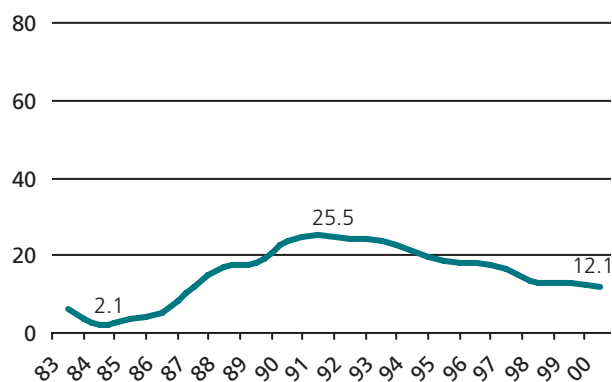


HIV situation, and the socio-cultural and political context. Policies governing HIV/AIDS prevention have to adopt pragmatic approaches taking into account that drug dependence is a chronically relapsing condition and therefore provide for addressing high-risk behaviour.

There is some evidence to suggest that the availability and regular use of clean injecting equipment can prevent, halt and perhaps even reverse HIV/AIDS epidemics among injecting drug users. Examples include cities such as Sydney, Glasgow and Toronto. In Brazil, extensive outreach to injecting drug users reduced the percentage of injecting drug users in newly detected HIV infections from a high of 25.5% in 1991 to 12.1% in the year 2000. If clean injecting equipment becomes scarce, as happened for example in Edinburgh in the early 1980s (see the figure on selected cities above), a serious HIV/AIDS epidemic could be provoked^{ag}.

Fig. 35: Percentage of injecting drug users among newly detected HIV infections in Brazil



Source: UNODC, Country Office Brazil.

Effective programmes could typically include a wide variety of measures ranging from drug dependence treatment, including substitution treatment, outreach to injecting drug users to provide them with information on safer sex and injecting practices, clean needles and

syringes, and condoms, voluntary counselling and testing, treatment of sexually transmitted infections, and interventions for special populations-at-risk such as prisoners and sex workers who inject drugs. Such prophylactic measures are desirable, but, as the International Narcotics Control Board has noted, should not promote and/or facilitate drug abuse^{ah}.

Both scientific evidence and the experience with such programmes would seem to indicate that such a package would be effective in reducing the risk of HIV transmission among injecting drug users and the risk of HIV diffusion from drug users to the general population. Over the past two decades effective programmes have moved through a significant paradigm shift, away from waiting for drug users to enter institutional services, to offering services to drug users where they are: in their communities and where they use drugs.

1.4. CONCEPTUAL ADVANCES IN DRUG CONTROL

The preceding sections of this chapter have presented the terms of the difficult equation that must be solved by the international community. On one side, clear policy objectives and a long established consensus on the need to address the drug problem through a multi-lateral approach has generated one of the most developed systems of international cooperation ever created in the realm of social policy. Decades of experience accumulated by drug control agencies at national, regional and global levels have helped to progressively identify virtually every possible dimension of the drug problem and to evolve an array of corresponding interventions. Drug control programmes now span many domains of traditional public policy, from justice and police, to economics and finance, and to education and health. On the other side of the equation, despite the favourable comparison with the public health disaster created by the largely uncontrolled tobacco industry, it is undeniable that results have so far not been commensurate with the ambitions enshrined in the UN drug conventions and consistently reaffirmed by policy makers and public opinion thereafter.

ag) Brettle RP. Epidemic of AIDS related virus infection among intravenous drug abusers. *BMJ* 1986;292:1671.

ah) *Report of the International Narcotics Control Board for 2003*, p.36. New York, March 2004

Since the entry into force of the 1961 convention, drug abuse and the criminal ventures that feed it have spread and grown to levels that have kept the problem high on the list of public anxieties. The perception, often voiced, that battle after battle is being lost in the "war on drugs" is certainly a consequence of that situation. The performance of the control system is not commonly judged on the basis of what it might have successfully averted - an epidemic on the scale of nicotine addiction - but rather on what it has so far failed to correct - the persistence and geographical spread of illicit drug production, trafficking and abuse and of their often dramatic consequences. Since the elimination of the problem, as opposed to its mere containment, was always stated as the overarching goal of the drug control system, it is only fair that it be judged on that basis.

Are the objectives of the international drug control system too ambitious? There are fortunately few people who question the basic philosophy that underlies the universally shared commitment of adult generations to protect their younger ones from the tragedy of addiction to dangerous psychoactive substances. The cynical notion that a certain proportion of each generation could acceptably be lost to drug addiction violates the most basic of human ethics. A society free of the drugs that have been declared unsafe by public health experts remains a morally laudable and politically legitimate objective.

