



The Executive Director

“Encouraging progress towards still distant goals”

**Progress Report by the Executive Director
as a contribution to the Mid-term (2003) Review of UNGASS**

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Elements for the Mid-term (2003) Review of UNGASS

I. The context

In 1998 UNGASS called for significant progress towards reducing illicit drug production, trafficking and abuse worldwide within a ten-year time frame. This paper is a contribution to the mid-term review (2003), called to examine whether the international community is on track to reach these goals.

The global drug situation can be characterized as follows:

1. Drug abuse

In recent years, efforts to reduce abuse of illicit drugs have shown signs of progress. These encouraging developments are mixed with alarm signals, their relative emphasis depending on the type of drug and on the region under consideration. The stabilization/decline of heroin and cocaine abuse in some countries gives reason to hope that greater achievements are possible. The picture for synthetic drugs consumption is hard to put together, but trends are worrying. Consumption of cannabis is on the rise. A related and dangerous trend has emerged from Eastern Europe to the North Pacific: HIV/AIDS is spreading because of injecting drug use. The dramatic HIV/AIDS problem in Africa is not as clearly linked to drug injecting.

2. Cultivation and production

Coca cultivation is declining, reducing the quantity of finished product. Opium cultivation is also declining and shifting from one Asian region to another, but the total output volume remains stable. Afghanistan is again the main producer, while output in South-East Asia is down. Cannabis is produced in every continent, to an extent hard to establish. Not much is known about location and output volumes of illicit synthetic drugs (amphetamine-type stimulants (ATS)), but production is beginning to spread beyond the traditional centres in North America, Europe and East Asia.

3. Regional differences

Although less sharp than in the past, a pattern is clear: opiates are the main drugs abused in Europe, Asia and Oceania; cocaine in the Americas (and increasingly in Europe); ATS in East and South-East Asia, and, to a lesser extent, in North America and Europe. Cannabis is consumed everywhere, but its most serious effects are felt in Africa.

These trends confirm that, in order to attain the still distant UNGASS goals, policy needs to maximize the effectiveness of cooperative intervention. The resources currently spent worldwide on prevention and law enforcement (in the region of \$50 billion) have contained drug-related deaths worldwide to a few tens of thousands per year. Collective efforts have spared humanity the pain and costs of tobacco abuse: 20 million deaths per generation, with \$500 billion expenditure. Yet, the moral high ground acquired after one century of drug control needs to be matched by further achievements. Fulfilling the objectives of the drug control conventions—ensuring the availability of drugs for medical

purposes, and limiting their trafficking and non-medical use—today requires even greater understanding, imagination and flexibility.

The United Nations *Office on Drug and Crime's* (UNODC) long experience in dealing with the illicit drug problem establishes the following:

1. Drug control policy works

It may not always work as quickly and as universally as we want it to, but there is enough evidence to show that under appropriate conditions countries can bring the drug problem under control: indeed, long term cycles in abuse have mirrored drug policy trends. Policy is most effective if it balances interventions to reduce demand with those to reduce supply, including law enforcement and judicial cooperation.

2. Demand reduction works

But it needs time. Though individual countries have practiced it for some time, international cooperation in the area is still in its infancy. Indeed, international standards were only set with the Declaration of Guiding Principles of Demand Reduction adopted at the UNGASS five years ago. Nonetheless, there is already a substantial body of evidence to prove that prevention, treatment and rehabilitation work and, above all, their opportunity cost is much lower than enforcement and interdiction.

3. Alternative development works

There is strong evidence that drug supply control can be successful if it addresses effectively one of its root problems: the poverty of small farmers. Across the world's opium and coca growing areas, farmers have switched to licit livelihoods when their risk/reward balance was made consistent with a fundamental economic law: fast money only comes at a high risk. To this purpose, enforcement actions are required both to dissuade farmers from producing and to disrupt trafficking. The longer-term challenge is to expand alternative development interventions to all the opium and coca producing areas, on a broader scale than hitherto. This requires political will from Governments, and resources from the multilateral development agencies and financial institutions.

4. International cooperation works

As individual countries bring illicit cultivation under control, or reduce consumption of a particular illicit drug, cultivation displaces to another area where the rule of law is tenuous. This displacement, especially of production, prevents successes in individual countries being translated into net gains at the global level. Drug control at the global level can only work if all countries operate within the common framework of international law. The three drug control conventions provide this framework. The goals and action plans adopted at UNGASS supplement it.

Preparation of this report for the 2003 mid-term review suffered from data inadequacy. The uneven quality and quantity of drug-related statistics, especially epidemiological information, is a well-known shortcoming as much information is missing or not comparable, and trends are difficult to monitor. Another accomplishment of the 1998 UNGASS process was to recognize the need for a worldwide effort to monitor, collect and systematize information for future, more accurate mapping of the illicit drug problem. The invitation to Governments is to continue pursuing these efforts to further build the evidence they need for policy purposes.

II. Encouraging progress

In recent years, the main illicit drug markets have shown an uneven picture of encouraging progress and alarming signals, depending on the drugs and the regions considered. Overall, the evolution of world heroin and cocaine markets gives reason to hope that further achievements are possible. The picture is confused for synthetic drugs and fairly negative for cannabis.

A. Heroin

UNODC estimates that about 13 million people abused opium and heroin worldwide in the late 1990s. Although there is little indication that this figure has changed much since, gaps in the data do not enable us to precisely monitor changes in global demand for illicit opium and heroin from year to year. At first sight, the impression of the relative stability of the global heroin market since the end of the 1990s can be supported by an assessment of the supply situation, for which we have more robust data. About 4,400 tons of illicit opium were produced in 1998. Four years later, in 2002, the production is about the same.

Underneath this output stability major geographical shifts have occurred. Globally, the extent of land cultivated for illicit opium has declined by 25 per cent, with Myanmar and the Lao People's Democratic Republic able to reduce it by an even greater extent. A significant output increase has been recorded in Afghanistan whose high productivity fields have kept the level of world output broadly stable.

