

Antonio Maria Costa
Executive Director

(as delivered)

International Drug Policy

An unfinished architecture

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Mr. Chairman, Excellencies, Ladies and Gentlemen,

Two years ago, the UNODC Report to the 51st Session, nicknamed *Fit for Purpose*, assessed the performance of international drug policy. It also made recommendations on how to improve it, mending its unintended consequences. Last year, many of its points were reflected in the *Political Declaration and Plan of Action* you unanimously adopted at the CND high-level meeting.

Over the period, UNODC has assisted you to make drug policy more responsive to the needs of those affected, along the whole chain of the drug industry -- from poor farmers that cultivate it, to desperate addicts who consume it, to those caught in the cross-fire. In the process, we have made the debate less dogmatic, gathered evidence to enrich policy, and provided assistance to reduce vulnerability. We have persistently opposed the sterile debate between those who dream of a world free of drugs, and those who aspire to a world of free drugs.

A strong architecture

As a result, international drug policy is today more clearly defined and better-performing. The UN Conventions provide the foundations upon which stand three (policy) pillars that define our work – health, balance, and cohesion.

First, there is a common understanding that health is the key principle of drug policy. By recognizing that drug addiction is a treatable health condition, we have developed scientific, yet compassionate, new ways to help those affected.

Second, there is appreciation for even-handed measures: namely a balanced approach. Reducing cultivation and disrupting flows are vital, but these will be never-ending unless the number of addicts drops. By lowering demand, you make supply control more sustainable.

The third breakthrough concerns the shared responsibility, the need to pursue cohesion in drug policy. By recognizing that market forces have shaped the asymmetric dimensions of the drug economy, we are learning how to amend the fact that the world's biggest consumers of the poison (the rich countries) impose the greatest damage upon the poor (in the supply and trafficking regions).

In the period ahead, we must make these pillars:

- robust to withstand the harm caused by drugs -- including the threat to nations coming from drug-funded insurgents and terrorists.

- flexible to absorb the shock of seismic shifts in the market, for example the changing patterns of demand, emerging hi-tech psychoactive substances, and new trade routes.
- attractive, to convince public opinion, engage common people and make society at large willing to be part of drug control efforts – as is happening in equally titanic struggles against climate change, pandemics, and poverty.

I will now highlight the priorities I see in international drug policy, after 8 years of observations from UNODC's unmatched vantage-point. Some work is aesthetic in nature, to facilitate appreciation and thus advocacy in its favour. Most of it requires heavy (political) masonry, with beams and joints tightly fastened to resist the pounding by the pro-drug lobby.

First: health is both a departure and a destination

During the past half century, Member States have committed themselves to place health at the centre of drug policy. The rhetoric has been right. In reality, all too often prevention and treatment programs have lagged, the result of capital shortages as much as of inadequate political investment.

The overall socio-economic context has also played a role. Because of the (recent) crisis, but especially because of (long-term) globalization of trade and finance, income inequality has grown everywhere in the world – within countries, as well as among them. And this has had repercussions on the world drug situation.

As a result, at the micro-, individual level:

- Poor addicts (and there are millions of them) have been pushed to the margins of society, deprived of medical attention, often exposed to conditions (including imprisonment) that exacerbate their illness.
- Strikingly, the addicted rich (singers, models and bankers alike) enter posh private clinics, in a deluge of camera-flashes – and amuse themselves in the role of trend setters.

The same has happened at the macro-, nation-state level:

- Dealing with drug addiction cannot be afforded in poor countries that already face gigantic health, education and unemployment problems. As a consequence, in the South levels of addiction are low, but the incidence rates are growing.
- Rich countries, on the other hand, have afforded investments in drug policy, so that prevalence rates are now broadly levelling off. Yet, the number of addicts is still unacceptably high.

This statistical dichotomy (and I challenge anybody to provide better data) is creating a climate of complacency among the rich (people/countries):

- Looking at the stability of drug trends, some observers, from the comfort of their affluent societies, act as if *drugs were now a manageable problem*, and therefore deserve only benign neglect (deaths have indeed dropped considerably).
- Others, equally rich, troubled by the high levels of abuse and crime, claim that controls aren't working, so let's make drugs legal, they say.

Both sides of this debate – in the developed world – make a similar mistake. They don't seem to care about the consequences of loosening drug controls in countries that would be impacted the most. This drug neo-colonialism will open the floodgates of a public health disaster in the Third World, already ravaged by so many tragedies.

Just a scenario? I fear not, as glimpses of such a bleak future are already present. Come with me to the slums of Nairobi or Mombasa where heroin addicts roam the streets with syringes in their hand. Or to the alleyways of Bissau or Conakry to meet the under age foot soldiers of foreign criminal groups, smoking the crack they earn by providing local logistics to transnational shipments. Or visit the Middle East and South East Asia where abuse of ATS, now produced locally, is growing rapidly.

At the United Nations, we are resisting this trend. Working with the World Health Organization, we are advocating universal access to drug treatment. With UNAIDS we struggle to prevent an HIV epidemic among injecting addicts. We disseminate best practices, to extract the best outcomes from the least expenditure.

And much more is on the drawing board. We must not only stop the harm caused by drugs: let's unleash the capacity of drugs to do good. You think this is a radical idea? Look back to the origins of drug control. The Preamble of the Single Convention recognizes that ... *the medical use of narcotic drugs continues to be indispensable for the relief of pain...* This is hardly the language of a prohibitionist regime. Indeed, this noble goal of UN drug policy, the freedom from physical pain, demonstrates our over-riding commitment to health.

