

4 March 2015

English only

Commission on Narcotic Drugs

Fifty-eighth session

Vienna, 9-17 March 2015

Item 8 of the provisional agenda*

**Preparation for the special session of the General
Assembly on the world drug problem in 2016**

**Background documentation for the interactive discussions
on high-level segments to be held during the special session
of the General Assembly on the world drug problem in 2016**

1. Preparing for UNGASS 2016, pursuant to General Assembly resolution 69/200, the CND at its intersessional meeting of 29 January 2015 agreed on the holding of five interactive discussions during the “Special segment on UNGASS preparations”, to be held at the occasion of its 58th session. More information on the thematic focus and format of these interactive discussions is contained in document E/CN.7/2015/13.
2. This non-paper is a substantive contribution by the United Nations Office on Drugs and Crime to these interactive discussions and aims to share information on initiatives implemented, tools developed and practical experiences gained in the context of its mandated work.

* E/CN.7/2015/1.



**Non-paper prepared by UNODC in support of the
Interactive discussions on high-level segments to be held
during the special session of the General Assembly on the
world drug problem in 2016**

(a) Demand reduction and related measures, including prevention and treatment, as well as health related issues; and ensuring the availability of controlled substances for medical and scientific purposes, while preventing their diversion (“drugs and health”)

(i) Demand reduction and related measures, including prevention and treatment, as well as health related issues including HIV/AIDS prevention, treatment and care

Demand reduction and related measures, including prevention and treatment

UNODC assists countries in the implementation of evidence-based drug use prevention strategies and treatment programmes for drug dependence. The approach is health centered and is based on the respect for human rights, social protection and cohesion, consistent with mandates given by the Commission on Narcotics Drugs and the Commission on Crime Prevention and Criminal Justice. Prevention, treatment and rehabilitation efforts are anchored in the understanding that vulnerability to initiate substance use is the result of the interplay of several etiological factors operating on the individual, micro and macro-level and that progression to drug dependence is a preventable and treatable multi-factorial health disorder. One of the overarching goals of prevention, treatment and rehabilitation interventions is to reduce or eliminate stigma - a major roadblock to the success of prevention and treatment. The initiation of drug use is not due to lack of willpower, but due to the interplay of vulnerabilities at the personal or environmental level. UNODC emphasizes that drug addiction changes the brain in a profound way and should be considered a health problem. As United Nations Secretary-General Ban Ki-moon said recently, “Drug-dependent people should not be treated with discrimination; they should be treated by medical experts and counsellors. Drug addiction is a disease, not a crime.”¹

The aim of prevention is to support and promote science-based approaches that target individual and environmental vulnerabilities to risky behaviour at different developmental stages of growth and in different social settings (the school, the family, the workplace and the community). UNODC works with Member States to implement treatment, care and rehabilitation interventions which are integrated into a public health approach and offer the population affected the highest standards of medical care available for persons with a chronic health condition. Technical assistance is provided to Member States related to data collection, evidence-driven intervention implementation, and for the development of a knowledgeable and

¹ Launch of the 2011 World Drug Report, 23 June 2011.

qualified cadre of professionals. To these ends, the following are UNODC's ongoing and forthcoming priority areas of action, as exemplified by the disseminated and widely available tools.

Health and human rights cantered drug control system based on scientific evidence

A health and human rights cantered drug control system promoting a society where illicit drug use is not accepted as a way of life and where those needing services receive them. People using drugs should not be stigmatized and punished but receive support for recovery, social cohesion and integration. Drug prevention, treatment, and rehabilitation interventions need to be expanded, including the prevention of health and social consequences and services that are based on scientific evidence and human rights, also including an understanding of drug disorders as multi-factorial disease caused by a complex interplay of neurobiological, psychological and environmental vulnerabilities. Considering the need for comprehensive and balanced reviews of drug control legislative and policy frameworks, UNODC related support avails itself of the *Policy Makers Training* and *model legislative provisions on drug control* that are being developed.

Increased coverage and quality of drug prevention, according to the International Standards on Drug Use Prevention

The coverage and quality of drug prevention systems, interventions and policies based on scientific evidence should be expanded, with particular attention to a science-based monitoring and evaluation component. In this context, UNODC utilizes the *International Standards on Drug Use Prevention*² and related training materials for policy makers, the forthcoming *Guidelines and training materials for policy makers on evaluation of drug prevention*; and the Programme on piloting of evidence-based prevention programmes in the family and in schools.

Development of accessible and appealing treatment services

The UNODC/WHO Programme on Drug Dependence Treatment and Care is pioneering the development of internationally accepted standards of treatment (including the prevention of health and social consequences), based on scientific evidence, medical ethics and human rights in 32 countries worldwide. Important work has been done on psychosocial protocols and treatment for children under 12 and adolescents, piloted in several countries in Asia and Africa. The programme is improving drug treatment, care and rehabilitation services worldwide on the basis of publications such as: the *Principles of Drug Dependence Treatment - UNODC/WHO Discussion Paper*³; the *TREATNET Quality Standards for Drug Dependence Treatment and Care Services*⁴; the International Standards of Treatment of Drug Use Disorder (forthcoming); *Reducing the adverse health and social consequences of*

² <http://www.unodc.org/unodc/en/prevention/prevention-standards.html>. For other United Nations languages please see: <http://www.unodc.org/unodc/en/drug-prevention-and-treatment/publications.html>.

³ http://www.unodc.org/docs/treatment/Principles_of_Drug_Dependence_Treatment_and_Care.pdf.

⁴ http://www.unodc.org/docs/treatment/treatnet_quality_standards.pdf.

*drug abuse: a comprehensive approach*⁵; and the TREATNET Training Materials (revised version in preparation).

Development of voluntary treatment services and as an alternative to criminal justice sanctions

UNODC works towards the availability of good quality drug dependence treatment and towards rehabilitation services that are voluntary and based on scientific evidence and medical standards and provides advice on alternatives to conviction or punishment, in conformity with the International Drug Control Conventions. Particular attention is paid to accessible outpatient treatment in the community and treatment as an alternative to criminal justice sanctions. Multiple pathways to recovery are essential to support the rehabilitation and reintegration of people suffering from drug disorders and dependence. Supporting documents: *From Coercion to Cohesion: Treating Drug Dependence Through Health Care, Not Punishment*⁶; model legislative provisions on drug control (forthcoming).

Development of overdose prevention services

Approaches are expanded and promoted to reduce overdose among people who use opioids (such as opioid agonist maintenance treatment and making naloxone available to reverse opioid overdose). Supporting documents: UNODC-WHO discussion paper "*Opioid overdose: preventing and reducing opioid overdose mortality*"⁷; *WHO Guidelines on Community Management of Opioid Overdose*⁸.

Building services for vulnerable groups

UNODC is at the forefront of developing evidence-based prevention, treatment and rehabilitation services that reach some of the most vulnerable groups, including young people, children and youth exposed to drugs at a very young age, women, sex workers, street children, women with children, pregnant women, Lesbian, Gay, Bisexual and Transgender (LGBT) populations, refugees and displaced populations, and people living in post-conflict or fragile countries. Specific tools: *Psychosocial protocol for children exposed to drugs at a very young age* (forthcoming); *Guidelines on Drug Prevention and Treatment for Girls and Women*⁹; *WHO Guidelines for identification and management of substance use and substance use disorders in pregnancy*¹⁰; TREATNET Training Materials (revised version in preparation).

⁵ http://www.unodc.org/docs/treatment/Reducing_the_Adverse_Health_and_Social_Consequences_of_Abuse.pdf.

⁶ http://www.unodc.org/docs/treatment/Coercion/From_coercion_to_cohesion.pdf. For other United Nations official languages, please see: <http://www.unodc.org/unodc/en/drug-prevention-and-treatment/publications.html>.

⁷ <http://www.unodc.org/docs/treatment/overdose.pdf>. For other United Nations official languages please see: <http://www.unodc.org/unodc/en/drug-prevention-and-treatment/publications.html>.

⁸ http://www.who.int/substance_abuse/publications/management_opioid_overdose/en/

⁹ http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_57/E-CN7-2014-CRP12_V1401561_E.pdf.

¹⁰ http://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/.

Treatment responses to the spread of stimulant use and new psychoactive substances

Research on the pharmacological treatment of stimulants is one of the UNODC priorities, as well as research about the etiology and treatment of new psychoactive drugs use and dependence: Volume C of the TREATNET Training Materials (revised version in preparation) and protocols on promising medication for stimulant dependence published on international scientific journals are available.

HIV/AIDS prevention, treatment and care

UNODC, as a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and as the UNAIDS convening agency¹¹ for ensuring access to the WHO/UNODC/UNAIDS comprehensive package of HIV prevention, treatment and care services for people who inject drugs¹² in the community and in prisons or other closed settings¹³, advocates and supports countries to develop, implement, monitor and evaluate evidence-informed and public health and human rights-focused HIV/AIDS policies and services, in full compliance with the relevant declarations, resolutions and decisions of United Nations bodies.