Regional shifts in output and trafficking are reshaping the patterns of heroin abuse in the world. Some improvements in West Europe contrast with the deterioration in a number of countries located on the trafficking routes of Afghan heroin (in South-West Asia, Central Asia, the Russian Federation and East Europe).

In the period ahead the heroin abuse outlook offers some room for measured optimism, provided that Governments act together and with determination. If helped to sustain the current momentum, South-East Asia could well become a minor source of illicit opium by the year 2008. Such a tremendous achievement would close a 100-year chapter in the history of drug control.

In Afghanistan the challenge is formidable. A quarter century ago hardly any opium was produced in the country: indeed, the historical and socioeconomic roots of large-scale opium production in Afghanistan are not so deep as to prevent their uprooting within a realistic time frame. Although the ride out of opium will be difficult, the road map is clear: political stability, internal security and economic recovery must be Afghanistan's milestones. Beyond direct support to economic reconstruction, catalytic interventions are required to lower the economic incentive that drives the cultivation of opium poppy on to the country's best agricultural land, at the expense of the traditional (legal) crops for which the country was once reputed.

In Central Asia, the Russian Federation, Eastern Europe and the Baltic States, where the market for Afghan heroin is growing, injecting drug use threatens to create a public health disaster if HIV/AIDS spreads from the small circle of drug abusers to the general population. Law enforcement interventions to stop the heroin trade must be balanced with prevention and treatment to sustain both declining abuse levels in Western Europe, as well as check the potential blood infection epidemic.

To sum up, there is a case for measured optimism if the international community can:

- *Reduce opium production in Afghanistan;*
- *Sustain falling production in South-East Asia;*
- *Limit the growth of heroin abuse (and associated HIV/AIDS) in Eastern Europe, Russia and Central Asia.*

B. Cocaine

Hospital records consistently show that heroin abuse has the most severe health consequences; cocaine comes second. Are Governments making progress in controlling its supply and demand? The answer is cautiously affirmative, especially on the supply side.

Among the three Andean countries that supply cocaine, Bolivia has now become an almost marginal source and Peru has achieved a reduction of almost two-thirds of its 1995 coca cultivation. Although both countries are encountering difficulties in consolidating the decline and eliminating the remaining illicit cultivation, overall they now contribute less than one-fifth of world cocaine.

The main challenge is Colombia, where the production of cocaine from domestic cultivation has increased roughly by a factor of five between 1993 and 1999. Since then, the country has become the source of almost three-quarters of the world's illicit cocaine. The recent newsbreak is that in 2002, for the second year in a row and reversing an eight-year trend, Colombia has achieved a major reduction of coca cultivation: an impressive 37 per cent decline since 2000, with the potential for removing billions of dollars worth of cocaine from the market.

Positive evidence is also available at the other end of the drug chain. Abuse appears stable in South America. In the USA, the world's largest cocaine market, recent student surveys show that the number of abusers is 15 per cent lower than in 1998 and 60 per cent lower than in 1985.

However, as in the case of heroin, there are indications of a shifting market. Although the bulk of cocaine trafficking still takes place in the Americas, there has been an increase in cocaine trafficking towards West Europe. The share of West Europe in global cocaine seizures almost doubled between 1998 and 2001, rising from 8 per cent to more than 15 per cent during that period. Information on consumption tells the same story. The majority of West European countries reported an increase of cocaine abuse in 2001 and some in 2002.

Central American countries and the Caribbean islands offer a checkered, generally worsening situation: abuse is increasing, partly induced by trafficking. The related phenomena of crime, displacement of licit activities and money-laundering are also growing, the region being compressed between the two major producing and consuming areas.

To sum up, there are reasons to believe that an irreversible shrinking of the world's cocaine markets within the next five years is possible if international efforts combine to:

- *Contain the spread of cocaine abuse in Europe and the Russian Federation;*
- *Sustain the decline of abuse recorded in the USA;*
- *Help Central American and Caribbean countries contrast the flood of illicit drugs and criminal money brought about by narco-trafficking;*
- *Further reduce coca cultivation in the Andean countries by providing further alternative development assistance.*

C. Cannabis

Cannabis continues to be the most widely produced, trafficked and consumed illicit drug, so much so that the evolution of international cannabis markets presents a bleak picture to drug control agencies.

Given the virtual absence of monitoring systems (the UNODC is just starting its first project in this regard), no reliable production estimates are available. Rising levels of seizures and evidence of increasing consumption suggest, however, that output is also increasing.

Abuse increases have been reported in almost all regions, including Africa where cannabis remains the most widely abused drug. About two-thirds of the 86 countries reporting to UNODC in 2002, indicated higher levels of abuse, in line with greater seizures (up 40 per cent from 1998).

A distinction needs to be made between cannabis resin and herb. Seizure data suggest a relative stability in resin trafficking, primarily seized in West Europe (three-quarters of all seizures). Cannabis herb seizures accounted for the increase noted above, with 60 per cent of all seizures in 2001 reported in the Americas. The largest seizure increase was in Africa (a quarter of all seizures, compared to 10 per cent in 1998-1999), reflecting a combination of larger-scale cultivation and greater enforcement efforts.

Finally, seizures of cannabis plants—an indicator of the efforts made by Governments to eradicate cannabis fields—seem to be declining, possibly an indication of lesser priority given to cannabis eradication by some Governments.

There are also some positive trends. In the USA, for instance, cannabis abuse (annual prevalence) fell in 2002 among high school students and was almost 10 per cent lower than in 1997 and some 30 per cent lower than in the late 1970s.

It is hard to make a clear assessment regarding the future of the cannabis problem. Data are scanty and policies diverge. Approaches adopted by some countries increase the gap between the letter and the spirit of the drug control conventions, and raise policy questions addressed in later sections of this report. Some developing countries, especially in Africa, have repeatedly manifested concern about how some developed countries' recent policies on cannabis compromise their drug control efforts.