Ladies and Gentlemen, help us overcome cultural and socio-economic factors that deny a Nigerian suffering from AIDS or a Mexican cancer patient the morphine offered to Italian or American counterparts. UNODC is mobilizing attention to deal with a real tragedy that can be handled easily within current drug control policy -- and not as a back-door to drug legalization. An innovative, trend-

setting document on our thinking on the issue will be submitted to Member States shortly.

Second: drug policy must be part of security and development

As part of a balanced approach, drug policy must be brought into the mainstream of efforts to promote security and development.

As illustrated in a recent UNODC report on *Crime and Instability*, drug trafficking causes insecurity; in turn, insecurity attracts smuggling and violence. Indeed, 22 of the 34 countries least likely to achieve the Millennium Development Goals are in the midst – or emerging from – conflicts, located in regions that are magnets for crime and violence. Let us turn this vicious circle into a virtuous one: effective drug control induces stability, and vice-versa. This is why UNODC works with governments and development institutions to promote drug policy, crime control and terrorism prevention as goals complementary to security, justice and development – and we have done so with regional programmes in the Balkans, Central and West Asia, meso-America, West and East Africa.

Recent trends add a sense of urgency. In the past year, we have seen new sources of supply (synthetic drugs from West Africa), new trafficking routes (through the Sahel), and new markets (in developing countries). The stakes are now high: the revenue from drugs that is accruing to terrorists and insurgents is a threat to nations around the world. So grave is the danger that it is now periodically on the agenda of the Security Council, where UNODC has been asked to testify. Unless Member States deal effectively with the menace posed by organized crime, not only their security – even their sovereignty – will be under threat: and there will be renewed calls to dump the UN drug conventions that critics claim are the cause of the crime problem. This would be a recipe for a global health disaster.

This year offers golden opportunities to counter-act transnational organized crime. The Crime Congress (in Brazil), two ministerial sessions (in New York and Vienna) and a Conference of the Parties (in Vienna) are occasions to promote the UN anti-organized crime Convention (UNTOC), including the agreement on an implementation-review mechanism. I beg you to turn these events into commitments to deliver promptly, and not a licence to debate endlessly.

Turning to the UN itself, we must answer calls made by the Security Council in two recent Presidential statements, to place drug control into wider UN efforts to make and keep peace. UNODC set a concrete example with the West Africa Coast Initiative (WACI), where we work with DPA, DPKO, Interpol, and ECOWAS to

counter crime in Cote d'Ivoire, Guinea-Bissau, Liberia, and Sierra Leone. This excellent *One UN* model must be pursued elsewhere.

Third: a shared responsibility to protect human rights

The third column in the architecture, the concept of shared responsibility, is sturdy in the sense that both consuming and producing nations recognize their role in the drug problem. Yet, there is no agreement as to how this responsibility is to be met.

Five years ago, in the World Summit Outcome document, Member States resolved that the protection of human rights should be *integrated* into national policies. In 2008, the Secretary-General asked all UN institutions to do likewise. While progress has been made in many areas, I fear drug control is not one of them.

Around the world, millions of people (including children) caught taking drugs are sent to jail, not to treatment. In some countries, drug treatment amounts to cruel, degrading punishment -- the equivalent of torture. People are sentenced to death for drug-related offences, or gunned down by extra-judicial squads.

As human beings, as well as members of the community of civilized nations, we have a shared responsibility to put an end to this. People who use drugs, or are behind bars, have not lost their humanity or their human rights.

Because of my strong conviction on this issue, I have recently released A human rights perspective on drug control, crime prevention and criminal justice. This note, issued under my executive responsibility, advocates the health right as part of human rights, and a shift away from criminalization: let us discuss it in a constructive way. I also encourage you to read a second, and related discussion paper, *From coercion to cohesion*, made available for this meeting.

The crowning achievement: an integrated approach

Mr. Chairman, Ladies and Gentlemen, upon three strong legal foundations (the UN Conventions) you have erected three operational columns. Now the building needs completion. Also gateways to other structures, such as development and security, have to be opened.

To this end, at UNODC we are applying an integrated approach based on regional and thematic programmes (as opposed to ad hoc projects), and realigning functions (to enhance specialization) to tackle drugs, crime and terrorism

holistically. We have been fast and imaginative, even to the point of proving that Einstein's theory of relativity has bureaucratic application.

Einstein postulated that the kinetic energy of an object is proportional to its mass, times the square of its velocity: $E=1/2 MV^{**2}$. Well, UNODC's mass (M) is small, but its velocity (V) has been such that our kinetic energy (E) has made notable dents in practices (by governments,), perceptions (by media) and attitudes (by the public). Yet, this may not be enough any longer.

On this occasion of my eighth, and final, participation in your Commission, I encourage you to improve the governance and financing of the Office. The current funding level is untenable, a fact recognized by the General Assembly when it called, last December, for more UNODC resources in the biennium 2012-13. To put things in perspective, think that our (regular) budget is less than 1% of the UN (regular) budget, itself less than 1% of the resources mobilized by drug traffickers in a single year. While UNODC's mandate is too big to be small, our budget is too small to be big -- to cope with the many Tyrannosaurus Rex that roam from the Andes to Africa, from West Asia to Europe.

Collectively, we must ensure that the drug policy does not become an unfinished master work, like the proverbial biblical tower -- due to complacency in the blue-print, lack of resources or confusion of languages.

Thank you for your attention, and I wish you a productive meeting.