



The Executive Director

Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the high-level review of the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, to be conducted by the Commission on Narcotic Drugs in 2014

I. Background

1. In March 2009, during the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, Member States adopted the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. The Political Declaration established 2019 as a target date for States to eliminate or reduce significantly:

- (a) The illicit cultivation of opium poppy, coca bush and cannabis plant;
- (b) The illicit demand for narcotic drugs and psychotropic substances; and drug related health and social risks;
- (c) The illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs;
- (d) The diversion of and illicit trafficking in precursors;
- (e) Money-laundering related to illicit drugs.

2. In the Political Declaration, Member States also decided that the Commission at its fifty-seventh session, in 2014, should conduct a high-level review of the implementation of the Political Declaration and Plan of Action and recommended that the Economic and Social Council should devote a high-level segment to a theme related to the world drug problem and that the General Assembly should hold a special session to address the world drug problem.



3. This paper intends to support the discussions of the high-level review by presenting global trends on the evolution of the drug problem since the adoption of the Plan of Action and by making some reflections on the way forward. It is divided into three parts. The first part reviews the drug situation mid-way towards the full implementation of the Plan of Action, assessing how the situation has changed during the last five years in terms of improvements, stagnations and setbacks. The second part describes the lessons learned in the implementation of programmes which have effectively addressed the objective laid down in the international drug control conventions and the Plan of Action. The last part presents some reflections on the way forward in drug control policy. The paper does not intend to be prescriptive, since it is the prerogative of Member States to formulate decisions on the future of international drug control policy.

II. Global trends after the adoption of the Political Declaration: progress, setback or no change?¹

4. The progress made in the areas addressed by the Plan of Action since its adoption in 2009 is unequal. There are positive trends which are the results of the actions taken by Governments in line with the objective of the Plan of Action, but there are also areas where the situation at the global level has not substantially changed since 2009. In the last few years, new challenges which were not anticipated or prominently addressed in the Plan of Action have emerged or have become more acute.

A. Progress

5. Some progress has been made in the implementation of measures to control supply and demand, which is reflected in visible reductions since 2007 in the production and use of cocaine, the use of opiates in some regions, injecting drug use and the spread of HIV/AIDS in some countries, supply and use of cannabis resin and “ecstasy”, and diversion of precursors from international trade. At the same time, improvements are noticeable in treatment delivery and international cooperation.

6. The global cocaine market has shrunk in the last five years. The total area under coca bush cultivation declined by 26 per cent between 2007 and 2012; and cocaine use in North America, the world’s largest cocaine market, fell by about 35 per cent between 2007 and 2011, while cocaine use in Europe, the world’s second largest cocaine market, stagnated, and even decreased in countries with larger cocaine markets. Increases in other cocaine markets (in South America, Oceania, Asia and Africa) did not offset the declines in North America.

7. Progress was also made in curbing demand for heroin in Western Europe, which for many years constituted the most lucrative market. The number of people abusing opiates in Western and Central Europe — mostly heroin abusers — was

¹ Given that the latest data available refer to 2011 or 2012 (only for limited topics), the review is presented for the period 2007-2011 or 2007-2012 when possible.

estimated at 1.1 million in 2011,² down from 1.4 million in 2007.³ Also, opioid-related deaths have been declining in Western and Central Europe. However, the abuse of opiates is still high in Eastern Europe.⁴ Progress made in Europe was, however, partly offset by increases in other parts of the world, including in several Asian and African countries which are used by heroin traffickers as transit areas and in which prevention and treatment services are not yet fully developed.⁵

8. Alternative development programmes have produced sustainable reductions in some of the areas under illicit crop cultivation, in particular coca bush cultivation. Programmes which have effectively reduced illicit crop cultivation and improved the socioeconomic situation of small farmer households have included comprehensive interventions targeting the improvement or building of necessary infrastructure, improvement in the quality and yield of food crops, to address food insecurity, and the introduction and improvement of productive cash crops, to generate income. The financing of alternative development and the facilitation of market access for products stemming from alternative development made possible by donors and the international community has proved to be a pillar of sustainable crop control strategies if implemented in a framework of long-term commitment. UNODC continued 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 designing its alternative development programmes and supporting policy formulation, UNODC adhered to the 2009 Political Declaration and Plan of Action including the part of the Action Plan 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 Development and the Lima Declaration on Alternative Development.

9. Several countries that have implemented evidence-based programmes to reduce the adverse consequences of illicit drug use among people who inject drugs appear to have reduced the number of new HIV infections among such people. This seems to have been the case, for example, in many countries in Western Europe and Oceania where needle and syringe programmes and opioid substitution therapy, combined with a range of other health and social services, appear to have resulted in a decline in unsafe injecting drug use, which is related to the spread of HIV. Despite the encouraging progress observed in such countries, the global HIV epidemic among people who inject drugs is far from being resolved.