To sum up, the cannabis problem raises policy questions that the international community needs to answer, because:

- *Cannabis is the most widely produced, trafficked and consumed illicit drug;*
- *Both production and abuse appear to be increasing;*
- *Some Government's actions (whether administrative or legislative) have intensified the policy debate;*
- *Many developing countries, in Africa especially, have been forced to spend scarce resources to contain the consequences of these actions.*

D. Amphetamine-type stimulants (ATS)

Amphetamine-type stimulants (ATS) are synthetic drugs that include the chemically related amphetamine, methamphetamine and Ecstasy. Unlike the traditional plant-based drugs, the production of ATS starts with readily available chemicals, in easily concealed laboratories. This makes an assessment of the location, extent and evolution of the production of such illicit drugs extremely difficult.

Seizures of laboratories and of end products, as well as reports on abuse indicate that the expansion of the ATS market is continuing. More laboratories were detected and dismantled worldwide over the last few years than ever before, particularly in the USA. But the ATS market is also changing, partly in response to drug control agencies' efforts to tackle the problem, and partly as a result of the dynamics of abuse patterns.

In recent years trafficking in methamphetamine, which accounts for the bulk of this trade, has clearly expanded in East and South-East Asia. However, since 2001 seizures have declined, possibly as a consequence of better controls of ephedrine (one of the main precursors), and of first successes in reducing illicit methamphetamine production in China.

In 2000, close to 90 per cent of all countries reporting on methamphetamine's trends to UNODC showed an increase. By 2001 this proportion fell to 52 per cent. Japan, one of the most lucrative markets in East Asia, reported stabilization in abuse in 2001, following years of increase. Thailand, by contrast, affected by large-scale imports from neighbouring Myanmar, seized the largest quantity of methamphetamine worldwide in 2001.

Europe continues to be the main centre of clandestine amphetamine production and trafficking. Seizures in West Europe peaked around 1998 and have shown a downward trend since, but production and trafficking continued to increase in East Europe. This could signal an underlying shift of amphetamine production to East Europe, and possibly a less buoyant demand in West Europe. While half of all West European countries reported an increase in abuse in 2000, this proportion fell to 33 per cent in 2001.

Trafficking in Ecstasy increased strongly throughout the 1990s in South-East Asia, Southern Africa, the Near and Middle East—and especially in the Americas. In 2001, however, Ecstasy seizures declined, mainly in North America and West Europe. In the mid-1990s West European countries reported around 80 per cent of all Ecstasy seizures, a proportion that has fallen to around 50 per cent in 2000 and 2001. The increase in consumption is slowing down in West Europe and abuse declined, for the first time in years, in the USA. However, Ecstasy abuse seems to be accelerating in Asia and, to a lesser extent, in Africa.

Going forward with the ATS problem needs strong commitment and several steps. First and foremost, we need more evidence. The data on manufacture, trafficking and abuse of ATS is still full of gaps. UNODC is now assembling a global survey to identify where efforts need to be directed. Precursor control, along with measures to check diversions from licit trade, is an effective instrument for controlling ATS. Governments especially need to expand their demand reduction programmes for ATS, or its supply will never abate.

To sum up, in order to deal with the ATS problem, concerted efforts are needed to:

- *Fill the gaps in data on production, trafficking and abuse of ATS;*
- *Extend and intensify precursor control;*
- *Strengthen measures to reduce demand for ATS and improve treatment worldwide;*
- *Prevent that, in Asia especially, the greed of synthetic-drug traffickers replaces the poverty of opium farmers as the main engine for illegal activities in the region.*

III. Towards still distant goals

The Spring 2003 Ministerial Segment of the Commission on Narcotic Drugs (CND) was convened to take stock of the situation, five years after the twentieth special session of the General Assembly (UNGASS). It is important, thus, to look back before looking forward and recognize the policy achievements thus far.

A. Instruments

Apart from the various action plans adopted, it is clear, with the benefit of hindsight, that UNGASS achieved several goals. *First*, internationally accepted standards to reduce demand for illicit drugs were reflected in the Declaration on Guiding Principles of Demand Reduction. This was a gap in the international drug control system. The Conventions, by design, concentrated primarily on supply control and left demand to domestic jurisdiction. It was not until UNGASS and its Declaration, however, that the “balanced approach” has become realistic. Against this background, in late 2002 UNODC developed one of its main *Operational Priorities*: “to balance supply and demand reduction considerations in its operations”, with new emphasis placed on prevention, advocacy and treatment.

Secondly, UNGASS put a new emphasis on building the instruments to measure evolution of the drug problem, thereby providing a reliable evidence-base for assessing the impact of policy. There is an astonishing lack of hard, comparable data on illicit drug production, trafficking and abuse. The UNGASS Declarations and Action Plans, with their targets, benchmarks and timelines, made it necessary to standardize drug-related data, harmonize indicators, and improve reporting standards. A better quality global data-set, which can measure changes and trends over time, will provide the evidence base for drug policy, especially in the run-up to 2008.

Thirdly, UNGASS set forth a requirement for Governments, and for the United Nations, to ensure objective evaluation of policies, programmes and projects. The emphasis on best practices, on distinguishing what works from what does not work, allows for replicating policies that work and discontinuing those that do not.

B. Policy landscape

While government commitment to drug control is well established and time tested, the landscape in which drug policy is made has changed. Public opinion and civil society now increasingly take part in the shaping of policy. At least five salient features of the policy landscape should be noted.

First, world public opinion has become much aware of, and involved in, appraising the risks and the consequences of drug abuse, urging Governments to place drug trafficking and related uncivil behaviours high on policy agenda. Indeed, many opinion polls have articulated a nexus between drugs, crime and terrorism. This has helped Governments decide, as documented in the papers of this meeting, in favour of greater actions to reduce and treat drug abuse—while severely curtailing trafficking. It was with this in mind that the UNODC recently formulated another of its main *Operational Priorities*, “to pursue an integrated approach to drug and crime issues”.

