

World Drug Report 2017

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Aldo Lale-Demoz, UNODC Deputy Executive Director

UNODC is pleased to present the findings of the World Drug Report 2017, which is being launched simultaneously in Geneva, Nairobi, New York and Vienna. The Report comes a year after the international community agreed on a set of far-reaching operational recommendations for joint action, in the context of the 2016 UN General Assembly Special Session on the World Drug Problem 2016.

The UNGASS 2016 reaffirmed the commitment of Member States to address the persistent, new and evolving challenges in drug control, in line with the three international drug control conventions. The outcome document entitled “*Our joint commitment to effectively addressing and countering the world drug problem*”, contains 113 operational recommendations to deliver balanced, comprehensive and integrated policies, strategies and programmes.

More recently, in March 2017, the Commission on Narcotics Drugs adopted a resolution reinforcing the global commitment to implement the outcome document and charting a course for the review in 2019 of the 2009 Political Declaration and Plan of Action on the World Drug Problem.

This year the world community will commemorate the “*International Day against Drug Abuse and Illicit Trafficking*” which is held on 26 June every year, with the campaign titled **Listen First!** This is a prevention campaign launched jointly by WHO and UNODC with the support of the Swedish government.

Listen First! recalls that childhood is a period of significant development and great opportunity. As children advance through adolescence, they grow, explore and have the chance to realize their individual and unique potential. But this also makes young people vulnerable to unhealthy behaviours, including using drugs, alcohol and tobacco.

Listening to children and youth, therefore, is the first step to help them grow healthy and safe. **Listen First!** stresses the importance of listening to children with warmth and care, and to provide them

Making the world safer from drugs, crime and terrorism

with skills and opportunities through science- based prevention. We invite you to join this campaign. We urge you to support science-based prevention and to make children and youth happy and resilient, as well as to help create supportive families, schools and communities.

This year the World Drug Report marks two decades' worth of commitment to develop and present global research on drug use and supply. Two decades of supporting international cooperation and informing policy makers on the basis of the most up-to-date estimates, trends and analyses. Not an easy task, I can assure you, considering that much of what we attempt to measure is illicit in nature, or deliberately hidden, or sometimes clouded by stigma, discrimination or moral persuasions that prevent science and evidence of playing their rightful role in addressing and countering the world drug problem more effectively.

Let me now focus on some of the key take-home messages from the World Drug Report 2017.

Opioids continue to cause the highest negative health impact for people who inject drugs and people living with HIV and HCV, especially for those unable to access evidence-based harm reduction, but also for people suffering from opioids use disorders, or people experiencing overdose – many of which end up being fatal. Further, in many parts of the world we are observing an increasingly complex relationship between the use of heroin and synthetic opioids. Poly drug use, a common feature of both recreational and regular drug users, as well as the crossover between synthetic and traditional drugs, pose increasing public health challenges and produce many negative health and social consequences. In most countries with high levels of opioid use there remains the urgent need to scale up the prevention of opioid overdose through community access to naloxone and long-term medication-assisted treatment for opioid use disorders.

Almost two years following the adoption of the 2030 Sustainable Development Agenda, which includes target 3.5 on strengthening the prevention and treatment of substance use, a great deal has yet to be done. Only one in six people seeking help actually have access to drug treatment. Besides, the availability and access to evidence-based interventions for treatment of drug use disorders remains limited in many countries.

The target of reducing by 50 per cent the transmission of HIV among people who inject drugs by the year 2015, which was set in the 2011 Political Declaration on HIV and AIDS, has clearly not been met. In fact, new HIV infections among people who inject drugs increased 33 per cent from 114,000 in 2011, to

152,000 in 2015. Renewed impetus is needed to achieve SDG target 3.3 aimed at ending AIDS by 2030. Removing barriers, reducing stigma and discrimination and increasing access to, and coverage of, evidence-based prevention and treatment services would greatly reduce the number of new cases of HIV among people who use drugs.

Moreover, as the Global Burden of Disease data show, hepatitis C has substantially a greater negative health impact on people who use drugs than HIV. Recent advances in the development of direct-acting antivirals have brought in a new era for the treatment of hepatitis C, but their high cost prevents many people from benefiting from them.