Facilitating the review and adaptation of national legislation and policies concerning narcotic drugs, criminal justice, prison management and HIV, and contributing to bridging the gap between policy and science with regard to HIV as it relates to drug use are major work streams of the Office. For example, in 2014, UNODC organized a scientific consultation on “Science addressing drugs and health: State of the art” in the framework of the 57th session of the Commission on Narcotic Drugs. The Office also provides ongoing support to Member States in their preparations for UNGASS 2016, for example through organizing an “Informal interactive discussion” with regard to HIV and people who inject drugs in October 2014.

The Office produces and disseminates guidelines and tools for improving equitable access to HIV prevention, treatment and care services, such as a “Handbook for starting and managing needle and syringe programmes (NSP) in prisons and other closed settings (2014)”¹⁴, and provides training and technical assistance in high priority countries in Eastern Europe, Central Asia, South and South-East Asia, North Africa and the Middle East, Southern and Eastern Africa and Latin America.

Advancing global dialogue and advocacy for gender-responsive HIV programmes and ensuring equitable access to HIV prevention, treatment and care services for women who use drugs and female prisoners have been critical components of UNODC’s work. It also supports the removal of barriers to accessing comprehensive

¹¹ http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2011/20110304_DoL_GuidanceNote_Summary_en.pdf.

¹² WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users – 2012 Revision.

¹³ UNODC/ILO/UNDP/WHO/UNAIDS policy brief on “HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions” (2013) (available from www.unodc.org).

¹⁴ https://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/ADV_COPY_NSP_PRISON_AUG_2014.pdf.

services through implementing activities such as needs assessments with respect to gender-responsive services for women who inject drugs and for female sexual partners of men who inject drugs. The Office produced and disseminated global guidance material such as the policy brief “Women who inject drugs and HIV: Addressing specific needs (2014)” in partnership with WHO, UN Women and International Network of People who Use Drugs (INPUD).¹⁵ It also supports the establishing of and provides training for service providers for delivery of evidence-informed, gender-specific HIV services for women who inject drugs through its projects in several countries, for example, in Afghanistan, India, Nepal, Pakistan and Ukraine.

To mobilize joint efforts towards achieving the goal of zero discrimination and to improve access to HIV services for people who use drugs and people in prisons and other closed settings, UNODC reinforces coordination among relevant national authorities (health, criminal justice and law enforcement) as well as civil society. In an effort to inform policy-makers about HIV risks and human rights violations in the context of compulsory drug detention and rehabilitation centres for people who use drugs, UNODC, with other United Nations entities, called on States to close such centres and implement voluntary, evidence-informed and rights-based health and social services in the community.¹⁶

UNODC increases the capacity of civil society and community based organizations at country, regional and global levels and engages people who use drugs and other key partners in open, multi-sectoral and evidence-informed dialogue on HIV, drug policies and human rights to ensure that the right to health of people who use drugs is protected and respected in the context of HIV. Towards that end, the Office has developed a training manual and implemented a training programme for enhancing interaction between law enforcement officials and civil society to improve access to HIV services for people who inject drugs. In 2014 alone, over 1600 law enforcement officers, representatives of civil society and community-based organizations, and other participants from health, social, educational, and justice sectors in 11 high priority countries for HIV and injecting drug use were trained. The training manual was adapted and is being institutionalized as part of law enforcement officials’ training in Brazil, Kenya and Thailand.

Jointly with the World Bank, UNAIDS and other partners, the Office is supporting increasing investments in harm reduction as part of a continuum of care oriented to the recovery of drug dependent persons, in particular domestic investments through, inter alia, promoting the use of a considerable body of evidence among national policy makers showing that delivering HIV services, such as opioid substitution therapy and antiretroviral therapy, is a good investment leading to significant savings in public health costs, reductions in petty crime, safer environments and longer productive lives of better quality.

Addressing the issue of lack of data regarding injecting drug use and HIV has been one of the major focuses of UNODC’s HIV work. In partnership with WHO,

¹⁵ http://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf.

¹⁶ http://www.unodc.org/documents/hiv-aids/publications/People_who_use_drugs/D02_JointStatementCompulsoryDrugDetention_2012_EN.pdf.

UNAIDS, and the World Bank and in collaboration with national partners, academia and civil society, the Office enhances national systems and technical skills of country partners in monitoring and evaluation of drug use and HIV. The UNODC-led initiative has resulted in a new annual data and methodological review mechanism and first-ever joint United Nations (UNODC/WHO/UNAIDS/World Bank) global estimates on injecting drug use and HIV among people who inject drugs¹⁷. Jointly with the World Bank, the Office has reviewed the quality of available population size estimates of people who inject drugs in selected high priority countries, and provides targeted guidance and training for their improvement.

(ii) Ensuring the availability of controlled substances for medical and scientific purposes, while preventing their diversion

The International Drug Control Conventions include the need to ensure the availability of controlled narcotic drugs and psychotropic substances for medical and scientific purposes as one of their objectives, along with the need to prevent their diversion and abuse. Many of those drugs under control are often indispensable in medical practice. In fact, adequate availability remains a major concern for the United Nations and for many people in need across the globe.

The Commission on Narcotic Drugs adopted resolutions 53/4 in 2010 and 54/6 in 2011 with a view to promoting adequate availability of internationally controlled substances for medical and scientific purposes while preventing their diversion and abuse. In 2014, the World Health Assembly adopted a resolution entitled “Strengthening of palliative care as a component of integrated treatment within the continuum of care”¹⁸.

The availability of controlled drugs for medical purposes, in much of the world remains very limited, depriving many patients of essential medicines. Inadequate access violates the notion of article 25 of the Universal Declaration of Human Rights. The Right to Health contains four elements: availability, accessibility, acceptability and quality. Additionally, the Right to Health entails minimizing abuse and maximizing access. One of such entitlements includes the Right to medical care, which also encompasses palliative care.¹⁹

The INCB Report “Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes²⁰” published in 2010 contained a number of recommendations based on information provided by Member

¹⁷ http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf.

¹⁸ http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_R7-en.pdf.

¹⁹ According to the Committee on Economic, Social and Cultural Rights every person should be free from non-consensual medical treatment, such as medical experiments and research or forced sterilization, torture and other cruel, inhuman or degrading treatment or punishment. The right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health; The right to prevention, treatment and control of diseases, access to essential medicines, maternal, child and reproductive health, equal and timely access to basic health services, the provision of health-related education and information, participation of the population in health-related decision-making at the national and community levels.

²⁰ http://www.unodc.org/documents/lpo-brazil/noticias/2011/03-marco/Jife/Report_of_the_Board_on_the_availability_of_controlled_substances.pdf.

States. These recommendations focused on the availability of narcotic drugs and psychotropic substances, appropriate use, national control systems and the prevention of diversion and abuse and regulatory systems.

The global production of opiate raw materials for licit purposes has exceeded the global demand for those raw materials since 2009. As a result, stocks have been increasing, albeit also with fluctuations. Over the past 20 years, the global consumption of opioids has more than tripled. The available data indicate that the amount of opiate raw material available for the manufacturing of narcotic drugs for pain relief is more than sufficient to satisfy the current level of demand as estimated by Governments. However, the data collected and analysed by INCB show that the consumption of drugs for pain relief and other medical purposes is still low in most countries. Access to these drugs is very uneven, with consumption concentrated primarily in more developed countries. This imbalance is particularly worrying as the latest data show that many of the conditions requiring pain management are increasing in low- and middle-income countries. At the same time, there has been an increase in the abuse of prescription drugs and related overdose deaths in countries with a high per capita consumption of opioid analgesics in recent years.

The overall goal of the International Drug Control Conventions is a well-functioning national and international system for managing the availability of narcotic drugs and psychotropic substances that provide relief from pain and suffering, as well as treatment of health conditions, by ensuring the safe delivery of the best affordable drugs to those patients who need them and, at the same time, preventing the diversion of drugs for the purpose of abuse.

In 2013 UNODC launched the Joint Global Programme Global Programme on Access to Controlled Drugs for Medical Purposes. The Joint Global Programme ensures coordination and collaboration between three organizations, each with unique expertise, to address this balance: UNODC, the World Health Organization (WHO) and the Union for International Cancer Control (UICC). The related resolutions of the 53rd and 54th sessions of the Commission on Narcotic Drugs (CND), the Discussion Paper prepared by UNODC for the 54th session of CND, the INCB's 2010 Annual Report, and particularly its Supplement 'Availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes',²¹ and the WHO's revised 'Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines'²² provide the substantive background for this Joint Global Programme. The work of the Joint Global Programme is also supported by partners at the local level, such as the International Atomic Energy Agency (IAEA) through the Programme of Action for Cancer Therapy (PACT), regional offices of each organization, key government representatives and local civil society leaders.

²¹ International Narcotics Control Board, 'Report of the International Narcotics Control Board on the availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes', New York 2011.

²² World Health Organization, 'Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines', Geneva 2011.

The objective of the Joint Global Programme is to create an environment in which the patient's medical needs stand as the basis for pharmacological interventions, including appropriate medical use of a spectrum of pain medication. This can be accomplished when regulatory impediments are reduced, attitude and knowledge barriers to procurement are addressed, advocacy efforts are made in communities, the capacity of healthcare professionals to implement a comprehensive approach is increased and policies are in place to ensure safe delivery without misuse, abuse and diversion.