A *second* feature is the emerging contrast, at times very acrimonious contrast indeed, between: (i) public opinion’s overwhelming opposition to any attempt to underestimate the severity of the drug problem, and (ii) the spreading in some countries of a permissive culture favouring the right to abuse drugs. This *laissez-faire* in self-destruction seems to be at odds with efforts by citizens and institutions promoting nicotine abstinence. Indeed,

public health history was recently made as countries completed negotiations for the World Health Organization (WHO) framework convention on tobacco control, meant to reduce related illness and death. Occasional calls for a reconsideration (i.e. relaxation) of current drug control legislation are hardly consistent with Member States' stated objective of protecting present and future generations from the devastating consequences of nicotine addiction—itself a licit substance. When tobacco abuse spread, centuries ago, the sort of international consensus that in the 20th century brought about the drug control treaties was not conceivable. Many tens of millions of deaths later, society still regrets the absence of controls on tobacco.

Thirdly, the effectiveness of drug control measures—whether on the demand or the supply side—must be monitored and remain under constant appraisal, with public opinion rightly expecting results in line with “Member States unwavering determination to overcoming the world drug problem through domestic and international strategies.” (UNGASS, 1998). Public expectations are not only for improvement on the domestic front; international repercussions of domestic policies are also under scrutiny. For example countries where illicit drug raw materials originate, themselves fighting the threat of domestic trafficking and abuse, find their own efforts to curb supply frustrated by persistent drug abuse abroad, and by calls for liberalization in major consuming areas. World public opinion needs reassurance that the resources invested in prevention, treatment and especially law enforcement, quite significant as they are in size, produce growing results. Unfortunately, not all Governments are as yet endowed with the appropriate instruments to assess progress and measure efficacy of intervention.

Fourthly, the concept “harm reduction” has become a battlefield for recrimination, perpetuating an increasingly unhelpful debate. The concept of harm reduction is generally understood to deal with the demand side of the problem. In fact, the concept is much wider. Every drug control measure (including those sponsored by UNODC) practices harm reduction, reducing the harmful consequences of drug production, trafficking and abuse. For example, the Conventions regulating the supply of drugs—making them available for medical purposes, or prohibiting them for non-medical uses—are forms of harm reduction. Law enforcement leading to the conviction of drug traffickers is reducing harm to society. Alternative development initiatives helping farmers to switch to licit crops are harm reduction measures; they also reduce the environmental damage of coca and opium cultivation. There may be different opinions about the relative policy weight and resource support given to measures at the different stages of the drug chain. Yet, this debate can only be enriched if the ideology is taken out, and empirical evidence brought in. In terms of guidance, the International Narcotics Control Board (INCB) pronounces on whether particular harm reduction measures are consistent with the conventions.

Finally, scientific review of the possible medical uses of cannabis needs to be pursued vigorously. There is not enough scientific evidence for cannabis to enter the pharmacopoeia as a registered medicine and the long-run effects of organic cannabis are well documented. If proven medically useful, cannabis-derived medicaments should be treated like all other medicines, namely as pharmaceutical preparations prescribed for specific symptoms in accordance with properly determined dosages and standards. Recognition of the medical properties of any psychoactive drug should not open a backdoor to its recreational consumption, or society would end up regretting such abuse just as it now regrets tobacco addiction.

C. Challenges ahead

While ever more attentive Governments and public opinion have imparted new momentum to policy, several trends remain of particular concern. They can be seen as the principal challenges ahead:

(a) The prevalence of drug abuse, although declining in some regions, is increasing in others. If the availability of one particular drug declines, it is substituted with another or with others. In particular, poly-drug abuse, with all its worrying health implications, appears to be growing;

(b) In a typical business response to persistent market (demand) pressure, illicit crop cultivation and production (supply) have not always declined, but were simply displaced. They have sometimes just moved within regions and across borders to locations where the rule of law is tenuous. Development incentives in favour of crop diversification and licit activity have not been supported as needed. Africa, Asia and Latin America's plea to development institutions and multilateral banks remains strong: as countries rural communities move out of illicit activities, their moves into legality need to be sustained. It was with this plea in mind that UNODC adopted one of its main *Operational Priorities*, meant to "place drug and crime issues in the context of sustainable development";

(c) Synthetic drugs, particularly the amphetamine-type stimulants (ATS), were the boom market of the 1990s. It may be an entirely new market, drawing new users, or it could be replacing the traditional market for botanical narcotic drugs. There is enough evidence to establish both propositions, but not enough to assess their relative magnitudes. The principal threats are that ATS draw in younger consumers, and offer large profit margins to producers and traffickers. This could well become the world's most severe drug problem in the period ahead;

(d) In several regions drug injection has caused a dramatic spread of blood-borne infections, from HIV/AIDS to hepatitis C—adding the tragedy of terminal illness to the suffering of chronic abuse. Once the infection reaches beyond the circuits of injecting drug users, the whole population faces the risk of an HIV/AIDS pandemic;

(e) Drug trafficking patterns have become even more complex and intertwined with other illicit forms of commerce: trafficking in arms, human beings, counterfeited and smuggled goods. Now and again the very stability of some societies has been threatened, undermining hardly won development progress and political stability. Drug trafficking and crime, both interfering with peacekeeping and conflict resolution, have exacerbated humanitarian crises;

(f) Narco-revenues, at times so huge as to reach macroeconomic dimensions, have developed roots deep in the legal economy, affording hard-to-beat incentives to promote their cause among corrupted officials. Perhaps in no other area has corruption had a greater impact than in frustrating successful prevention and interdiction efforts;

(g) During the past half century organized crime has extended control over illicit drug markets. Since about a decade, evidence of involvement by terrorist groups has also emerged. At first, such groups offered protection to cultivation, production and trafficking in exchange for resources needed to buy arms and pay for services. Soon after, they got involved in, and addicted to, the business itself. The struggle against drug trafficking and money-laundering thus frequently overlaps with a war on terrorism, and vice versa.

IV. Staying the course

Facing the challenges sketched above will need everybody's commitment. Set forth below are some ideas of what Governments and the United Nations can do over the next five years to achieve the goals set by UNGASS.