10. There are indications that supply of and trafficking in cannabis resin have declined at the global level. The cultivation of cannabis plants has declined or stabilized in the main countries producing cannabis resin, and there is evidence that the global market for cannabis resin has become smaller. Global seizures of cannabis resin fell by 21 per cent in the period 2007-2011, which — in combination with rather stable prices — suggests that both the supply of and the demand for cannabis resin have fallen. However, the declining global market for cannabis resin appears to have been offset by rising levels of production of cannabis herb, which is

² *World Drug Report 2013* (United Nations publication, Sales No. E.13.XI.6).

³ *World Drug Report 2009* (United Nations publication, Sales No. E.09.XI.12).

⁴ EMCDDA, *European Drug Report: Trends and developments — 2013*, May 2013.

⁵ *World Drug Report 2013*.

increasingly taking place in illegal indoor facilities, mostly in more developed countries.

11. In general, progress has been made in the implementation of effective national measures to address both demand and supply reduction.⁶ However, a persistent and proactive approach is needed to ensure that such successes are not just transient. For example, there has been a strong decline in the production and use of MDMA (“ecstasy”) over the last few years, with “ecstasy” seizures declining by 78 per cent from 2007 to 2011, mainly as a result of improved precursor control. Global seizures of 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P, also known as PMK) — the main precursor of MDMA — fell by 95 per cent over the period 2007-2011, suggesting a strong decline in trafficking in that precursor. However, traffickers adjusted to the decline by introducing “pre-precursors” and substitute compounds. Enhanced research to understand the problem of illicit synthetic drugs and the range of products available on the illicit market and systematic integration of such data and other information into monitoring and investigation activities are critical to efforts to sustain some of the gains that have been made since the Plan of Action was adopted.

12. In 2012, broad prevention activities were implemented by a wide range of countries reporting information to UNODC, while more targeted prevention activities, such as family and parenting skills training, were less commonly employed. With regard to the prevention of illicit drug use and other risky behaviour, 7,000 parents and children have benefited from family skills training in 15 countries, improving family life, an important factor protecting against the initiation of illicit drug use. The International Standards on Drug Use Prevention were published in 2012 and the initiative “Prevention Strategy and Policy Makers” began disseminating them among policymakers in 20 countries. As a result, participants’ knowledge of evidence-based prevention increased by 19 per cent and road maps to improved national drug prevention were planned. In addition, in four countries, UNODC has developed and piloted protocols to provide services for children exposed to drugs at a very young age. With regard to raising awareness, the Youth Initiative is mobilizing youth through social networks, as well as local activities that have reached 20,000 youth in 25 countries.

13. Most countries reported to have in place both residential and outpatient drug treatment facilities with counselling, cognitive behavioural therapies, motivational interviewing, detoxification, peer support groups, screening, brief interventions, treatment facilities, social assistance, and rehabilitation and aftercare more widely available than opioid maintenance and opioid antagonist therapy, needle and syringe programmes, antiretroviral therapy for people who use drugs, and screening and treatment of drug users for sexually transmitted infections.⁷ Since 2009, UNODC has launched major initiatives to support Member States in fulfilling their commitment to a drug control system focusing on health. In collaboration with WHO, UNODC has reached at least 14,000 people suffering from drug disorders,

⁶ Based on the response from 56 countries to the annual report questionnaire, mostly countries in Europe, Asia and the Americas and only one country in Africa and in Oceania.

⁷ For more information, see “Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem”, a document to be considered by the Commission on Narcotic Drugs at its session in 2014.

improving and expanding services in 38 countries. Landmark publications advocating treatment as an alternative to criminal justice sanctions (issued in 2010) and the prevention of opioid overdose (issued in 2013) further promoted treatment for drug dependence that is based on scientific evidence and respectful of human rights and delivered in the communities, not in detention centres. Finally, UNODC has revised the portion of the model law pertaining to access to controlled drugs for medical purposes and is piloting a package of interventions in three countries.

14. On drug supply, special investigative techniques are now legally allowed in almost all countries responding to the annual report questionnaire. A majority of countries reported the use of undercover techniques and controlled deliveries. A significant number of countries ran special training courses to raise the awareness of law enforcement personnel and increase their capacity to meet the challenges arising from the use of new technologies.⁷

15. Countries have come to recognize that the problem of drug trafficking cannot be addressed by countries individually, and the commitment to international cooperation continues to be strong. Since the adoption of the Plan of Action, cooperation through intergovernmental bodies⁸ has continued to provide platforms for regional and international communities to define common approaches and solutions to the drug problem. New bilateral, regional and international initiatives have facilitated cooperation on the ground.