More serious, however, have been the criticisms of the efficacy of the methods used to reach that objective. In some cases, those methods have even been accused of exacerbating the problem, or some of its adverse consequences. The fact that some of these critiques have been made by drug control experts and practitioners themselves bears testimony to the readiness of the drug control community to question its own methods of work. More importantly, it shows that drug control proceeds essentially by trial and error. As mistakes are made, and as lessons are learned, new or improved approaches need to be conceived and implemented.

Illicit crop control programmes offer a good illustration of such empirical and pragmatic approaches. Pioneered to a large extent by the United Nations, the concept of 'alternative development' was developed when the limitations of programmes that relied merely on eradication became apparent. After an initial phase of simple

crop substitution (replacing the drug crop with a licit one) that proved too narrow, it was expanded to encompass a range of sophisticated socio-economic development measures that included food security, off-farm income generation, education, primary health care, road construction, micro-credit schemes, etc. Improvements were made incrementally over the years, and eventually came to integrate such notions as bottom-up planning and community empowerment. There are countless other examples of such conceptual advances that found practical applications in other sectors of drug control and yielded good results. It is not the objective of this report, however, to list these advances and document their achievements. It is neither the objective of this report to present the dissenting views that have been voiced by the anti-prohibitionist lobby and debated extensively for over a decade. The debates have not changed very much, and UNODC covered them in a previous issue of this report^{ai}.

One of the objectives of this report is, rather, to propose some new steps towards resolving the drug control equation described above. They are informed by a number of recent developments that have either not yet been fully translated into practice, or are still at the conceptual stage. They conform to the overarching objectives of the international drug control system, as well as offer the prospect of better results. They are suggested below under three categories: a holistic approach; which must become more synergistic; as well as more dynamic. The terms may be familiar, but the approach is not simply a 'more-of-the-same' variety.

1.4.1. A holistic approach

Addressing the drug problem in a broader sustainable development context

Because of its far-reaching socio-economic dimensions, the drug problem has a negative impact on the functioning of societies as a whole. In particular, it can significantly hinder development programmes in poor nations and compromise peacemaking and reconstruction efforts in countries torn by civil war. In turn, situations of poverty, strife and feeble governance are fertile ground for drug production, trafficking and abuse. Those various dimensions can become so interlocked that getting out of the vicious circle they create can only be done through a comprehensive approach. Although

ai) UNDCP, *World Drug Report*, New York, 1997.

this aspect of the drug problem has long been perceived, and documented in a growing body of literature^{aj}, it is only recently that it started to trigger an attitudinal change among policy makers. Confined for too long to special programmes handled by specialized agencies, drug control priorities are now finding their way into the mainstream of the socio-economic agenda.

Starting at community level, this broader understanding of the socio-economic dimensions of the drug problem must notably be reflected in a society-wide approach. Public institutions cannot do everything. Interventions are far more effective when the state and the economy are joined by the various actors in civil society (such as families, non-governmental organizations, and the media) in a common purpose and programme.

At the international level, interactions and joint ventures between drug control organizations, development agencies and financial institutions are developing. In 2002, UNODC identified the need to "place drugs and crime issues in the context of sustainable development" as one of its six mid-term operational guidelines^{ak}.

Providing an integrated response to the drugs and crime nexus

It is only logical that this more holistic perception of the drug problem be vigorously applied to the twin sectors of drugs and crime control. The overlaps between the two have become so vast^{al} that promoting their integration should not be difficult. Yet historical and institutional reasons, among others, have, in fact, long limited the degree of integration. For instance, the progressive integration of the drug control and crime prevention programmes within a common UN Office only started in 1997. The merger of the two within one internal structure was formally approved in March 2004^{am}.

Dramatic world events in recent years have certainly contributed to bringing the connections between drug trafficking, organized crime and, to some extent, the financing of terrorism, to the forefront of international attention. The recent enrichment of the multilateral system with a new set of ground-breaking instruments against transnational organized crime, trafficking in human beings, smuggling of migrants, trafficking in firearms and corruption^{an} is opening the way for potentially dramatic advances in the fight against drugs and crime.

Addressing the drugs and crime nexus under the new paradigm of human security

Stemming from the 2000 UN Millennium Summit, the seminal work of the Commission on Human Security is advancing a new paradigm of security that will complement the fundamental concepts of human development and human rights^{ao}. The notion of 'human security' that encapsulates this new paradigm has the potential to provide a much needed conceptual link between drugs and crime control policies, on the one hand, and sustainable development policies, on the other hand. The final report of the Commission, released in 2003, stresses the need to address international crime, illegal trade in arms, drugs, natural resources and people as part of a holistic human security agenda.