For the United Nations *Office on Drugs and Crime*—which can only be characterized as a small organization facing big challenges—the policy direction will come from Member States, represented by the Ministers at this meeting. For ourselves, we will continue to work out the most efficient way to fulfill our public responsibility. In the course of 2002-2003, a review of past operations was conducted to chart out guidelines for the future. The results were presented in the paper titled *Operational Priorities: guidelines for the medium-term*. The new priorities are:

- To pursue an integrated approach to drug, crime and terrorism issues;
- To place drug and crime issues in the context of sustainable development;
- To balance prevention and enforcement activities;
- To select operations on the basis of knowledge and strategic vision;
- To help establish institutions that promote international best practices;
- To leverage resources to exploit the power of partnership.

The first three priorities will bring about a major re-orientation in the work of the *Office*, with emphasis placed on the integration of issues (drugs and crime), in a balanced way (demand and supply), focusing on the durability of results (sustainable development). The remaining priorities are of programmatic and operational nature, so as to take advantage of the power of knowledge (the *Office* is trying hard to become the repository of data and knowledge in drug and crime matters), and of best practices (especially in prevention and treatment), leveraging resources with partners.

UNODC resources are very limited, and not stable or predictable. They are also so tightly earmarked to seriously weaken the application of the new *Operational Priorities*. In contrast, the lobbies proposing drug liberalization and drug-receptive lifestyles can count on budgets several times greater than UNODC's.

The task of Governments, individually and collectively, is well defined.

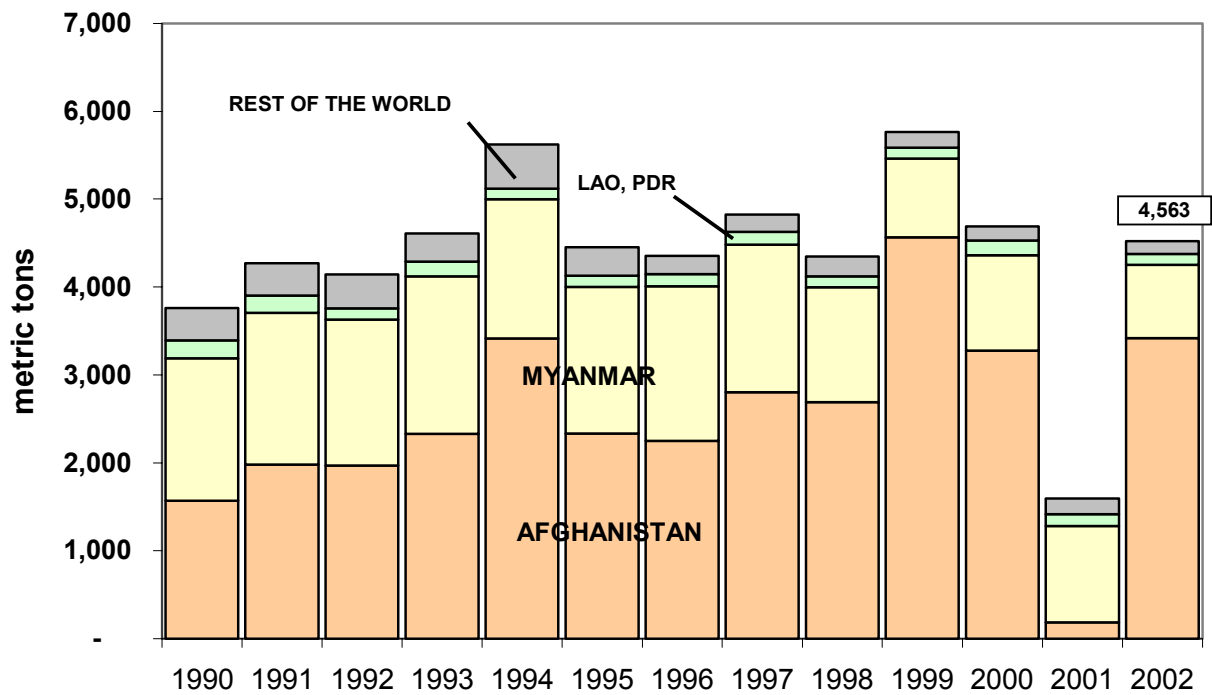
The importance of maintaining the international drug control system in good order, and enriching it in the twenty-first century calls, first and foremost, for a clear need to reaffirm multilateralism. The drug problem is international. In our integrated world, any national policy or action is bound to have an impact beyond national borders. If we accept that drug production, trafficking and abuse are global phenomena—confirmed by evidence that both production and consumption take place in both the northern and the southern hemisphere—then unilateral policies and actions are unlikely to be effective globally. The multilateral drug control system represents a very valuable piece of political capital, agreed upon through an incremental process spanning a century. If changes are to be considered, it should only be by multilateral means: international consultation and collective action. Unilateral measures will only compromise the system designed so as to represent a positive sum-game for the contracting parties.

It is not always easy to achieve consistency between national and international interest: an international standard can never account for specific nuances that occur at regional or national levels. It is particularly difficult to achieve such consistency with the drug problem because it is so emotional, touching individual lives, families and communities everywhere. The only way forward is to rely on empirical evidence and