Bilateral cooperation

16. In 2012, a majority of the countries responding to the annual report questionnaire reported the placing of liaison officers and the undertaking of joint operations and information exchange with other countries. About 40 per cent of the countries extradited drug offenders (including their own nationals) to other countries under bilateral, regional or international agreements. Half of the reporting countries received technical assistance and another half provided technical assistance to other countries. A third of all reporting countries, or almost three quarters of the countries receiving technical assistance, reported having received some technical assistance via the United Nations.

Regional cooperation

17. Regional cooperation is increasingly being recognized by the international community 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

⁸ In addition to the Commission on Narcotic Drugs, the General Assembly, the Economic and Social Council and the Security Council have hosted numerous debates and formulated common responses. A number of bodies have also developed common platforms to address the drug problem through regional entities such as the Organization of American States (OAS), the Economic Community of West African States (ECOWAS), the European Union, the African Union and the Association of Southeast Asian Nations (ASEAN).

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 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 regional programmes that are better integrated and better connected. UNODC has launched 10 integrated 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. Some of those programmes (e.g. in South-Eastern Europe and in South-East Asia) are already entering the second phase. These programmes support the implementation of the international drug control conventions (through a balanced approach addressing both demand and supply).

Interregional cooperation

18. 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. The Container Control Programme of UNODC and the World Customs Organization, which since 2003 has assisted Member States in creating sustainable law enforcement structures in sea and dry ports, has also proved to be an effective response to drug trafficking. Thanks to the programme, 77 tons of cocaine, 2.2 tons of heroin, more than 55 tons of cannabis and containers filled with precursor chemicals have been seized during the last 10 years. 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.

B. No major change

19. Despite the progress made in some areas, the overall magnitude of drug demand has not substantially changed at the global level. Global prevalence of illicit drug use continues to fluctuate at around 5 per cent of the population aged 15-64.⁹ Prevalence rates of most illicit drugs have remained rather stable at the global level in recent years, even though there were important changes at the regional and national levels. In general, the illicit use of drugs such as cocaine and heroin continues to increase in developing countries, notably in drug-producing and transit countries, and is stagnating or falling in developed countries.

20. The health consequences of illicit drug use have remained rather stable. The number of problem drug users has remained stable at around 27 million in recent years. This is equivalent to 0.6 per cent of the global population aged 15-64 (range: 0.3-0.9 per cent). Despite increases in the number of people treated and the quality of treatment services, the unmet demand for treatment remains high: four out of five problem drug users do not have access to treatment.

21. In 2011, the number of people injecting drugs was estimated by UNODC to be about 14 million (range: 11-22 million), or 0.3 per cent of the population aged 15-64. Of the 34 million people infected with HIV worldwide in 2011,¹⁰ the number of people injecting drugs and living with HIV was estimated at 1.6 million (range: 1.2-3.9 million), equivalent to 11.5 per cent of the people injecting drugs. HIV incidence among people who inject drugs remains high in a number of countries where people injecting drugs still account for more than 40 per cent of new HIV infections. Moreover, the new global estimates for 2011 do not necessarily represent an actual decrease but are mainly due to more reliable reporting in some countries where investments in generating such strategic data have been made. According to UNAIDS, coverage of HIV prevention services for people who inject drugs has improved but still remains low in many countries. In general, the number of syringes distributed per person who injects drugs tends to approach the global recommendation of 200 per year only in high-income countries (with a few exceptions).¹¹

22. Available estimates suggest that half of all people who inject drugs continue to be infected by hepatitis C, an infectious disease affecting primarily the liver. This is of similar magnitude as previous estimates. Unless effectively treated,¹² hepatitis C

⁹ In 2011, annual prevalence was 5.2 per cent of the population aged 15-64 (range: 3.6-6.9 per cent).

¹⁰ *World Drug Report 2013*.

¹¹ UNAIDS Global report: UNAIDS report on the global AIDS epidemic 2013.

¹² K. M. Turner and others, "The impact of needle and syringe provision and opiate substitution therapy on the incidence of hepatitis C virus in injecting drug users: pooling of UK evidence", *Addiction*, 2011; 106: 1978-88.

can lead to liver cirrhosis, liver cancer and other forms of liver failure and, ultimately, to death.

23. The latest UNODC estimate of the number of drug-related deaths is some 210,000 people per year (range: 102,000-247,000 in 2011),¹³ which is slightly lower than previous WHO estimates (around 245,000 people for the year 2004).¹⁴ The lower UNODC estimates are mainly due to methodological differences, so one cannot speak of any statistically significant decline.