With the support of Australia, the initial pilot in Ghana began in early 2014 and continues to date. A task force was established and specifically charged with determining an adequate work plan to address the issue of safe access to controlled drugs for medical purposes. The actions focus on the four areas of availability of medication; education and awareness; implementation of strategies and services; and gaps in policy development or implementation. This model will expand to include Timor-Leste in 2015, and upon additional funding can be implemented globally to meet the needs of countries with low access to controlled drugs for medical purposes.

(b) Supply reduction and related measures; responses to drugs-related crime; countering money-laundering and promoting judicial cooperation (“drugs and crime”)

(i) Domestic, regional and cross-regional responses to drugs-related crime countering money-laundering including, where appropriate, in the connection with the financing of terrorism, promoting judicial cooperation in criminal matters

Cross-regional responses and cooperation

In the area of regional and cross-regional responses to drugs-related crime and promoting cooperation in criminal matters, the United Nations Office on Drugs and Crime (UNODC) launched the “Networking the networks” initiative, aimed to improve coordination and cooperation between regional and international criminal intelligence centres in support of exchange of criminal intelligence and potentially for joint operations for countering all forms of organized crime. Meetings of the “Networking the networks” initiative in 2013 and 2014 brought together law enforcement experts and real case investigators from Central and South-East Asia, Eastern Africa, Europe, Gulf States, as well as Interpol and the World Customs Organization (WCO), to consider ongoing criminal cases with inter-regional links and explore how the regional and international criminal intelligence centres could support these investigations.

In the area of border management, UNODC activities include operational and normative work such as providing technical assistance to Member States with regard to enhancing border security by land, air and sea; prevention and detection of drugs-related crime; (intelligence-based) investigation of these crimes and the effective prosecution of those involved in drugs-related crime. As border-related activities often include different law enforcement agencies (customs, police, port authorities), a coordinated border management approach is required, involving international cooperation and coordination.

Container Control Programme

In this context, the United Nations Office on Drugs and Crime and the World Customs Organization have been jointly implementing the UNODC-WCO Container Control Programme (CCP) since 2004. The CCP has a global reach and aims to fortify the structures and processes which allow for the application of sustainable laws for States at selected land and seaports and, most recently airports (CCP-Air), so as to minimize the exploitation of containerized freight for the illicit trafficking of drugs, and other transnational organized crime activities. For greater efficiency, the Programme maintains strategic alliances with various entities within States with operational ports. The programme brings together customs, police and the private sector, amongst others, to strengthen and promote alliances between customs, trade and enforcement communities, in an effort to prevent the abuse of legitimate commercial trade for illicit activities.

Increased participation in growing international trade is an essential part of sustainable development, but many countries do not have the capacity to establish

effective trade security and facilitation standards at their container ports. In the international trade supply chain, an estimated 600 million container movements, accounting for some 90 per cent of the world's cargo, take place around the globe annually. The selection and inspection of containers have been a challenge for law enforcement agencies as containers are being abused for illicit activities such as smuggling of narcotics, drugs, CBRNE²³ materials, precursor chemicals, protected wildlife and timber and other contraband.

During the 10 years of existence, inter-agency Port Control Units established under the CCP have been instrumental in seizing more than 100 tons of cocaine, nearly three tons of heroin and 60 tons of cannabis as well as over 1200 tons of drug precursor chemicals and significant quantities of fraudulent medicines, counterfeit goods, hazardous waste as well as forest products and endangered wildlife.

Money laundering

Money laundering involves the conversion of proceeds of crime into funds with an apparently legal source. Money laundering provides the fuel for drug dealers, terrorists, arms dealers, and other criminals, including corrupt officials, to operate and expand their criminal enterprises and to widen their economic and social influence. Moreover, criminals misuse financial systems and potentially any entity providing financial services to further a wide range of illicit activities. Left unchecked, money laundering can erode the integrity of financial, economic and administrative institutions, and undermine public and international confidence in their financial and judicial systems.

The Global Programme against Money Laundering, Proceeds of Crime and the Financing of Terrorism (GPML) supports Member States to detect, investigate and disrupt the financial infrastructure which sustains criminal and terrorist networks. Financial investigators can also be used to support investigations into non-financial crimes — and it is here that they are often seen to be an invaluable asset to an investigation team. Criminals and terrorists leave behind a rich trail of information while they conduct their financial activities — GPML supports Member States to collect, analyse and use this information in order to reduce risks from criminal and terrorist networks. The risks posed by criminals and terrorists are significantly increased when they share profit streams and expert financial service providers — GPML supports Member States to adopt an intelligence-led approach to understanding the critical vulnerabilities in these illicit business models and then to deliver a sustained disruption strategy which draws on a partnership across national agencies and together with the private sector and civil society.

Organized Crime

The Global Programme for Strengthening Capacities to Prevent and Combat Organized and Serious Crime (GPTOC) provides technical assistance to States to effectively implement the Organized Crime Convention in order to deal with different forms of organized and serious crime and to promote regional and international cooperation. These objectives are achieved through the development and dissemination of tools, assessments and awareness-raising, training and the

²³ Chemical, biological, radiological, nuclear, explosive.

provision of advisors. The programme has a focus on international cooperation in criminal matters and other cross-cutting issues. Project components include: establishing and linking regional networks of central authorities and prosecutors dealing with organized crime, such as the Network of Prosecutors Specialized against Organized Crime of Central America (REFCO) and the Network of West African Central Authorities and Prosecutors (WACAP), and networks focused on criminal intelligence and investigations. The programme supports capacity building and institutional strengthening in areas of criminal intelligence, covert investigations, complex prosecutions, international cooperation in criminal matters, witness protection and the trafficking in fraudulent medicines.

Judicial cooperation

Judicial cooperation in criminal matters is further supported by the ongoing maintenance of different tools, in particular the directory of competent national authorities (aimed at facilitating contact among national authorities designated to receive, respond to and process requests for mutual legal assistance, extradition, transfer of sentenced persons, as well as requests for cooperation to suppress illicit drug trafficking and the smuggling of migrants by sea),²⁴ the Mutual Legal Assistance Request Writer tool (aimed at assisting the casework practitioner through the request process for each type of mutual assistance),²⁵ and the legal library on drug control (a database providing access to various laws and regulations, as adopted by States and territories in order to implement the three international drug control conventions).²⁶

(ii) Addressing emerging issues including new psychoactive substances, precursors and the misuse of the Internet

New Psychoactive Substances

The threat of synthetic drugs is one of the most significant drug problems worldwide. After cannabis, amphetamine-type stimulants (ATS) are the second most widely used drugs across the globe, outstripping the use of cocaine and heroin. Along with ATS, the continued growth of the new psychoactive substances (NPS) market over the last years has become a policy challenge and a major international concern. A growing interplay between NPS and illicit drug markets is being observed. By December 2014, the emergence of over 543 different NPS had been reported in more than 90 countries and territories.

Further to the 2009 Political Declaration, the UNODC Global SMART programme continues to improve understanding of the phenomena of the intertwined ATS and emerging NPS markets, through monitoring activities and enhancing capacity of Member States in priority regions to generate, manage, analyse, report and use synthetic drug information to design effective policy and programme interventions. Global SMART provides capacity building support in East and South-East Asia, the

²⁴ Available at: <http://www.unodc.org/compauth/en/index.html>.

²⁵ Available at: <http://www.unodc.org/mla/en/index.html>.

²⁶ Available at: <http://www.unodc.org/enl/index.html>.

Pacific region, the Near and Middle East, Latin America and Africa and regularly reviews the global NPS situation through knowledge products such as *The challenge of new psychoactive substances* published in March 2013²⁷, pursuant to CND Res 55/1 (2012) and the 2014 *Global Synthetic Drugs Assessment*²⁸.

Further to CND Resolution 55/1, entitled “Promoting international cooperation in responding to the challenges of new psychoactive substances”, the Global SMART programme convened two international expert consultations in 2013 and 2014 with the participation of relevant international and regional organizations as well as subject-matter experts from national drug control agencies, health departments and law enforcement agencies of selected countries to share best practices and identify options for a response to the problem.

In 2013, UNODC established the first *Global Early Warning Advisory* on NPS²⁹. This provides for the early identification of emerging trends, serves as a repository of information on national legislative responses and laboratory analytical data and provides the evidence base for international responses to the NPS problem, for example by providing input to the discussions at the 36th meeting of the WHO Expert Committee on Drug Dependence on bringing NPS under international control.

The 2009 *Political Declaration and Plan of Action on International Cooperation against the World Drug Problem*³⁰ noted the critical importance of forensic and scientific laboratory data in understanding the problem of synthetic drugs and the range of products on the market, as well as the use of such information in their monitoring and investigation. The identification and detection of the NPS, however, remains a major obstacle to addressing the problem due to the sheer numbers and diversity of NPS. The UNODC Global Scientific and Forensic Services programme has been assisting laboratories in Member States through the development and publication of recommended methods of analysis of various categories of NPS, provision of chemical reference materials and reference spectra for their analysis and by organizing ‘proficiency tests’ through its biannual International Collaborative Exercises, in which 180 laboratories in 60 countries and territories are currently enrolled, to improve the capacity of laboratories to identify commonly encountered NPS in seizures and biological specimen.