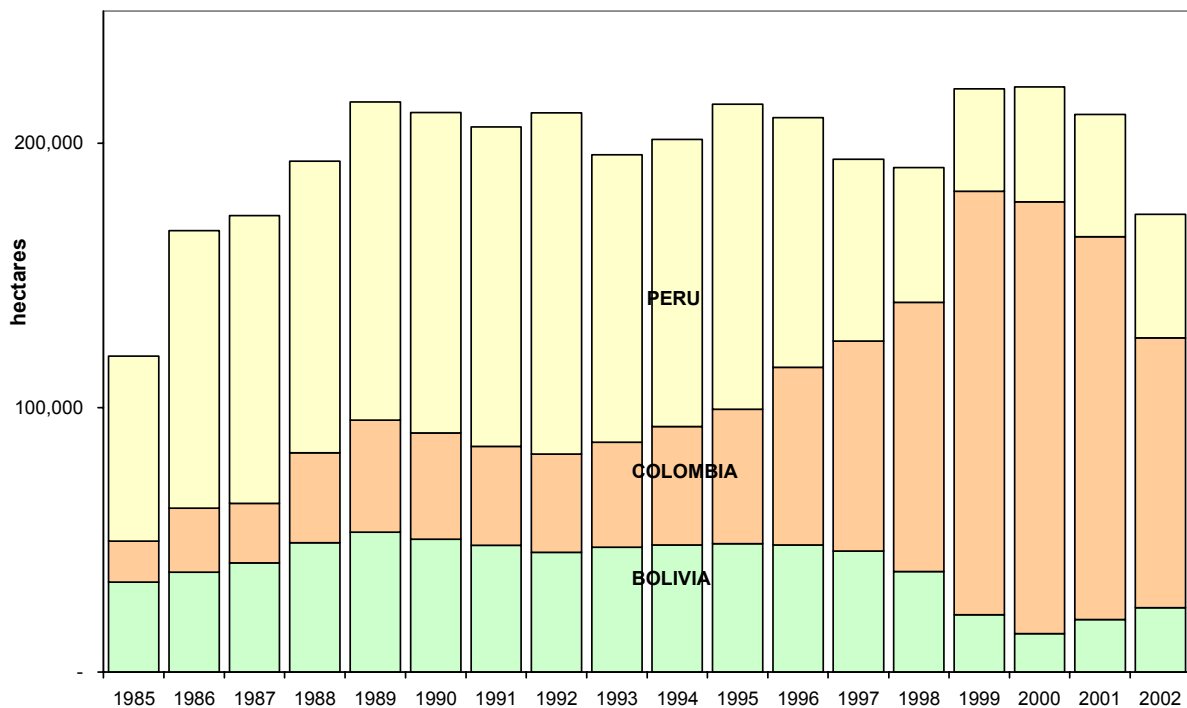
channel the views of civil society through the democratic system of Member States to international assemblies like the present one.

Finally, all of us, in the United Nations, should use the occasion of this mid-term review to renew our determination to *spend public money more effectively, and deliver better quality public goods*. As we enter the second century of drug control, we owe this to those who are enshrined in the first words of the Charter: *We the peoples of the United Nations*.

GLOBAL ILLICIT OPIUM PRODUCTION 1990-2002

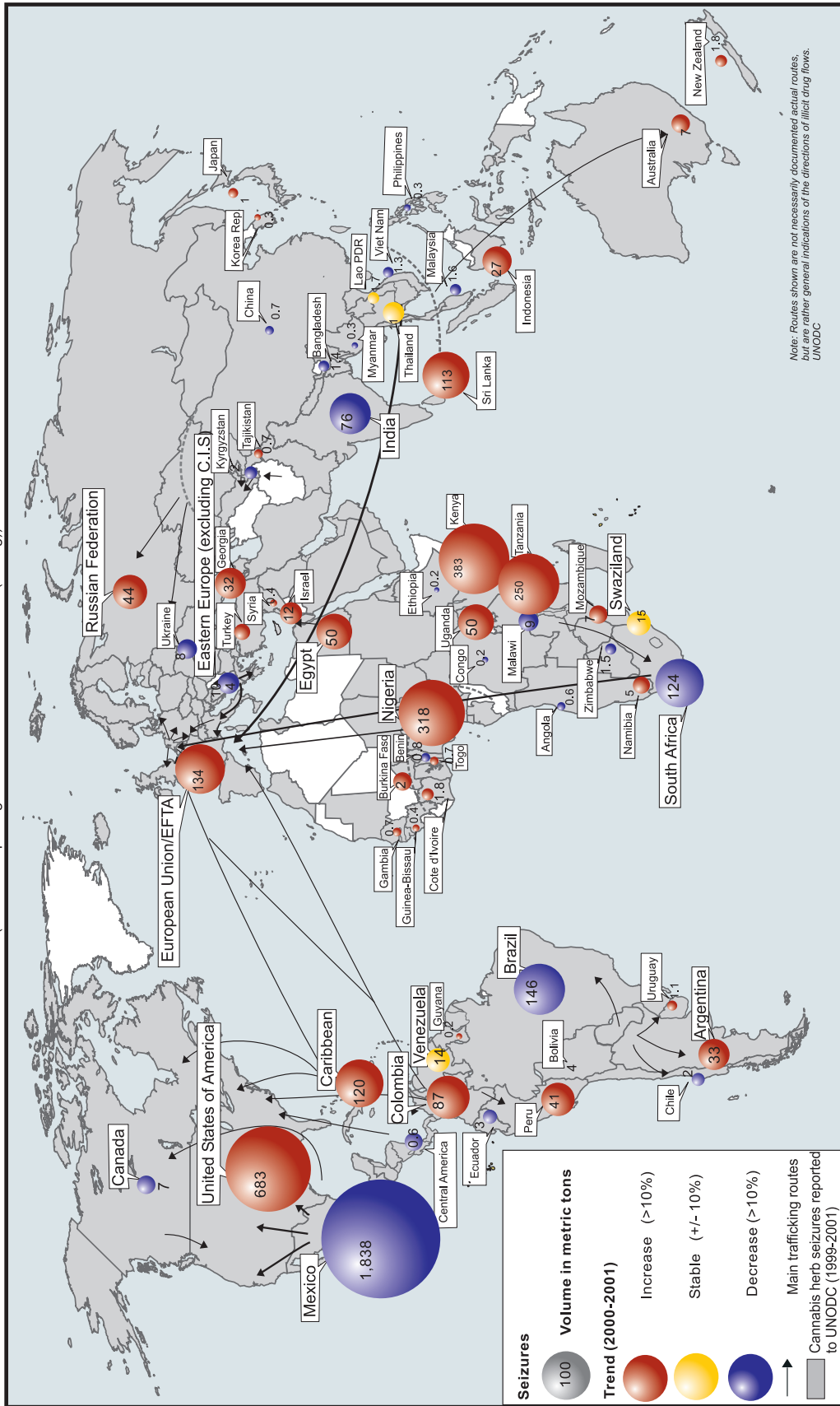


TRENDS IN GLOBAL COCA BUSH CULTIVATION (1985 - 2002)