24. On the supply side, if international trade in precursor chemicals has been kept under control, the diversion of precursor chemicals from domestic sources and the subsequent smuggling of those chemicals across borders continue to pose problems, partly offsetting the progress made in controlling the international trade in such chemicals.

C. Setbacks

25. The most serious setback since the adoption of the Plan of Action has been the increases in illicit opium poppy cultivation. Though global illicit opium poppy cultivation declined by more than 20 per cent between 2007 and 2009, by 2012 the 2007 levels were reached again, with steady increases in all major producing countries. The estimated level of opium poppy cultivation in Afghanistan, by far the main country cultivating opium poppy, reached a record high in 2013, and that is a matter of considerable concern, particularly considering the uncertain situation after 2014.

26. Another serious setback has been the ongoing expansion of the illicit market for synthetic stimulants. While available data on the illicit use and manufacturing of and trafficking in those substances remain scattered, they all point to an increase over 2007,¹⁵ 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 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.

27. Precursor control is the only major supply reduction strategy for synthetic drugs. 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 subsequently smuggling them into other countries; and the increasing use of “pre-precursors” that are not internationally controlled and that can be exported to

¹³ *World Drug Report 2013*.

¹⁴ World Health Organization, *Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks* (Geneva, 2009).

¹⁵ For more information, see *World Drug Report 2013*.

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.

28. A growing numbers of developed countries have reported an expansion of indoor cannabis cultivation, producing highly sophisticated cannabis products which are turning cannabis into a potentially more dangerous substance. This is reflected, inter alia, in the growing proportion of drug users undergoing treatment for cannabis abuse.

29. 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 developing countries are less equipped than the developed countries to deal with the problem.

30. The vulnerability of West Africa and East Africa to illicit drug use and trafficking has increased in the last few years, with large-scale production of methamphetamine emerging in West Africa and more cocaine and heroin being trafficked through the two subregions and, as a spillover effect, increased use of those drugs.

31. A number of countries in various regions have also been experiencing growing misuse of prescription drugs, such as painkillers containing synthetic opioids, tranquilizers containing benzodiazepines or sedatives containing barbiturates. These substances are often widely available, as rules to control their use are often circumvented, prompting the establishment of parallel markets. Though they are legal 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.

32. Drug-related violence has long been known to have a deadly impact on society.¹⁶ 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, many 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. Some leaders from the region have underscored the manner in which transnational organized crime groups are able to mobilize formidable financial resources that allow them to penetrate and corrupt institutions. In that context, they have called for a review of current

¹⁶ Drug trafficking has, for example, triggered violence among organized criminal groups in Colombia, Italy and the United States of America since the 1970s.

approaches to the world drug problem and efforts to establish “new paradigms” to prevent the flow of resources to organized criminal organizations.

33. A health-centred approach to addressing illicit drug use and drug dependence 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 too much 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 most countries.

D. Areas where trends cannot be monitored

34. 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 developing countries, notably in Africa and Asia, 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.

35. 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.

E. Global challenges that have emerged since the adoption of the 2009 Political Declaration

36. A number of new challenges have emerged in recent years which were not anticipated nor dealt with in detail in the 2009 Political Declaration. One of these key challenges is the emergence of new psychoactive substances, substances of abuse that are not under international control but which may pose a public health threat. As of August 2013, more than 350 new psychoactive substances were reported to UNODC through its Early Warning Advisory, compared with a total of 234 substances controlled under the Single Convention on Narcotic Drugs of 1961 and the Convention on Psychotropic Substances of 1971. New psychoactive substances are emerging on the global market with unprecedented speed. Of the new substances identified by UNODC, approximately 100 have been reported during the last year.¹⁷ 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.¹⁸

37. Another challenge is the growing role played by cyber technologies in drug trafficking and related money-laundering activities. Because of their speed and anonymity, cyber technologies are offering new opportunities to criminals, often challenging existing law enforcement approaches and legislation.

38. Other challenges still to be addressed are the growing use of alternative precursor chemicals that are not under international control. As discussed above, this has enabled the synthetic drug market to expand despite the progress made in controlling the traditional precursor chemicals, which are under international control.¹⁹

III. Lessons learned on the functioning of the international drug control system

39. From a global perspective, there are some lessons that can be learned from the impact of policies and programmes advocated in the three international drug control conventions and the Plan of Action.

¹⁷ The majority of the new psychoactive substances identified as of August 2013 were categorized in these groups: synthetic cannabinoids, followed by phenethylamines, synthetic cathinones, tryptamines, plant-based substances, piperazines and phencyclidine-type substances (see UNODC, Early Warning Advisory on NPS).

¹⁸ For more information, see *World Drug Report 2013*.