"Human security focuses on the protection of people, not borders and territories. The added value of human security is its focus on a broader range of violent threats facing people, including war and internal conflict, but also communal conflict and serious criminality. It also broadens understanding of the causes of violent conflict by emphasizing the links with poverty, the inequalities among communities and the impact of sudden downturns and risks. To protect and empower people in conflict, a broad range of interconnected policies is required [...]"^{ap}.

aj) See for instance: Barnett R. Rubin, *The Political Economy of War and Peace in Afghanistan*, [http://institute-for-afghan-studies.org/ECONOMY/political_economy_of_war_peace.htm], June 1999; World Bank, P. Collier and A. Hoeffler, *The Economics of Civil War, Crime and Violence*, [http://econ.worldbank.org/files/12205_greedgrievance_23oct.pdf], October 2001; UNODC, *The Opium Economy in Afghanistan, An International Problem*, New York, 2003; INCB, *Report 2002*, chapter 1, New York, 2003.

ak) Commitment to Good Governance. Progress Report on Management Reform by the Executive Director (April 2002 - April 2003). UNODC/ED/1, 8 April 2003.

al) Report of the International Narcotics Control Board for 2003, Chapter 1, New York, March 2004

am) United Nations Secretariat, Secretary General's Bulletin, ST/SGB/2004/6, March 2004.

an) United Nations Convention against Transnational Organized Crime (General Assembly Resolution 55/25, annex I). The Convention entered into force on 29 September 2003, along with its Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (General Assembly Resolution 55/25, annex II). The Protocol against the Smuggling of Migrants by Land, Air and Sea (General Assembly Resolution 55/25, annex III) entered into force on 28 January 2004. The Protocol against the Illicit Manufacturing of and Trafficking in Firearms, Their Parts and Components and Ammunition has not yet entered into force. The United Nations Convention Against Corruption was adopted by the General Assembly by Resolution 58/4 of 31 October 2003.

ao) Commission on Human Security, *Human Security Now*, New York, 2003.

ap) *Ibid.*, p. 33.

1.4.2. A more synergetic approach

While much is awaited from the mainstreaming of the drug control agenda within broader conceptual and political frameworks, an ongoing regeneration of drug control strategies *per se* is also expected to improve their efficacy in the coming years.

The United Nations General Assembly Special Session on Drugs in its June 1998 Political Declaration clearly stated the importance of implementing an integrated and balanced approach as part of a reinvigorated strategy that included time-bound and measurable targets, as well as a set of action plans. Meeting in early 2003 to review the status of implementation of the actions plans, governments identified the need for "a comprehensive strategy that combines alternative development [...] eradication, interdiction, law enforcement, prevention, treatment and rehabilitation as well as education^{aq}." They also called for the further development of evidence-based approaches and of data collection, analysis and evaluation tools to support them^{ar}.

While these statements might sound familiar, they do, in fact, highlight one of the most difficult intellectual challenges that the drug control community must now face. As pointed out in other sections of this report, there remain huge *terra incognitas* in drug-related data and statistics. There is also surprisingly little that is known about the structure and dynamics of drug markets at national, regional and global levels. There is a pressing need to fill that knowledge gap. This is not just for the greater good of science but because, unless a far more synergetic approach is adopted to conceive drug control strategies and to implement the vast array of interventions they encompass, there is a real fear that governments will, year after year, have to repeat the distressing statement that "drug abuse remains at an unacceptably high level^{as}."

The example of Afghanistan is illustrative. The size of the drug production and trafficking problem has reached massive proportions in that country. Its tremendous national and international consequences have moved it to the top of the national and international

political agenda. Two years ago, the devastation of the country by decades of civil war left policy makers with a drug control apparatus that amounted to a blank sheet of paper. The firm and courageous position of the new regime on that issue was matched by the readiness of the donor community to provide expertise, technical assistance and financial resources. A national drug control strategy was soon developed. It contained all the classic elements of a sound drug control programme (legislation, law enforcement, alternative development, demand reduction, monitoring, etc.). Yet, leaving aside the fundamental question of security and governance, drug control experts have been facing formidable difficulties in translating the strategy into effective interventions tailored to the situation at hand. In the light of what was noted above, one possible explanation could be that (a) planned interventions have remained essentially compartmentalized into the traditional sectors, without a prescription to dose, integrate and sequence their implementation; and (b) that the strategy has not been conceived on the scale of the transnational market, of which Afghanistan is only a segment. To this day, despite the fact that the inter-linked elements of the international Afghan heroin market span an entire continent, there is no multilateral operational strategy to tackle them all in a coordinated and synergetic manner.