In addition, Project ION (International Operations on NPS) is an international operational initiative, launched by the International Narcotics Control Board (INCB) pursuant to Commission on Narcotic Drugs (CND) resolutions 55/1 (2012) and 56/4 (2013). Project ION supports national authorities’ efforts in preventing non-scheduled new psychoactive substances that are being abused from reaching consumer markets. Project ION activities include the coordination, collection and communication of strategic and operational information and intelligence related to suspicious shipments of, trafficking in, or manufacture or production of NPS. The Project ION Incident Communication System (IONICS) was launched in December 2014. As at 1 February 2015, 100 Governments and seven regional and international agencies have provided at least one Project ION focal point, while IONICS has

²⁷ www.unodc.org/documents/scientific/NPS_2013_SMART.pdf.

²⁸ http://www.unodc.org/documents/scientific/2014_Global_Synthetic_Drugs_Assessment_web.pdf.

²⁹ http://www.unodc.org/documents/ungass2016/CND_Preparations/UNODC_EWA_UNGASS.pdf.

³⁰ <http://www.unodc.org/documents/ungass2016/V0984963-English.pdf>.

120 registered users. In the first month of operation, the total quantity of NPS seized in incidents communicated through IONICS amounts to more than 375 kilograms.

Precursors

Precursor control is established under article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, tasking the International Narcotics Control Board (INCB) to monitor the control of chemicals used in the illicit manufacture of drugs and assist Governments in preventing the diversion of those chemicals into the illicit traffic. INCB is also responsible for assessing chemicals for international control. Since October 2014, with the inclusion of alpha-phenylacetonitrile (APAAN) in Table I, 16 substances are included in Table I and eight in Table II of the 1988 Convention. INCB has developed several tools to improve the monitoring of international trade and the prevention of diversion of substances from this trade. Projects *Prism* and *Cohesion* are focused on precursors of amphetamine-type stimulants (ATS) and cocaine and heroin precursors respectively, and provide an operational platform for international cooperation in diversion prevention. 134 Governments actively participate in project PRISM and 92 participate in project Cohesion.

Special time-bound operations have in the past targeted various precursors. Project *Prism* carried out five operations in the past seven years, shifting the focus from substances under control to non-scheduled substances and to specific regions. Project *Cohesion* implemented three operations aiming at the diversion of acetic anhydride. The operations led to the seizure of thousands of tons of chemicals, preventing them from reaching illicit markets. The results of the operations also supported Governments in reviewing their risk analysis indicators to identify suspicious shipments, in improving the controls on non-scheduled substances and in reviewing domestic legislation.

The tools available to support Governments include INCB's *PEN Online* system, an electronic communication system for the authorities of exporting and importing countries. 150 countries are actively using the system to pre-notify their chemical exports. Other tools in support of licit trade monitoring include the INCB *Guidelines for a voluntary code of practice for the chemical industry* and a model Memorandum of Understanding between governments and private sector partners, as well as the International Special Surveillance List (ISSL), which is maintained by INCB and lists a number of substances that have been identified by Member States as being used as substitute chemicals in the illicit manufacture of drugs, and should be the subject of voluntary monitoring by the industry. To facilitate international cooperation in chemical investigations, the Precursors Incident Communication System (PICS) was developed, an online platform for Governments to communicate in real-time with each other on incidents involving scheduled and non-scheduled chemicals. Over 90 Governments have registered nearly 400 users and more than 1250 incidents have been communicated. The exchange of real-time information led to several joint investigations and backtracking investigations among Governments.

The 2014 INCB *Annual Report on Precursors* is dedicated to a review and assessment of the effectiveness and challenges of international precursor control, as a contribution to the 2016 United Nations General Assembly Special Session (UNGASS) on the world drug problem.

Misuse of the internet

The use of the internet makes drug trafficking easier and investigating and collecting evidence more complex, notably in transnational criminal cases.

Since the mid1990s, the internet has increasingly been used by drug traffickers to sell illicit drugs or the chemical precursors required to manufacture such drugs. At the same time, illegal internet pharmacies advertise illicit sales in prescription medicines, including substances under international control, to the general public. These substances are controlled under the three international drug control treaties and include opioid analgesics, central nervous system stimulants, tranquillizers and other psychoactive substances. Many pharmaceuticals offered for sale in this way are either diverted from the licit market or are counterfeited—constituting a threat to the health of consumers. The fact that illegal internet pharmacies conduct their operations from all regions of the world and are able to relocate their business easily when a website is closed down means that taking effective measures in this area is essential.

In 2009, the INCB published *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*, covering in particular the regulation of internet service providers (ISP) and internet pharmacies. These guidelines recommend establishing specific obligations for ISPs, such as the obligation to cooperate in the investigation of drug trafficking offences and the obligation to shut down websites and domains which carry out illicit activities. ISPs should also be required to keep records of identities of owners of internet addresses for at least one year. Entities providing internet access should be submitted to keep records of their customers for at least six months.

With regard to internet pharmacies, the guidelines recommend that they should be licensed, and in case of operations distributed over different countries, required to submit each segment of these operations (such as website, storage, and shipping) to licensing by the country where activities take place. They should adhere to the same standards as other pharmacies and should keep records for at least two years.

Cybercrime

The overarching objective of the Global Programme on Cybercrime is to prevent and combat cybercrime in a holistic manner through the delivery of crime prevention and criminal justice technical support, based on UNODC assessment protocols and operational technical assistance tools. These objectives are achieved through the development and dissemination of tools, assessments and training of law enforcement personnel on cybercrime investigations and digital forensics and training of prosecutors on electronic evidence training. The main programme activities are presently in Central America, Eastern Africa and Southeast Asia, and the programme supports capacity building and institutional strengthening in areas of cybercrime prevention, investigation, prosecution, and electronic evidence handling.

(c) Cross-cutting issues: drugs and human rights, youth, women, children and communities

(i) Addressing drugs-related issues in full conformity with the purposes and the principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights and other relevant international law, including the three drug control conventions

The right to health and safety: importance of prevention, treatment and care

Protecting and fulfilling the right to health and safety of individuals and communities is a key purpose of States' obligations under the drug control conventions and international human rights law. The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol³¹ and the Convention on Psychotropic Substances of 1971³² aim at ensuring adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes and contain guidance on the prevention of drug use and the treatment and social reintegration of drug users. In order to meet those international obligations and related political commitments to address the world drug problem, there is a need to recognize that drug use and its consequences such as HIV, hepatitis C or overdoses, are a public health issue that can be prevented and should be dealt with by the appropriate institutions, and that efforts should be made towards the prevention of drug use and drug-related crime.

Most people who use drugs or suffer from drug dependence start during adolescence. As described in the UNODC International Standards on Drug Use Prevention, effective prevention of drug use that is based on science supports the healthy and safe development of children and youth in a variety of settings, particularly families and schools, but also communities, workplace and media. This is evidenced by interventions focusing on family skills. Such programmes support caregivers in being better parents and strengthen positive age-specific and age-appropriate family functioning and interactions in general. This science-based strategy, focusing on one of the most powerful protective forces in the lives of children and youth - the family -, has proven effective not only in reducing drug use among adolescents but also in protecting children from a wide spectrum of risky behaviours including violence patterns and involvement in crime³³ and carries an impact that spans over a long duration.³⁴

³¹ United Nations, Treaty Series, vol. 976, No. 14152.

³² Ibid., vol. 1019, No. 14956.

³³ Maalouf W. Campello G. The influence of family skills programmes on violence indicators: Experience from a multi-site project of the United Nations Office on Drugs and Crime in low and middle income countries. *Aggression and Violent Behavior* 19 (2014); 616-624.

³⁴ Mejia A., Ulph F., Calam R An Exploration of Parents' Perceptions and Beliefs About Changes Following Participation in a Family Skill Training Program: a Qualitative Study in a Developing Country. *Prev Science* Nov (2014).

UNODC has been supporting family skills programmes in communities with different levels of vulnerabilities in different regions in Central America, South America, Central and West Asia, Eastern Africa and South East Europe. Experience shows that strong coordination between relevant institutions and collaboration with other stakeholders is of key importance and that the best results can be achieved through integrated efforts between governmental institutions and non-governmental organizations. For example, in Honduras, in collaboration with UNODC, the National Prevention Programme of the Ministry of the Presidency together with the National Antidrug Commission (CNCN) and the National Prevention, Rehabilitation and Reinsertion Programme (PNPRR) are scaling up the family skills programme (Familias Fuertes) that has shown positive impact to meet the violence prevention governmental strategy. In Serbia, the Ministry of Education and Ministry of Health together with the Municipality of New Belgrade are the governmental counterparts implementing the family skills programme.