¹⁹ *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: Report of the International Narcotics Control Board for 2011 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.12.XI.4), pp. 28-31.

40. *Controlled substances continue to cause less harm at the global level than uncontrolled substances such as alcohol or tobacco, even though controlled substances tend to be more dangerous.* While the total number of annual drug-related deaths is estimated at some 0.2 million, the annual figure for alcohol-related deaths is 2.3 million; and for tobacco, 5.1 million.²⁰ This reflects the fact that legally available psychoactive substances are far more widespread than controlled drugs. The drug control system reduces the availability of harmful substances and mitigates the high risks associated with their use. It also drives their prices higher, which contributes to reducing their demand.

41. *Sustainable success in the fight against drugs can be achieved only with a balanced approach, addressing both supply and demand.* Countries that have been successful in curbing illicit drug use have focused both on the supply side and on the demand side, implementing interventions, policies and services based on scientific evidence. Research has shown that factors related to both supply and demand influence the overall levels of illicit drug use.

42. In many regions of the world, transnational organized crime and drug trafficking have evolved from social and criminal problems into a major threat to international and human security, as well as to public health and development. In post-conflict countries in particular, there is a connection between drug trafficking, illicit arms and organized crime which affects the economic dynamics of the conflict and consequently also contributes to the vulnerable environment of transitional or weak States.

43. *Implementing the international drug control conventions with a health-centric approach produces effective results. Prevention, rights-based treatment and rehabilitation for drug use is the most effective remedy:*

- *Evidence-based prevention programmes are the most cost-effective interventions for reducing the drug problem since they can prevent or at least delay the initiation of illicit drug use.* For every dollar spent in prevention, at least 10 dollars can be saved in future costs of health and social services and law enforcement. A range of developmentally appropriate interventions and policies have been found to be effective in preventing the initiation of illicit drug use. Such interventions and policies target children and youth throughout their development, from infancy to adulthood, in a range of settings (primarily the family and the school, but also the community, the workplace and the health sector), addressing individual and environmental vulnerabilities.²¹
- *Evidence-based drug treatment saves money and lives.* Studies suggest that for each dollar invested in treatment for drug dependence, 7 dollars are subsequently saved.²² The earlier that treatment is offered, the better the chances of people ridding themselves of addiction.
- *Where a comprehensive package of services for the prevention of HIV among people who inject drugs has been implemented, there has been a reduction in*

²⁰ World Health Organization, *Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks* (Geneva, 2009).

²¹ UNODC, *International Standards on Drug Use Prevention* (Vienna, 2012).

²² World Health Organization, *Management of Substance Dependence* (Geneva, 2003). Available from www.who.int/mip/2003/other_documents/en/EAAZSubstanceDependence.pdf.

risky behaviours for HIV and a reduction in injecting practices. Countries which have adequately invested in evidence-informed risk and harm reduction programmes aimed at preventing the spread of HIV through injecting drug use have remarkably reduced HIV transmission among people who inject drugs and their sexual partners.

44. *Sustainable reductions in illicit crop cultivation have been best obtained with a combination of alternative development and eradication programmes and when alternative development programmes have been designed within broader development frameworks.* Sustained reductions have been achieved in illicit crop cultivation in States where development-oriented drug control was undertaken through a proper sequencing of alternative development, eradication and law enforcement and where key stakeholders were involved in all phases of project design. Data on illicit crop cultivation reveal that where illicit crop eradication was carried out without a commensurate programme in alternative development, reductions in illicit crop cultivation were not sustainable. In addition, strategies to add value to products and to encourage entrepreneurship, such as small farmer-led enterprises, have had a significant impact on the success of efforts to dissuade farming communities from engaging in illicit crop cultivation and have, at the same time, improved living standards for small farming households.²³ Environmental conservation strategies have also proved important in the framework of illicit crop eradication and alternative development. Environmental protection strategies have allowed farming communities to benefit economically through sustainable natural resource management coupled with innovative eco-tourism schemes.

45. *Interdiction is successful when there is exchange of information and cooperation among law enforcement agencies at the national and international levels.* This has become most noticeable in the area of drug trafficking by sea, particularly in sea freight containers. With the significant growth in the volume of international trade and passenger movement by sea, air and land, it is incumbent upon authorities to develop effective law enforcement responses that maintain the security of their borders but do not result in additional burdens or delays in the movement of persons and goods across borders. UNODC-led initiatives such as the Paris Pact, the Triangular Initiative, the joint planning cell, MaReS and the CASH initiative, which are based on sharing information and on close cooperation among law enforcement agencies at the national and international levels have proved to be effective in the identification of illegal drug shipments.