A number of analysts have pointed out the need to remedy the deficiency of approaches that are too sectorially and geographically compartmentalized. Changing this requires that more efforts be made to improve drug related data collection and analysis. It also requires decision makers to support a vigorous research programme on the way drug markets are structured, operate and evolve.

Illicit drugs are commodities. Produced, transformed, transported, distributed, purchased and consumed, they are at the centre of lucrative clandestine, and to a very large extent, transnational markets. Albeit illegal, these markets, like any other market, obey a number of basic supply and demand rules and respond to internal and external stimuli and pressures. Understanding the rules will help to better conceive the kind of pressures that could break these markets^{at}.

aq) Joint Ministerial Statement and further measures to implement the action plans emanating from the twentieth special session of the General Assembly, 16 April 2003. E/2003/28/Rev.1. E/CN.7/2003/19/Rev.1, p.2.

ar) *Ibid.*, p.4.

as) *Ibid.*

at) R. Anthony and A. Fries, "Farmgate-to-Street Model of Narcotics Trafficking", in proceedings of the Expert Group on Technical Challenges to the Drug Community, UNODC and US ONDCP, Vienna, 2003. A revised version of this paper will be published in a forthcoming issue of United Nations, *Bulletin on Narcotics*; The RAND Drug Policy Research Center has also been working on models of various dimensions of the drug problem [<http://www.rand.org/multi/dprc/projects/model.html>]. An ongoing project (P. Reuter and V. Greenfield, "Examining the consequences of reducing Afghanistan's heroin production") focuses on the development of a simulation model of the global trade in Afghan heroin.

1.4.3. A more dynamic approach

Though drugs are commodities, their abuse diffuses into susceptible segments of the population like an infectious disease. The term 'drug epidemics' thus offers a useful analogy. The powerful dynamics created by the combination of the incentives and behavior of a ruthless market with the contagion characteristics of an epidemic explain why drug abuse can expand so rapidly and become so difficult to stem. Since young people are particularly vulnerable, it is important to monitor closely the prevalence, incidence and evolution of illicit drug use among them^{au}.

Analysis of, and responses to, the drug problem have so far been too static and treated the phenomenon as essentially linear. Fine-tuning and sequencing drug control interventions to maximize their effectiveness would require the development of dynamic, non-linear models of the drug problem^{av}. Understanding how drug epidemics start, spread, reach a plateau and then decline, and how feedback effects can alter their evolution, would help to decide at which moment of the process what type of intervention, or mix of interventions, are most likely to be effective. It would also provide guidelines on how to allocate resources among the various

sectorial interventions at any given time. For instance, a certain type of intervention (say, law enforcement) might be more effective than another one (say, prevention or treatment) at certain stages of the epidemic, and less at others. Since drug control budgets are finite, shifting the share of resources among the different categories over time could significantly increase the cost-effectiveness of drug control strategies.

Research on, and interest in, the development of more dynamic models of the drug problem have increased in the last decade or so - essentially in North America and Europe. A few years ago, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) launched a research project on the use of modelling in drug epidemiology^{aw} and the European Commission supported the establishment of a European Network to promote research on mathematical and statistical models^{ax}. UNODC and the Technical University of Vienna organized a symposium on the subject in 2000^{ay}. As part of an increasing knowledge-based approach to drug control policy, these efforts should be further encouraged and expanded with a view to produce and validate models that would assist policy makers in launching innovative and cost-effective drug control programmes.

au) School surveys offer valuable sources of information in that respect. In recent years, a limited number of countries have also been promoting the use of random drug testing among pupils, as part of their drug abuse prevention policies in schools.

av) J.P. Caulkins, "The dynamic character of drug problems", United Nations, *Bulletin on Narcotics*, Vol. LIII, Nos. 1 and 2, 2001, New York, 2001.

aw) EMCDDA, Modelling drug use: methods to quantify and understand hidden processes, in EMCDDA Scientific Monographs, Lisbon, April 2001.

ax) EMCDDA, European Network to Develop Policy Relevant Models and Socio-Economic Analysis of Drug Use, Consequences and Interventions, Final Report, Lisbon, January 2002.

ay) UNDCP, Dynamic drug policy: Understanding and controlling drug epidemics, in *Bulletin on Narcotics*, Vol. LIII, Nos. 1 and 2, 2001, New York, 2001.