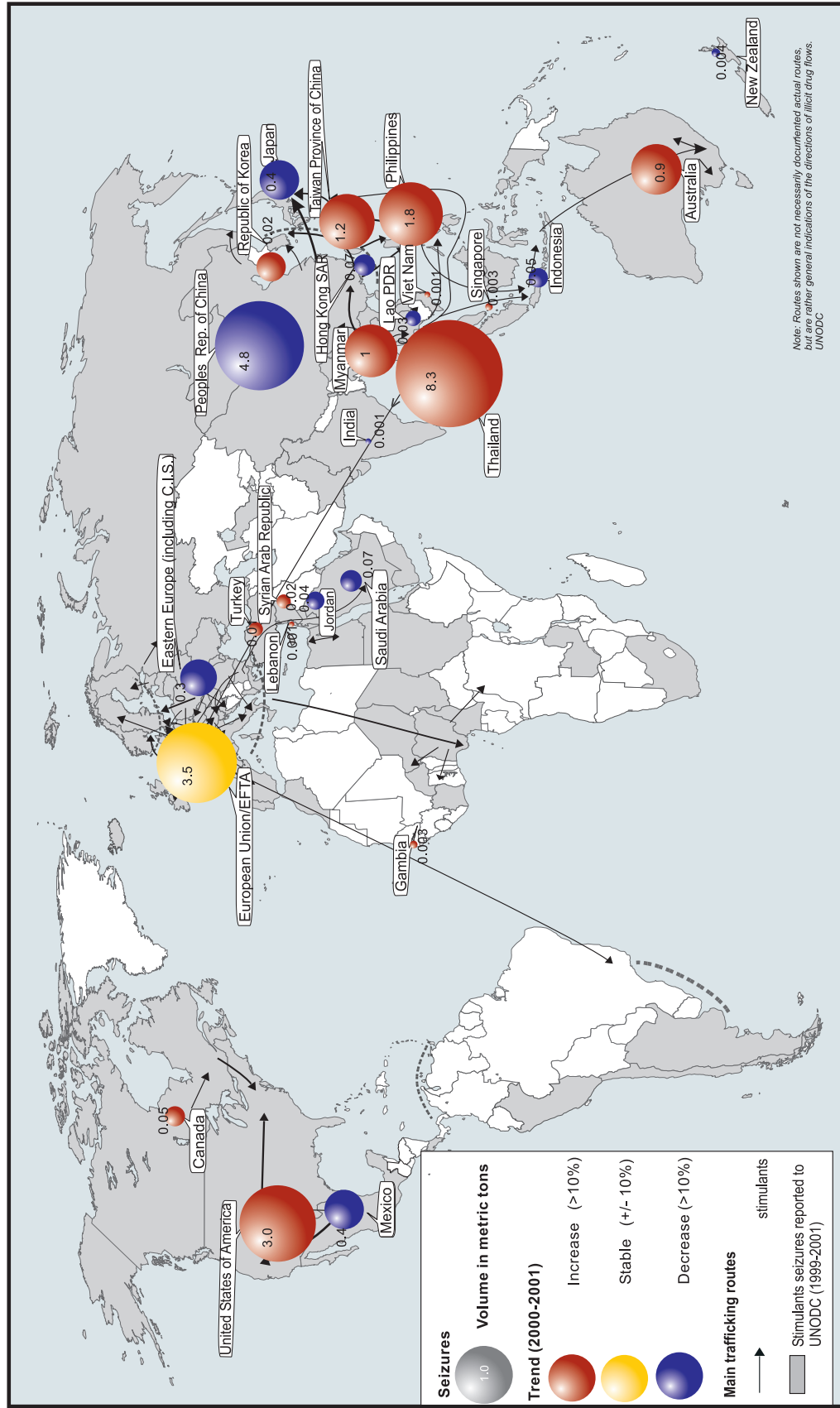
Cannabis herb trafficking 2000-2001: extent and trends

(countries reporting seizures of more than 0.1 tons (100 kg))



Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

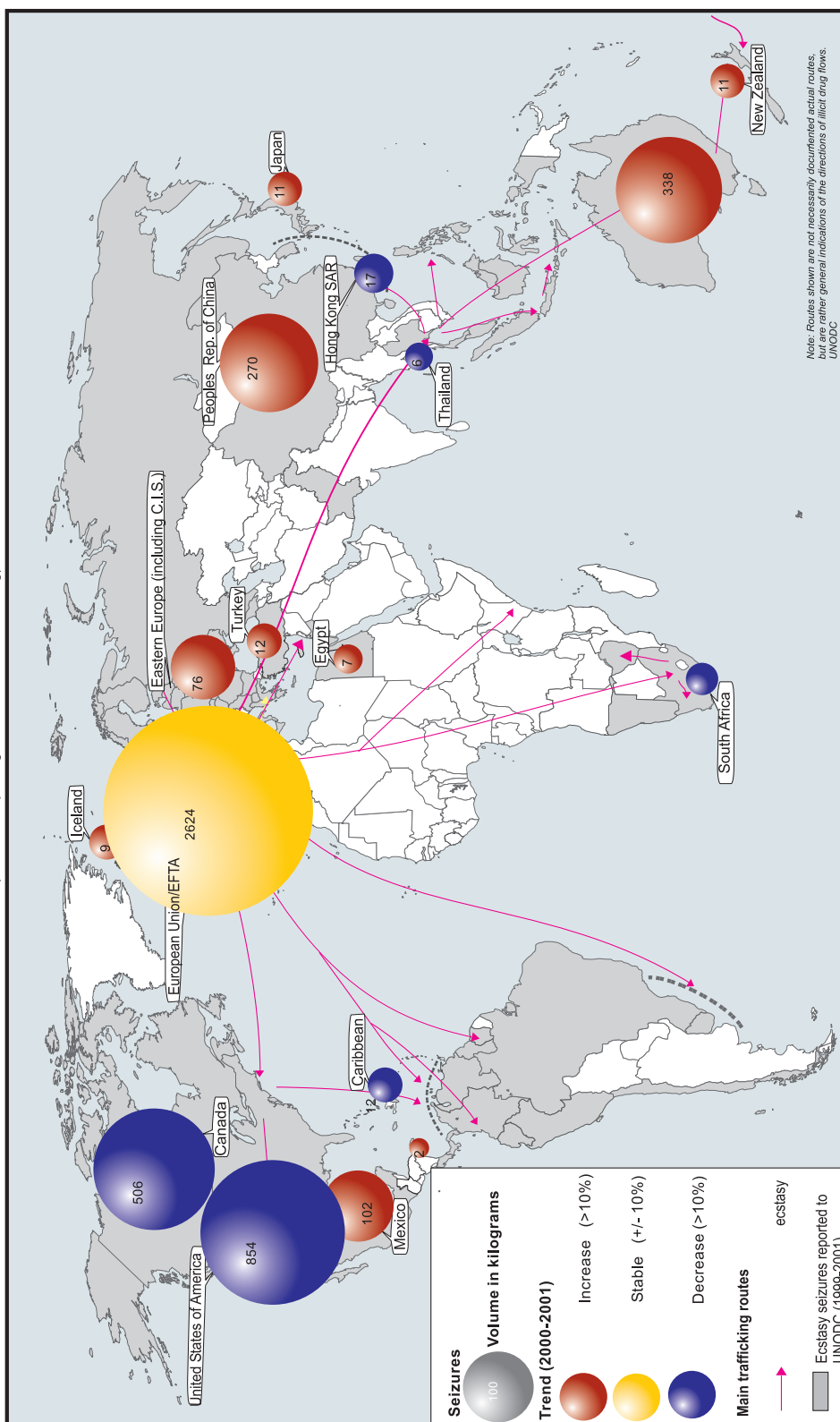
Trafficking of amphetamine-type stimulants (excluding Ecstasy) 2000-2001: extent and trends (countries reporting seizures of more than 0.001 tons (1kg))



Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

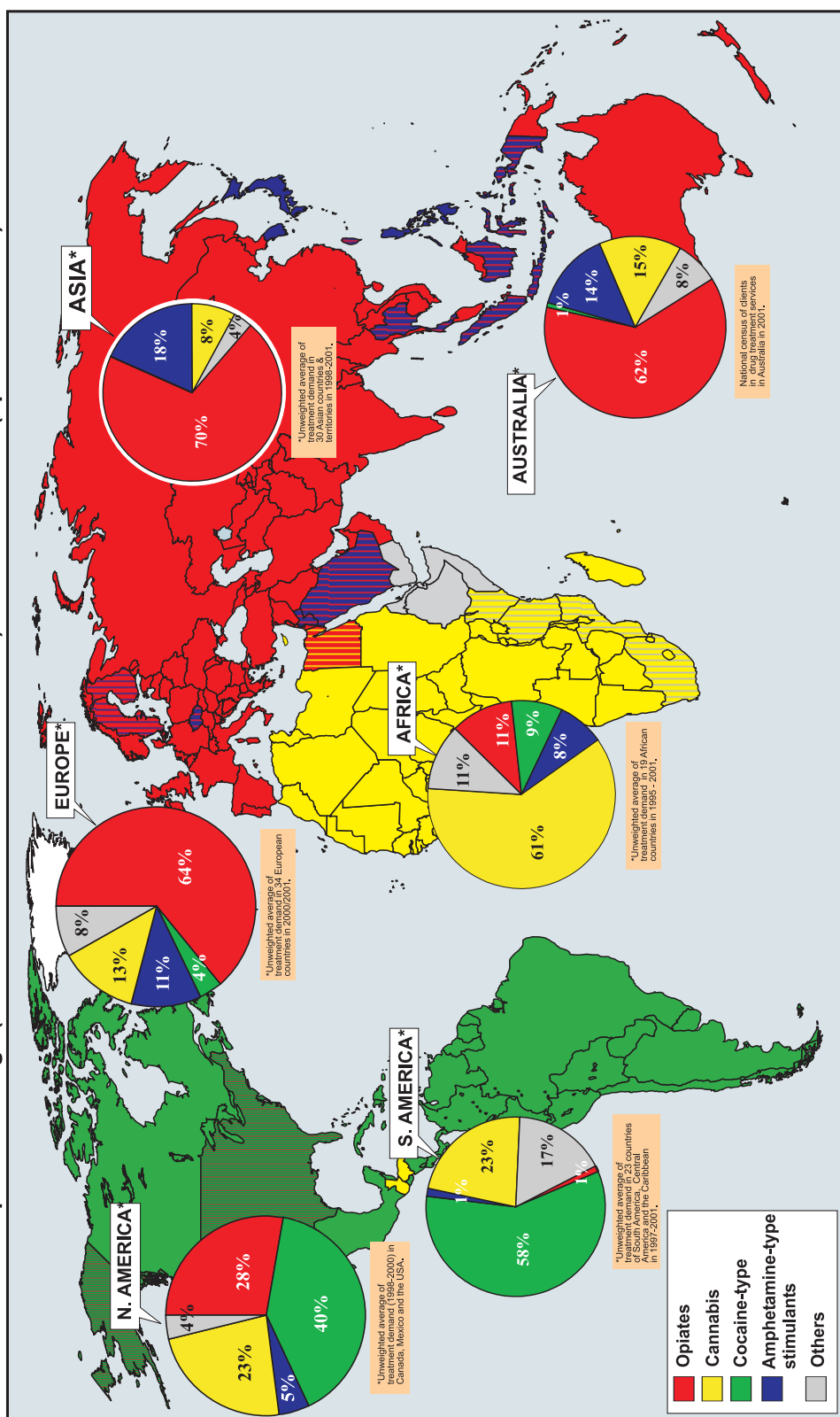
Trafficking of Ecstasy (MDA, MDEA, MDMA) 2000-2001: extent and trends

(countries reporting seizures of more than 1kg)



Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Main problem drugs (as reflected in treatment demand) in the late 1990s (updated in 2003)



Sources: UNODC, Annual Reports Questionnaire Data/DELTA and National Government Reports.