46. *Investment in evidence-based research pays off in more effective and efficient policies.* In countries where adequate investments in data collection, research, monitoring and evaluation have been made and systems of government and civil society have been enhanced, more strategic, effective and efficient responses to illicit drug use and supply have been put in place. Close monitoring of drug production and drug use are crucial to applying proper policies and adjusting them to a rapidly changing environment; just as no senior manager of an industrial company can lead a company without having a financial (or cost) accounting system in place, the drug problem cannot be addressed without a comprehensive and

²³ This was particularly visible in the case of 14 UNODC-supported farmer-led enterprises, which accessed international markets for alternative development products in excess of \$150 million in 2012 and have not reverted to illicit crop cultivation.

accurate “accounting system” for drug markets. At the global level, research on drugs has supported the international community in its efforts to define the international agenda by focusing on emerging challenges, estimating and monitoring the magnitude of the global drug problem and its different aspects, and by examining the drug problem in the broader context of criminal markets and the economy.²⁴

IV. Reflections on the way forward in international drug control policy

47. *Given its transnational nature, the drug problem cannot be addressed in isolation and the international community needs to remain united in its efforts to deal with the problem.* No State, no matter how powerful, can tackle the threat from drugs alone. While the international drug control system may not have eliminated the drug problem, it continues to ensure that it does not escalate to unmanageable proportions. A reaffirmation by Member States of their commitment to work together towards the common goals expressed in the three international drug control conventions can reinforce the plan of remaining united when addressing the drug problem.

48. *The recommendations made in the 2009 Political Declaration remain valid today.* They provide good directions on how the drug control strategies laid out in the conventions can be implemented by countries and the international community as a whole.

49. *There continue to be challenges in the implementation of the international drug control conventions which should be openly recognized and discussed.* Many of the challenges are associated with misconceptions about what the conventions actually stipulate, indicating that there is a need to raise awareness about the content and spirit of the conventions.

50. It is important to reaffirm the original spirit of the conventions, focusing on health. The conventions are not about waging a “war on drugs” but about protecting the “health and welfare of mankind”. They cannot be interpreted as a justification — much less a requirement — for a prohibitionist regime but as the foundation of a drug control system where some psychoactive substances are permitted solely for medical and scientific purposes because, if used without the advice and supervision of medical doctors or licensed health professionals, they can cause substantial harm to people’s health and to society.

51. It remains the prerogative of Member States to discuss the future of the existing international drug control system, but it can be noted that dismantling the provisions agreed upon in the international drug control conventions would hardly achieve the ultimate goal of the system, which, as stated in the conventions, is to protect the “health and welfare of mankind”. Uncontrolled access to drugs would

²⁴ In programmes at the global level, such as the Illicit Crop Monitoring Programme, the Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme and the Afghan opiates trade programme, together with data collection and analysis efforts culminating in the annual publication of the *World Drug Report*, continue to provide evidence to guide international drug control policies.

increase their accessibility thereby creating the risk of a considerable increase in harmful drug use.

52. *There are many approaches that the international community can take to address the current challenges and to refocus its efforts, taking into account the original spirit of the conventions:*

(a) *To use the upcoming high-level review as an opportunity to reconfigure responses to the world drug problem, so as to balance the drug control system focusing on health and respect for human rights, emphasizing evidence-based prevention and treatment and giving due considerations to the needs of drug-dependent persons, countering cultural stereotypes, stigma and discrimination — all of which limit drug users' access to services.* The conventions are intended to protect vulnerable groups such as children and adolescents at risk, marginalized persons, individuals affected by social exclusion or disadvantages, and people with a history of affective trauma, psychological problems or mental health concomitant disorders;

(b) *To implement drug control policies and programmes which are based on scientific evidence, monitoring and evaluation.* Drug dependence is a health disorder that can and should be prevented and treated. No national authority would leave the prevention and treatment of health disorders in the hands of self-trained individuals. Drug control policies and programmes should be based on scientific evidence, including scientific monitoring and evaluation, as in the case of any public health issue and they should be accessible and affordable to all people with drug-use disorders. These services should include evidence-based interventions to reduce drug-related risks of transmission of HIV and other infections and they should provide a recovery-oriented continuum of care, matching the needs of dependent drug users and resulting in opportunities for rehabilitation and reintegration into society;

(c) *To implement drug control policies and programmes within the framework of the rule of law and fully in line with human rights standards.* When fighting drug trafficking or illicit drug use, fundamental human rights must be respected. The application of the death penalty for drug-related offences has never been in the spirit of the conventions; and it has the potential to be an impediment to international cooperation in fighting drug trafficking, as there are national laws that do not allow the exchange of information and extradition with countries which may impose capital punishment for the offences concerned;²⁵