A continuum of prevention and care in the health and social services is needed to reduce the adverse consequences of drug use. However, many people who use drugs face obstacles, including legal ones, that impede access to the services that they need. Stigma and violence constitute major barriers, especially for people who inject drugs to access essential HIV prevention services such as needle and syringe programmes. UNODC assists requesting countries in reviewing their legal and policy framework to ensure that drug users have access to evidence-based and human rights based health services. The Office also promotes and provides technical assistance to increase the access of people who use drugs to evidence-based services as described in the WHO/UNODC/UNAIDS comprehensive package of HIV prevention, treatment and care for people who inject drugs³⁵ in the community and in prisons and other closed settings.³⁶ UNODC advocates and supports countries in reducing stigma by law enforcement officers and within the health sector. Gender-related violence makes women reluctant to access relevant services, often because they fear being harassed or abused simply for trying to enter facilities. Examples of UNODC assistance include a survey on stigma against people who inject drugs in the health sector in Argentina, workshops for police and civil society to reduce stigma and violence against people who inject drugs and support to civil society organisations in Central Asia and Eastern Europe to address violence against women who inject drugs in law enforcement settings.

Human rights in the administration of justice

Besides the crucial adoption of preventive measures and the provision of health-care services, treatment and care for drug dependence and other related health conditions, drug control also implies the involvement of law enforcement and of the criminal justice system.

In line with the international drug control conventions, countries have established as criminal offences a number of drug-related activities, in particular drug trafficking,

³⁵ WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users – 2012 Revision.

³⁶ UNODC/ILO/UNDP/WHO/UNAIDS policy brief on “HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions” (2013) (available from www.unodc.org).

and have provided for corresponding sanctions and various law enforcement powers and international cooperation measures. The drug control conventions, in particular the 1988 Convention, have a clear focus on serious drug offences that warrant international cooperation. However in many countries, a large portion of the national prison population comprises people in pre-trial detention or imprisoned for minor drug-related offences, many of them being dependent on drugs themselves or used by organized criminal groups.³⁷ This situation is in many jurisdictions a factor contributing to prison overcrowding, which negatively affects the security and safety of inmates and prison staff, the health of prisoners and their families, as well as prospects of prisoners to benefit from drug dependence treatment and other assistance to facilitate their rehabilitation and social reintegration upon release. In this regard, it is worth noting that many countries are not giving full effect to the Conventions' provisions on alternatives to conviction or punishment, which include treatment, education, aftercare, rehabilitation or social reintegration.³⁸

The issue of drug dependence also affects an increasing number of offenders who are in contact with the criminal justice system for other offences, such as property crimes to support their drug habit. They all need drug dependence therapy or HIV prevention or treatment and face a high likelihood of relapse to drug use, drug overdose, HIV or hepatitis C and recidivism where this need is not met, especially if there are no linkages to community services and continuum of care.³⁹

In addition to being the guardian of the drug control and crime conventions, UNODC is also mandated to support the development and implementation of a set of Standards and Norms on Crime Prevention and Criminal Justice, aiming at ensuring an effective, fair and human-rights compliant administration of justice. Those standards include the Standard Minimum Rules for the Treatment of Prisoners (currently undergoing a revision), the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules)⁴⁰ and the United Nations Principles and Guidelines on Access to Legal Aid in Criminal Justice Systems.⁴¹ On that basis, UNODC supports countries in protecting and promoting the rights of vulnerable groups, including people who have drug use problems through technical assistance.⁴²

The Office promotes meaningful access to legal aid for drug users and other groups with special needs, which should be taken into account in the design of nationwide legal aid schemes.⁴³ For example, UNODC supported a non-governmental organization in Morocco to provide access to legal aid services to clients from drug drop-in centres.

In order to enhance the response by law enforcement and increase cooperation with the health sector, UNODC provides technical assistance to law enforcement agencies to foster attitudes and practices supportive of public health. The Office promotes

³⁷ UNODC Handbook on Alternatives to Imprisonment, p. 63.

³⁸ See 1988 Convention, article 3(4).

³⁹ UNODC, *From coercion to cohesion: Treating drug dependence through health care, not punishment*, Discussion Paper, New York, 2010, p. 2.

⁴⁰ A/Res/45/110, annex.

⁴¹ A/Res/67/187, annex.

⁴² All relevant technical assistance tools are available at <http://www.unodc.org/unodc/en/justice-and-prison-reform/tools.html>.

⁴³ United Nations Principles and Guidelines on Access to Legal Aid in Criminal Justice Systems, paras. 32 and 57.

community policing and other promising practices to facilitate access of vulnerable people who inject drugs to comprehensive HIV services to prevent HIV, hepatitis C and fatal overdoses. The Office promotes the use of alternatives to formal judicial proceedings, detention and punishment for drug offenders in cases of a minor nature, such as possession, purchase or cultivation for personal use,⁴⁴ as well as in appropriate cases of other offences where drug use or dependence played a role.⁴⁵ A wide range of non-custodial measures, such as verbal or economic sanctions, conditional discharge, probation or community service, may be made available, at all stages of the criminal justice process.⁴⁶ UNODC provides legislative advice toward ensuring that punishment is proportionate to the offence, avoiding mandatory minimum sentences and allowing courts to consider relevant factors in sentencing, such as the criminal history of the offender and the seriousness and nature of the criminal conduct.⁴⁷ The Office, as part of the United Nations secretariat, also advocates the abolition of the death penalty,⁴⁸ which should not be imposed for drug offences or other crimes that have no lethal or other extremely grave consequences.⁴⁹

The range of non-custodial alternative or additional measures for offenders who use or are dependent on drugs is not limited to treatment. It is important to note that not all offenders who use drugs are necessarily drug dependent. Choosing the appropriate measure requires therefore a proper assessment and diagnosis of the offender. Where treatment is necessary, it should be provided by a multi-professional team of practitioners under the auspice of the health-care system.⁵⁰ Appropriate coordination of the criminal justice system and treatment system should be in place, with due consideration for medical confidentiality, and criminal justice personnel should be trained in the specificities of drug use and the needs of drug dependent offenders.

UNODC assists requesting countries in reviewing their legal and policy framework to ensure that drug users have access to evidence-based and human rights based health services in prison, including drug dependence treatment and HIV prevention and treatment services. These services should be equivalent to the ones available within the community.⁵¹ UNODC provides guidance to assist countries in implementing HIV services for drug users in prisons,⁵² including on needle and syringe programmes. UNODC also addresses the needs of drug users in its broader technical assistance activities to address prison overcrowding and poor prison conditions,⁵³ and supports efforts to reintegrate prisoners after release and to reduce

⁴⁴ See 1988 Convention, article 3(4)(c)-(d).

⁴⁵ UNODC, *From coercion to cohesion*, p. 5.

⁴⁶ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules),

⁴⁷ See Tokyo Rules 7.1 and 8.1.

⁴⁸ In line with General Assembly resolutions calling for the establishment of a moratorium on executions with a view to abolishing the death penalty, see, e.g., A/RES/69/186.

⁴⁹ Safeguards guaranteeing protection of the rights of those facing the death penalty, ECOSOC resolution 1984/50, annex, para. 2.

⁵⁰ UNODC *From coercion to cohesion*, p. 5.

⁵¹ UNODC (2013) Policy brief. HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions. *UNODC, ILO, UNDP, WHO, UNAIDS*.

⁵² UNODC (2008) HIV and AIDS in places of detention: A toolkit for policymakers, programme managers, prison officers and health care providers in prison settings.

⁵³ UNODC (2013) Handbook on Strategies to Reduce Overcrowding in Prisons.

reoffending,⁵⁴ by promoting continuity of drug dependence treatment in the community and opportunities for education and vocational training in prison and post release support.

Major concerns encountered in the course of providing technical assistance include forcible drug dependence treatment and the detention without due process of people suspected of using or being dependent on drugs in compulsory detention and rehabilitation centres. Together with other United Nations entities, UNODC advocates the closure of such centres and assists States in implementing voluntary, evidence-informed and rights-based health and social services in the community.⁵⁵ Evidence demonstrates that the most effective responses to drug dependence and the health-related harms associated with it, such as HIV infection, engagement in self-inflicted or interpersonal violence, require treating drug dependence as a health condition. As all health care interventions, such treatment requires a voluntary basis with informed consent. Only in exceptional crisis situations of high risk to self or others can compulsory treatment be mandated for specific conditions and for a limited period of days that is not longer than strictly clinically necessary, provided there is an appropriate legal basis and a judicial review.⁵⁶ Treatment that is offered or ordered as an alternative to conviction or punishment also involves a degree of coercion, but the patient is entitled to reject treatment and to choose the penal measure instead. In such cases, the access to drug dependence treatment should be guaranteed and the ensuing punishment should be proportionate and not more severe than the punishment would have been in the absence of the alternative.⁵⁷

(ii) Drugs and youth, women, children and communities

Rights and needs of women and children

The international legal framework requires specific attention to the rights of women and children, including those who have drug use problems or are in contact with the justice system for drug-related offences. The Convention on the Elimination of All Forms of Discrimination Against Women envisages special measures to remove persisting inequalities and differences in the treatment of women that result in discrimination. The Convention on the Rights of the Child obliges States to protect children from drug use and from being used in drug trafficking,⁵⁸ from violence⁵⁹ and to ensure appropriate treatment of children in the criminal justice system.⁶⁰ The right to health is enshrined in both conventions.

⁵⁴ UNODC (2012) *Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders*.

⁵⁵ UNODC et al., *Joint Statement: Compulsory drug detention and rehabilitation centres* (2012).

⁵⁶ UNODC *From coercion to cohesion*, pp. 7-8.

