectives and doing enforcement, prevention, treatment and harm reduction simultaneously); and mitigating the unintended consequences. The paper concludes by identifying three areas on which there appears to be sufficient international consensus to go forward in refining the control system and making it more 'fit for purpose:' crime prevention, harm reduction and human rights.

As we go through the UNGASS assessment, and build a multilateral strategy for the next decade, many ways of solving the drug problem and mitigating its unintended consequences will doubtless be considered. This paper is presented as a contribution to that upcoming process of reflection and assessment. It ends with an appeal to the States Members of the United Nations, and through them, to those who are enshrined in the first words of the Charter, "the peoples of the United Nations": we must work together to solve the world's drug problem, not by losing ourselves in pointless debates from extreme positions, but by occupying the centre– the proverbial 'middle ground' – which is wide enough to accommodate all of us and solid enough to bear our weight as we step forward into the next decade.