²⁵ In accordance with United Nations policy, UNODC advocates the abolition of the death penalty. The resolutions adopted by the General Assembly in 2007, 2008 and 2010, supported by an increasing number of Member States, seek to establish an international moratorium on the use of the death penalty with a view to progressing towards abolition. These resolutions call upon all States that still maintain the death penalty to progressively restrict the use of the death penalty, reduce the number of offences for which it may be imposed and establish a moratorium on executions with a view to abolishing the death penalty altogether. The resolutions also call upon Member States to follow international standards, such as the International Covenant on Civil and Political Rights, that specify, in countries which have not abolished the death penalty, that the sentence of death may be imposed only for the “most serious crimes”, which are generally not understood to include drug-related crimes (see UNODC, “Drug control, crime prevention and criminal justice: a human rights perspective — note by the Executive Director” (E/CN.7/2010/CRP.6-E/CN.15/2010/CRP.1).

(d) *To differentiate between criminal and public health issues, where criminal justice efforts focus on the criminal side of drug trafficking and public health focuses on evidence-based measures for prevention and treatment of persons with drug-use disorders considering drug users as patients being treated for a chronic disease and not as criminals.* Imprisonment of people for drug use increases their vulnerability to drug-use disorders and numerous health conditions, including HIV, tuberculosis and viral hepatitis. A public health response to the drug problem should consider alternatives to criminalization and incarceration of people with drug-use disorders. The conventions encourage the use of alternatives to imprisonment and “depenalizing” drug use can be an effective way to “decongest” jails, reallocating resources to treatment and facilitating the eventual rehabilitation, “reskilling” and reintegration of drug users;

(e) *To take concrete steps to take a balanced approach between supply and demand reduction strategies by redistributing the resources allocated to drug control policies, giving more attention to public health, drug abuse prevention, treatment of drug-use disorders and access to controlled medicines for medical and scientific purposes.* While Member States have been adopting resolutions calling for a balanced approach to demand reduction and supply reduction, the figures show clearly that the implementation of the drug conventions has been uneven and imbalanced. Evidence-based prevention, as well as treatment, risk and harm reduction and social rehabilitation and social integration programmes, should be expanded;

(f) *To develop interconnected programmes which can address the multidimensional and trans-regional aspects of the drug problem by linking different regional initiatives and connecting the various stakeholders involved in curbing drug trafficking and drug use;*

(g) *To address the emergence of new psychoactive substances.* The emergence of new psychoactive substances is not a new phenomenon, but the speed with which new psychoactive substances are appearing is unprecedented; therefore, effective solutions need a fast, concerted global response. Isolated national or regional responses leave many loopholes, which can be exploited by drug dealers. While probably more information is needed to identify the most effective national and international responses, as a first step it is important to evaluate how the existing international drug control conventions can address the problem of new psychoactive substances. The conventions already have the necessary provisions in place to review and schedule new substances. The review process for scheduling substances can be made faster and more efficient if proper resources are allocated, and there is a need to raise awareness regarding the use of the conventions to address the problem of new psychoactive substances. Sharing information on the appearance of new psychoactive substances in countries is a good tool that the international community can make use of. The UNODC Early Warning Advisory is already serving as the global catalyst of information on new psychoactive substances which can support countries and the international community in quickly identifying emerging threats related to new psychoactive substances. The Early Warning Advisory can be further supported and strengthened to ensure that it involves countries with less resources and covers all agencies involved in detecting new psychoactive substances and their health consequences. Global, regional and national data collection tools can also be adjusted to regularly collect data on new

psychoactive substances. The commonly used data collection methodologies are tailored to traditional drugs and fail to adequately cover new psychoactive substances. At the country level, there is a need to raise awareness and develop appropriate communication strategies emphasizing the specific health risks associated with using new psychoactive substances;

(h) *To address issues related to insecurity and insurgency associated with drug trafficking.* UNODC has frequently pointed out the association of drug trafficking with criminal violence, but this relationship is complex and it cannot be assumed that less drugs automatically translates into less violence. Understanding effective solutions to deal with multifaceted security issues require as a first step an understanding of the root causes of violence and the links between drug trafficking and other criminal activities;

(i) *To foster more effective international cooperation.* Weak intergovernmental cooperation stands in marked contrast to the closely networked structure of global criminal groups. There is a need to share data and other information and to support one another more in undertaking joint operations, gathering evidence from other jurisdictions and truly supporting requests for mutual legal assistance, with a view to identifying those behind the illicit drug production and trafficking. There is also a need to strengthen arms regulation, cross-border law enforcement and judicial cooperation to target violent “wholesale” traffickers and producers;