⁵⁷ *Ibid.*, pp. 5-6.

⁵⁸ Art. 33

⁵⁹ Art. 19.

⁶⁰ Art. 40.

Women

Women drug users are much more prone to entering the criminal justice system than male drug users or women in the general public.⁶¹ In many countries women offenders who are imprisoned for drug-related offences make up a large proportion of the female prison population.⁶² Specialized treatment programmes that take into account prior victimization and the special needs of pregnant women and women with children are often unavailable.⁶³ A study conducted by UNODC found that comprehensive programming that acknowledges gender differences, which provides women-only services and gives attention to pre-natal and childcare, parenting skills, relationships, mental health problems and practical needs could improve treatment outcomes.⁶⁴

The involvement of women and girls in drug trafficking as couriers has been recognized as a danger to the well-being and development of children, families and communities, and the Commission on Narcotic Drugs has urged Member States to implement broad-based programmes aimed at preventing women and girls from being used as couriers for trafficking in drugs.⁶⁵ Available data is limited but suggests that a significant number of women are used as drug couriers to smuggle drugs across borders for small sums of money. These women are usually minor players and often become involved in drug trafficking as a result of manipulation, coercion, poverty or their own drug addiction.⁶⁶

UNODC s developed technical assistance tools to facilitate the implementation of the Bangkok Rules, including as regards the availability of specialized treatment programmes for women drug users in prison and in the community,⁶⁷ and organized several regional meetings, bringing together criminal justice practitioners from different countries to take stock of the situation of women offenders, exchange good practices on the treatment of women prisoners and create political momentum for change.

UNODC also advanced global dialogue and advocacy for gender-responsive HIV programmes and more equitable access to HIV/AIDS prevention, treatment and care services for women, for example through production and dissemination of a policy brief “Women who inject drugs and HIV: Addressing specific needs (2014)” developed in partnership with UN Women, WHO and the International Network of People Who Use Drugs (INPUD),⁶⁸ and by supporting the establishment of evidence-informed, gender-specific HIV services for women who inject drugs, including in prisons⁶⁹, through its HIV field projects in several countries.

⁶¹ A/68/340, paras. 5-8.

⁶² UNODC Handbook on Women and Imprisonment, p. 116.

⁶³ UNODC Handbook on Women and Imprisonment, pp. 13-14, 115-118.

⁶⁴ UNODC, Drug Abuse Treatment Toolkit, Substance abuse treatment and care for women: Case studies and lessons learned, United Nations, New York, 2004, p. 90.

⁶⁵ Resolution 52/1 (2009).

⁶⁶ UNODC Handbook on Women and Imprisonment, p. 114.

⁶⁷ Bangkok Rules 15 and 62.

⁶⁸ http://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf.

⁶⁹ UNODC/UNAIDS Publication on Women and HIV in Prison Settings.

Children

There are indications that girls and boys start to use drugs and progress to drug use disorders due to different vulnerabilities. Moreover, although research is scant, there are indications that girls and boys benefit differently from evidence-based drug prevention programmes. In particular, girls appear to benefit less from school and community-based prevention and more from family-based prevention.⁷⁰ It would be crucial for drug prevention strategies not only to document their impact in general, but also specifically with regard to girls and boys, to strengthen the base of evidence in this field.

Many children with drug use problems who do not receive adequate treatment are dealt with exclusively by the criminal justice system rather than by the health and child protection systems. The majority of children drug offenders are charged with petty crimes, are first-time offenders, or awaiting trial, and many of them have drug use problems. Research shows that such children are more prone to become victims of crime and to commit crimes themselves. Frequently, they are used by gangs and organized crime groups and end up being involved in the drug market. The probability of committing a crime is between 2.8 and 3.8 times higher among those who use drugs with a likelihood of recidivism rate that is six times higher in the case of crack, three times higher in the case of heroin and 2.5 times higher in the case of cocaine.⁷¹

The access of children who inject drugs to effective HIV prevention services is even more challenging considering the high levels of stigma, fear and the age-related barriers and parent/guardian consent requirements that impede access to HIV testing, to needle and syringe programmes or to HIV and drug dependence treatment and care. The UNAIDS interagency working group on HIV and key populations (including UNICEF, WHO, UNFPA and UNODC) is advocating for improving access for children and young people who inject drugs to effective evidence-based HIV prevention and treatment services. A draft joint technical brief was developed and launched at AIDS2014 conference.

Several challenges can be identified with regard to current responses to these issues. Punitive approaches towards children with drug use problems that are in contact with the justice system lead to increasing numbers of cases for the juvenile justice system that could be more effectively dealt with through preventive, restorative, and rehabilitative approaches. Many countries lack adequate drug prevention and child protection laws, policies and measures, leading to a reliance on detention. Specialized institutions and professionals are often missing and inter-institutional communication and cooperation is a challenge in many cases. In many countries, gaps persist in the engagement of the family, community, media and civil society, as well as with regard to available data and statistics on the extent of the problem and

⁷⁰ UNODC (2013), Draft Guidelines on Drug Prevention and Treatment for Girls and Women, E/CN.7/2014/CRP.12, available online at: http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_57/E-CN7-2014-CRP12_V1401561_E.pdf.

⁷¹ Stevens, A., Trace, M. y Bewley-Taylor, D. (2005) Reducing drug related crime: An overview of the global evidence, available at: http://altgeorgia.ge/documents/publikaciebi%20ENG/BeckleyFoundation_Report_05.pdf.

the performance of the child protection, health, education and the justice systems in dealing with children with drug use problems who are alleged offenders or victims.

UNODC supports Member States in preventing crime and violence and in strengthening juvenile justice systems to ensure that children in contact with the justice system, whether as alleged offenders, victims or witnesses of crime, are well protected and served in accordance with international standard and norms. In this regard, UNODC provides legal advisory services, supports the development of public policies and the strengthening of juvenile justice institutions, the development of training curricula and the delivery of training activities to justice and child protection professionals. In order to address drug use and drug dependence in children under twelve, adolescents and their families, UNODC has developed and piloted psychosocial protocols, a ground-breaking tool based on scientific evidence and successfully piloted in several countries.

(d) Cross-cutting issues: new challenges, threats and realities in preventing and addressing the world drug problem in compliance with relevant international law, including the three drug control conventions; strengthening the principle of common and shared responsibility and international cooperation

(i) New challenges, threats and realities in preventing and addressing the world drug problem in compliance with relevant international law, including the three drug control conventions

New challenges and threats

New challenges have emerged in recent years related to new harmful substances, new trafficking routes and modes, which impact upon the efforts to bring drugs under control, as well as illicit drug markets worldwide. Innovative drug policies have yielded tangible results in terms of reduced illicit cultivation, improved health and treatment awareness raising and capacity building. Challenges remain in ensuring that the approaches adopted offer the right balance between reduction of the demand and elimination of supply.

A new challenge to both supply and demand reduction efforts and legislative control is the rapid emergence of new psychoactive substances, substances of abuse that are not under international control but which may pose a public health threat. New psychoactive substances are emerging on the global market at an unprecedented rate. The use of new psychoactive substances has not yet been widely studied, but the limited information available suggests that the levels of use are far from negligible and that the use of new psychoactive substances can have serious health effects, contrary to how they are usually advertised.⁷²

The high levels of illicit opium poppy cultivation, particularly in Afghanistan, are an on-going challenge to the world. Cultivation levels reached a record high in 2014. Afghanistan's production of opiates reaches all regions of the world. The massive increase in the global supply of opiates observed in 2014 is likely to have severe implications on the use and availability of opiates in the years to come.

Terrorists benefit from transnational organized crime in some regions, including from trafficking of illicit drugs. Countries are facing challenges related to terrorism financing derived from organized crime.

Global market for synthetic stimulants expanding

The expansion of the illicit market for synthetic stimulants in the global market is another threat. Data on the illicit use, and manufacture and trafficking of controlled synthetic drugs remain sparse, but point to an increase over levels in 2007,⁷³ particularly in the case of methamphetamine. Several reasons related to the control of both demand and supply can explain this expansion. Controlling the manufacturing of synthetic drugs is more challenging than controlling the production

⁷² For more information, see UNODC *World Drug Report 2013* (http://www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf).

⁷³ Ibid.

of plant-based drugs because the production of plant-based drugs is less dispersed — it requires more time and more steps (cultivation, harvesting, manufacturing) and that provides more opportunities for control measures to intervene. Precursor control is a key supply reduction strategy for reducing illicitly manufactured synthetic drugs. Despite the progress made in recent years in controlling precursor chemicals, controlled under the 1988 Convention⁷⁴, existing strategies have not succeeded in effectively curtailing the clandestine manufacture of methamphetamine, as organized criminal groups have identified a number of innovative ways to circumvent precursor control measures: the use of pharmaceutical preparations that are not under international control; the development of methamphetamine manufacturing sites in countries with rather weak precursor control regimes; the diversion of precursors at the national level and subsequent smuggling into other countries; and the increasing use of “pre-precursors” that are not internationally controlled and that can be exported to other countries and then converted to the precursor chemicals required for the manufacture of methamphetamine. On the demand side, the prevention of illicit drug use is largely not substance-specific; therefore, the prevention of the illicit use of synthetic stimulants suffers from a lack of sustained drug prevention interventions and policies based on scientific evidence. On the care and rehabilitation of drug-dependent persons, lack of a pharmacological therapy greatly hinders the treatment of people who are dependent on synthetic and other stimulants.

New trafficking routes

Traffickers continue to try to circumvent national efforts to reduce drug trafficking by identifying new routes and exploiting weak law enforcement capacities. Successes in curtailing trafficking in, and demand for, cocaine in developed countries, notably in North America, have prompted the drug cartels to explore new market opportunities in South America, as well as in Oceania, Asia and Africa. Many of the new market countries are less equipped to deal with this new problem. The vulnerability of West Africa and Eastern Africa to illicit drug use and trafficking has increased over the last decade. New sea routes for Afghan opiates are opening up along the coast of East Africa while large-scale production of illicit methamphetamine manufacture is emerging in West Africa. More cocaine and heroin being reported trafficked through these two sub regions with a resulting spill over effect of increased use of these drugs.

New technologies

The rapid development of new technologies also threatens the efficacy of law enforcement efforts. The global reach of the internet as a platform both for communication and coordination between traffickers is impacting upon the movement of illicit consignments and the modus operandi employed by trafficking groups. Law enforcement effectiveness is challenged if agencies do not adapt to

⁷⁴ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2012 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.13.XI.4), pp. 32-34; and *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances*, pp. 28-31.

the growing role played by cyber technologies in drug trafficking and related money-laundering activities.

Misuse of prescription drugs

A number of countries in various regions have also been experiencing growing misuse of prescription drugs, such as painkillers containing synthetic opioids, tranquillizers containing benzodiazepines or sedatives containing barbiturates. These substances are often widely available, as measures to control their use are often circumvented, prompting the establishment of parallel markets. Though they are legally produced and required for medical purposes, many of these substances can cause dependence and their use — especially if it is not in line with medical guidelines — can be harmful or even fatal.

Violence related to drug trafficking

Drug-related violence has long been known to have a deadly impact on society.⁷⁵ In the past few years, however, drug trafficking has triggered a new surge of widespread violence in Latin America, West Africa and West Asia, and the affected countries are paying a high price in terms of human lives. Some Central American countries have been facing homicide rates that are the highest in the world, with rates often surpassing those of countries in armed conflict. Although violence clearly has diverse roots, countries in the Americas are drawing increased attention to the profits drawn by transnational organized crime groups through the exploitation of a highly profitable illicit market and have underscored the manner in which transnational organized crime groups are able to mobilize financial resources that allow them to penetrate and corrupt institutions.

Health-centred approach

Addressing illicit drug use and drug dependence through a health-centred approach is still not sufficiently implemented in all countries, even though significant progress in this direction has been made in several parts of the world over the last few decades. Some national drug control systems still rely to a large extent on sanctions and imprisonment, instead of health care. Despite the progress made, compulsory treatment and punitive measures in the name of treatment are still common practice in some countries. Similarly, stigma, discrimination and human rights violations are common problems among people who illicitly use drugs and people who are dependent on drugs and living with HIV/AIDS, discouraging such people from seeking the health and social services they need. Though the coverage of services based on scientific evidence has increased in some countries, it is still inadequate in many countries.

⁷⁵ Drug trafficking has, for example, triggered violence among organized criminal groups in Colombia, Italy and the United States of America since the 1970s.

Data collection and analysis

The effective monitoring of the drug problem, as well as responses to that problem, is still not possible in a number of thematic and geographical areas. Many countries still lack the capacity to systematically compile, analyse and disseminate even the most basic drug-related information. It remains a challenge to globally quantify phenomena such as the cultivation of cannabis plants, the manufacturing of synthetic drugs or the illicit financial flows of drug profits. On the demand side, global estimates have a very high level of uncertainty. Some difficulties relate to the fact that the dynamics of illicit drug markets remain largely hidden in illegal activities which are difficult to measure. Estimating flows of drugs, for example, remain challenging because only a few of the elements, such as seizures or arrests, are usually known and they cannot always be used to characterize changes in drug trafficking. Other challenges relate to the broad nature of the drug problem and its cross-border characteristics, which require a concerted effort on the part of all countries to implement quite demanding data collection activities covering the whole spectrum of the drug problem using comparable methodologies. The lack of financial and human resources makes it impossible to accurately quantify the drug problem in a number of countries, and that, in turn, makes it difficult to accurately identify trends at the global level.

There are also problems in measuring — from a global perspective — the coverage, quality and efficacy of programmes and services being provided in countries to address the drug problem. While some countries report on the existence of programmes and policies, information available at the global level does not permit an assessment of the accessibility of treatment services, the actual impact of evidence-based prevention and treatment programmes, the extension of alternative development programmes and their impact, as well as the impact of measures taken to control the illicit drug supply and fight money-laundering.

(ii) Strengthening the principle of common and shared responsibility and enhancing international cooperation, including technical assistance, leading up to 2019

The principle of common and shared responsibility is a recognition of the global nature of the challenges associated with the world drug problem, requiring joint efforts of the international community at the national, regional and international levels, including by means of enhanced and coordinated technical and financial assistance.⁷⁶ It encompasses all activities related to the illicit production and trafficking as well as distribution and use of drugs under international control, and it requires harmonized policy and legislative approaches to reduce the illicit demand and supply of controlled drugs, with the aim of enhancing public health and in accordance with applicable international law.

⁷⁶ See Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009, paragraph 12.

Regional cooperation

The international community increasingly recognizes regional cooperation as being critical to an effective and coordinated response to the drug problem and other cross-border problems. The regional approach can play a key role in strengthening incentives and accountability at the national level and regional organizations provide an increasingly strong platform for action. This point was stressed also in the report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. The five regional meetings of heads of national drug law enforcement agencies, which are convened each year, provide a strong foundation for regional cooperation. At the same time, in the past few years, UNODC has promoted a series of regional initiatives to address the drug problem. New regional criminal intelligence centres, modelled upon good practices of INTERPOL, the European Police Office (Europol) and the World Customs Organization, have been established in the Central Asian Regional Information and Coordination Centre (CARICC) and the Gulf Criminal Information Centre (GCIC), together with a joint planning cell covering Afghanistan, the Islamic Republic of Iran and Pakistan. Regional networks of prosecutors of organized crime have been established within the UNODC Global Programme for Strengthening Capacities to Prevent and Combat Organized Crime. Other regional operational initiatives supported by UNODC to address drug trafficking and other criminal activities in partnership with other organizations include the Container Control Programme (CCP); the joint West Africa Coast Initiative (WACI), the Airport Communication Project (AIRCOP), the CASH initiative (which counters illicit money flows and confiscates the assets of drug trafficking networks in Afghanistan and neighbouring countries), the STOP initiative (which focuses on interdiction efforts within the Triangular initiative involving Afghanistan, the Islamic Republic of Iran and Pakistan) and the Maritime Regional Security Initiative (MaReS) (which is aimed at strengthening maritime cooperation between the Islamic Republic of Iran and Pakistan). UNODC also has promoted regional cooperation through a still increasing set of regional and country programmes that are better integrated and better connected. At present, UNODC is implementing 9 regional programmes: in Eastern Africa; in East Asia and the Pacific; in Central America; in South-Eastern Europe; in the Arab States; in West Africa; in Afghanistan and neighbouring countries; in Southern Africa; in South Asia; and in the Caribbean. In addition, nine country programmes are ongoing. These programmes support the implementation of the international drug control conventions (through a balanced approach addressing both demand and supply), the United Nations Convention against Transnational Organized Crime and its protocols, the United Nations Convention against Corruption, and the United Nations Standards and Norms on Crime Prevention and Criminal Justice.

Interregional cooperation

Successful global and interregional activities of the past few years include the Paris Pact Initiative, a well-established key international partnership (which includes 58 Member States and 20 organizations) to counter the trafficking in and consumption of opiates originating in Afghanistan, and the UNODC Global Programme against Money-Laundering, Proceeds of Crime and the Financing of Terrorism, which assists national authorities of Afghanistan and neighbouring countries in collecting information on illicit financial flows linked to Afghan opiates

and further disrupting such payments and, by doing so, attacking the high echelons of organized criminal groups. Recognizing the need to tackle the drug problem at the interregional level, UNODC has promoted cooperation between the regional law enforcement centres, as well as with other recognized and well-established international and regional organizations, such as INTERPOL, the World Customs Organization, Europol and others, through the so-called “networking of networks”, which is aimed at leveraging the combined strengths of those individual centres. UNODC has also developed a new generation of regional programmes, which are integrated and connected with each other, and an interregional approach which allows for the strategic implementation of activities across regions.

Exchange of data and information

At the core of international cooperation there is the effective exchange of data and information, but there are still many knowledge gaps which prevent the targeting of common responses. There is a need for more investment in improving existing national, regional and global monitoring systems. This entails investing in improving the coverage of existing monitoring systems and implementing new data collection tools and new scientific approaches. Given its transnational nature, the drug problem cannot be understood by examining only the situation within a country’s borders; therefore, sharing data and other information is essential to obtaining an accurate picture of the drug situation. There is also a need for countries to renew their commitment to providing accurate data and other information to UNODC, pursuant to the International Drug Control Conventions.