(j) *To promote regional cooperation in addressing transnational organized crime and trafficking through a consultative process among partner countries, regional entities and the United Nations system.* States are increasingly subject to shocks from neighbouring States and there is a need for cross-border and regional solutions. A platform for dialogue between countries would help Governments to identify potential effects at the regional level and consider options to coordinate policy. In working at the regional level, UNODC regional programmes facilitate cross-border cooperation and provide technical expertise for the implementation of the international drug control conventions, the United Nations Convention against Transnational Organized Crime and the United Nations Convention against Corruption and the adoption of United Nations standards and norms in crime prevention and criminal justice;

(k) *To tackle money-laundering and corruption in efforts to fight drug trafficking and foster international cooperation.* Money-laundering effectively legitimizes the proceeds of drug trafficking that are then used to fund other criminal enterprises or to infiltrate legitimate economies and weaken state institutions. Corruption facilitates drug trafficking and undermines government efforts to fight it. It also adversely affects the trust between law enforcement and criminal justice agencies and hinders international cooperation. The fight against corruption, most notably among law enforcement bodies, is thus crucial;

(l) *To launch a renewed commitment to produce and share data, analysis and knowledge.* There are still many knowledge gaps which prevent the targeting of effective 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 conventions;

(m) *To improve the legal and programmatic tools for coping with the new technologies used by drug traffickers, notably in the area of cybertechnologies.* To meet the challenge of new cybercrime-related offences, law enforcement agencies need to have the knowledge, training and technical capability to recover digital evidence and to pursue investigations into trafficking offences facilitated by electronic transmission or storage devices such as mobile phones and personal computers. Delivery of training to prosecutors and judges on relevant criminal law, procedural law, electronic evidence procedure, and human rights standards and safeguards in the context of cybercrime is also critical to improving the holistic capacity of law enforcement to respond to cybercrime-related offences;

(n) *To scale up action to ensure access to controlled drugs for medical purposes while preventing diversion and abuse.* One of the primary aims of the international drug control conventions is to guarantee the availability of essential drugs for medical interventions, as “indispensable” tools for the treatment of a variety of medical conditions;²⁶

(o) *To address the drug problem in the context of development policies.* Organized crime poses a serious threat to development progress — it exacerbates income inequality, inhibits legitimate social and economic activity, deleteriously affects public health, undermines gender equality and women's empowerment and promotes violence. Lucrative economies which rotate around illicit drug production and trafficking can only be dismantled if the drug economy is addressed within the context of broad economic policies. In addition, drug dependence is often exacerbated by low social and economic development, and addressing the situation of the most economically and socially disadvantaged communities can prevent drug addiction;

(p) *To ensure that all stakeholders at the national and international levels are fully involved and coordinated in the implementation of policies and programmes designed to fight the drug problem.* The multifaceted nature of the drug threat requires a multisectoral and multidisciplinary response and civil society has a crucial role. Without broad support from civil society, often representing the interests of the affected population, drug control policies are likely to fail. Thus, there is a need to promote the active and meaningful participation of civil society, including NGOs, in the development and implementation of drug control policies;

(q) *To maintain an open dialogue among countries, civil society organizations, the business community and the United Nations system on how to best deal with current and future challenges.* Illicit drug markets evolve rapidly, and those involved in the implementation of global responses must be adaptable. Therefore, an ongoing dialogue among Member States, civil society, regional organizations and the United Nations family is needed so as to have a creative and

²⁶ UNODC, “An actual reading of the United Nations conventions on narcotic drugs and psychotropic substances, Vienna” (draft), September 2013.

proactive exchange of ideas and lessons on what has and has not worked in combating organized crime and drugs. The Commission on Narcotic Drugs continues to have the central role in this dialogue by defining common practices and review mechanisms as established for example in the Political Declaration and Plan of Action. As recently reiterated by the General Assembly in its resolution 68/197, on international cooperation against the world drug problem, the Commission on Narcotic Drugs is the United Nations organ with the prime responsibility for drug control matters, where Member States can debate the drug problem not as a one-time event, but as a continued discussion through ongoing expert consultations, specialized sessions and policy dialogues. As in all United Nations intergovernmental processes, the Commission on Narcotic Drugs follows specific rules for engaging with civil society organizations and international organizations. Over the years, the Commission has established a set of formal and informal consultations which can allow for a broad and open dialogue. The special session of the General Assembly planned for 2016 is another opportunity where countries can discuss a common response. The outcome of the special session can greatly benefit from the technical and political expertise of the Commission on Narcotic Drugs. At the special session of the General Assembly held in 1998, the Commission served as the substantive preparatory body. It is important that the Commission takes action at its fifty-seventh session and presents proposals, through the Economic and Social Council, in support of the preparatory process for the special session, as requested by the General Assembly in its resolution 68/197.