The way forward

The discussion offers an opportunity for member States to identify best ways of how to balance the drug control system, in particular by: focusing on health and respect for human rights, emphasizing evidence-based prevention and treatment; giving due consideration to the needs of drug-dependent persons, countering cultural stereotypes, stigma and discrimination, which limit access of drug users to health and social services; scaling up action to ensure access to controlled drugs for medical and scientific purposes, while preventing diversion and abuse; intensifying data collection at national levels and the exchange of factual data and information; and implementing drug control policies within the framework of the rule of law.

A renewed effort to enhance and better coordinate technical and financial assistance would help to harmonize efforts of the international community and their results at legislative, policy and operational levels, in compliance with the international drug control conventions and applicable human rights law.

(e) Alternative development; regional, inter-regional and international cooperation on development-oriented balanced drug control policy; addressing socioeconomic issues

(i) Drugs, addressing socioeconomic issues and fostering alternative development, including preventive alternative development

Alternative Development (AD) continues to be recognized by Member States as a fundamental pillar of a comprehensive drug control strategy and plays an important role as a development oriented drug control approach. The concept of AD is much broader than just crop substitution and eradication, it also takes into account the various aspects of rural development and attempts to make structural changes in the socio-economic environment of rural farming communities.

By designing and implementing AD programmes, UNODC adheres to the 2009 Political Declaration and Plan of Action entitled “International cooperation on eradicating the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances and on alternative development”, as well as the 2013 United Nations Guiding Principles on Alternative Development⁷⁷ and the Lima Declaration on Alternative Development. UNODC addresses key elements of the AD approach and makes clear that the approach should include a comprehensive set of multisectoral interventions. When developing AD programmes, UNODC aims to take into consideration the various social, cultural, economic, political, educational and environmental aspects, in addition to incorporating, where appropriate, demand reduction measures. The efforts of UNODC so far have particularly been focused on regions in South America, Central- and South-East Asia.

UNODC conducts its technical cooperation programmes in an integrated fashion, to translate the organizational medium-term strategy and biennial planning into operational technical cooperation action that meets Member States priority needs. Subprogramme 2 of the UNODC Strategic Framework on “Sustainable Development and Alternative Livelihoods” includes measures to develop balanced drug control policies, address related socio-economic issues, foster alternative development, including preventive alternative development, and promote international and regional cooperation in these areas.

UNODC Thematic Programmes then provide the framework for UNODC tools, services, expertise and priority areas that facilitate UNODC operational interventions at global, regional, and country levels. UNODC delivers its technical cooperation through its network of eight regional offices, ten country offices and two liaison and partnership offices situated in key regions. In addition, UNODC establishes temporary project offices in close proximity to clients to deliver specific technical cooperation projects.

⁷⁷ http://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2013/A_RES_68_196.pdf.

(ii) Enhancing regional, interregional and international cooperation on development-oriented balanced drug control policy

UNODC offices currently implement sixteen regional and country programmes in full cooperation with partner countries and regional entities (nine regional programmes and seven country programmes). All programmes provide the operational cooperation platforms to support Member States in their national drug and crime control priorities, contribute to the implementation of common regional strategies and action plans, and also contain alternative development components in key drug cultivation countries and regions.

AD programmes have proven to be successful, resulting in an improvement in the socio-economic situation of target communities and in reduction of illicit crops. AD programmes in the Andean region have effectively targeted coca bush cultivation. Over the past 35+ years, these programmes have improved the social and economic situation of families in coca bush-growing areas through farmer-led small business enterprises, which were able to increase revenues through the placement of quality products on international markets. Furthermore, the AD programmes strengthened farmer associations in the region and exports of products stemming from alternative development are continuously gaining market share in niche markets. Many of the farmer families involved voluntarily eradicated coca crops in lieu of AD support.

Reforestation programmes are also a significant part of the AD programmes. For example, in South America, following the eradication of coca crops, reforestation of vast areas of former coca plantations took place. As a result, large amounts of carbon dioxide is being sequestered and the deterioration of natural resources, via for example, coca bush monoculture, has been halted. In addition, proper soil and water management for sustainable agriculture has been an integral part of many of the UNODC AD programmes. Both in Central and South East Asia, and in the Andean region, AD has widely contributed over the years to the achievement of Millennium Development Goals(MDG) 1 on eradicating poverty and hunger and Goal 7 on ensuring environmental sustainability. In Central and South East Asian regions in particular, UNODC is supporting long-term land stabilization projects and helping build resilience in communities affected by climate change and the loss of productive agricultural land. As a result, in addition to the AD programmes generating jobs and legitimate income through productive forestry and agroforestry practices, they are also contributing to conservation efforts.

Poverty and food insecurity remain among the key factors driving the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances. Therefore, the focus of AD programmes is oriented to addressing the underlying causes of poverty and food insecurity by improving the socioeconomic conditions of these communities. AD programmes implemented in South-East Asia, focus on reducing levels of poverty and ensuring food security in opium poppy growing communities. AD programmes in South East Asia particularly promote advanced farming practices to increase basic food crops, establish long term cash crops and diversify farm and off-farm income-generating activities.

UNODC also promotes AD programmes focused on strengthening national policies and capacities to implement AD programmes and improve coordination between

government and non-government stakeholders. These programmes are of particular importance in regions of South and Central Asia.

UNODC continues to exercise its catalytic role to promote South-South cooperation, foster the exchange of experiences among Member States and provide field-based technical assistance. In 2010 UNODC sponsored focused workshops, bringing together practitioners from concerned Member States, to promote the sharing of best practices and lessons learned and fostering personal contacts. This work served as the basis for the development of the International Guiding Principles on Alternative Development (IGPs), led by the governments of Peru and Thailand. The IGPs were adopted by the Commission on Narcotic Drugs at its fifty-sixth session (2013) and by the General Assembly at its 68th session (2013). The IGPs provide both policy and technical guidance to Member States, international organizations, civil society and other stakeholders.

Many of UNODC's AD programmes also focus on and significantly contribute to empowering women in challenging situations. Women often play an equal or higher role in ensuring that basic socio-economic means are assured for the family. These and other gender-sensitive issues are mainstreamed into all UNODC development assistance programmes, done so with full respect to the cultural sensitivities of the target areas. In South America, for example, UNODC implements AD programmes dedicated to sustainable agricultural development to reduce poverty through environmentally sustainable approaches and women empowerment. Training has been provided to women on food security, quality and nutritional value of food crops and permanent cash crops, agricultural practices and participation in all decision making processes.

The financing of AD and the facilitation of market access for products stemming from alternative development made possible by donors and the international community has proven to be a pillar of sustainable crop control strategies if implemented in a framework of long-term commitment. Recently, it has become apparent that national support to AD programmes experienced a shift, especially in South America, where the Governments are taking over almost entirely the funding. AD programmes in Central and South-East Asia however continue to depend largely on international donor assistance. Although national funding has increased, donor assistance has not kept the same pace perpetuating a low coverage rate for farming communities engaged in illicit crop cultivation.

One of the challenges with AD programmes is in measuring, from a global perspective, the coverage, quality and efficacy of programmes and services being provided in countries to address the drug problem. While some countries report on the existence of programmes and policies, information available at the global level does not permit an assessment of the extension of AD programmes and their impact. AD projects are using the reduction in the cultivation of crops used for the production of narcotic drugs and psychotropic substances as a measure of impact. However, this method ignores the conditions under which these crops are cultivated and does not take into consideration the issue of replanting following eradication. Nor does it measure changes in human development indicators. This was illustrated by an opium risk assessment conducted in South- and Central Asia in early 2012. The study found a strong association between insecurity, lack of agricultural

assistance and opium cultivation. Villages with a low level of security that had not received agricultural assistance in the previous year were significantly more likely to grow poppy than villages that had good security and had been targeted by an anti-poppy awareness campaign.

A further challenge UNODC faces when implementing AD programmes is the fact that AD programmes are long-term and high investment endeavours. They can only yield results if implemented over a significant period of time with adequate funding involved. Although in some regions, governments have taken over funding of the projects, a serious problem still faced by many AD programmes is that traditional sources of funding are becoming scarcer and, national drug control budgets are diverted to other types of programmes, and new and emerging challenges. The involvement of international financial institutions and relevant development organizations is critical. AD programmes should be incorporated into illicit crop control strategies, poverty reduction strategy papers, country assistance strategies and other forms of development assistance. Furthermore, AD programmes should be integrated into broader national development strategies in order to mainstream actions and provide wider financial and technical support to sustainably reduce illicit crop cultivation and successfully contribute to poverty reduction and socio-economic development.

AD assistance has been provided to only a small fraction of farming communities engaged in illicit crop cultivation. Increased awareness, new funding mechanisms and policies facilitating market access for products stemming from AD must be identified so that programmes can be supported to levels of sustainability and farming communities requiring assistance can be supported. AD projects become sustainable and have the potential to generate high revenues when there is access to the market, promotion of the products and support via international cooperation. UNODC's AD programmes around the world have demonstrated that well financed, field designed long-term interventions can have a lasting impact on improving the lives of rural communities and reducing illicit crop cultivation.