Evidence now suggests that people who use drugs are overrepresented in prison populations in many countries. Moreover, when in prison, people who use drugs are exposed to a high-risk environment for infectious diseases. And yet, as underlined by the Nelson Mandela Rules, the standard of care, which is provided to those who are incarcerated should be equivalent to the care received by those outside the prison system, with appropriate continuity of care between prison and the wider community. Most importantly, we know that alternatives to incarceration for drug offences of a minor nature help reduce the spread and burden of infectious diseases in prisons, and ultimately within the wider community.

What is also becoming clearer is that the synthetic drugs market has never been so complex and widely spread. In particular, the range of substances on the market with stimulant effects, such as traditional amphetamine type-stimulants and new psychotropic substances (NPS), as well as those mimicking opioids, is increasing fast. This requires us all to urgently enhance the forensic capacity to identify the NPS in the markets, to develop new approaches to collect information on the patterns of use and groups of users, to determine the pharmacology and toxicology of these substances, and to manage their acute and chronic adverse effects. All these measures can positively contribute to our efforts to protect human health.

Although pharmaceutical opioids are essential for the management of diverse health conditions, in most parts of the world there remain significant disparities in the availability of, and access to, pain medication to improve the quality of life of people suffering from those conditions.

Let us recall that the adequate implementation of the international drug control conventions need not be an obstacle to the availability of such medication. The fundamental objective of the international

drug control conventions is to ensure the availability of controlled substances for medical and scientific purposes, whilst preventing their diversion and misuse.

The drivers of illicit drug cultivation are multifaceted and vary across and within countries. Promoting sustainable development, with its fundamental elements of social, economic and environmental development, together with peace, justice and transparent institutions, remains the best response to helping farmers to abandon illicit drug cultivation and related illicit markets. Only by strengthening of the rule of law can we possibly hope for peace, security and prosperity through the provision of alternative sources of income. The overwhelming majority of illicit crop farmers are willing to break the vicious circle of poverty, lack of security and illicit crop cultivation, provided they are offered sustainable alternatives away from illicit markets.

Organized crime groups, over the years, have become more agile in their structure and more versatile, moving opportunistically from one market to another and bypassing regulatory systems in order to make a profit. Such groups are quick to adapt their operations and exploit advances in technology, from the use of semi-submersible vessels, drones and modern telecommunications equipment for trafficking, to the use of the darknet for the purchase and sale of drugs. Addressing transnational organized crime in the context of drug control, therefore, requires more effective and substantial long-term investment in, individuals, in technology and in communities' resilience.

While the economic impact of drug proceeds and illicit financial flows may be too small to pose a major risk for many countries, it can still have very negative consequences for smaller economies. Part of the SDG target 16.4 is to significantly reduce illicit financial flows. Drug profits is what drives traffickers, and identifying the flows related to those profits and the channels where they are invested and laundered can effectively counteract them. Strengthening international cooperation to combat money-laundering also helps to reduce or eliminate the potential negative economic and social consequences from the outset.

Corruption and drugs reinforce each other, with corruption facilitating the production of and trafficking in drugs, which, in turn, fuels further corruption. Corruption occurs at all levels along the illicit drug supply chain, and affects a wide range of institutions: illicit crop eradication teams, alternative development projects, law enforcement agencies, the criminal justice system and the health sector, as well as private companies, including chemical companies, pharmacies and transport companies. The United Nations Convention against Corruption provides the tools to break this vicious circle, and its review mechanism can support countries in identifying practical steps to reduce corruption.

The many evolving drug challenges highlight the importance of prevention — science- and rights based drug use prevention — but also prevention of crime, corruption, terrorism and violent extremism, in line with the commitments under many United Nations conventions, standards and norms.

Overall, there remains an enormous need for capacity-building and technical assistance in all areas of drug control, but funding continues to fall far short of the political commitments made to address the drug problem.

Precisely because of funding shortfalls, UNODC greatly values and engages in effective collaboration with many Member States, UN entities, international organizations and Civil Society Organizations, as well as the academic and scientific community to counter the various facets of the drug problem.

In this forum today, I wish to acknowledge and highlight the collaborative spirit and the initiatives that have been undertaken for quite some time jointly by UNODC, WHO, and UNAIDS, and which are now growing from strength to strength. By way of example, WHO and UNODC work together in the areas of prevention, as well as in treatment of drug use disorders. We are currently joining forces to ensure the availability of controlled medications for the relief of pain and for preventing diversion and abuse. But there is much more. WHO and UNODC, together with our other great and indispensable partner, UNAIDS, have developed and are implementing the Target Setting Guide (or 9 core interventions) which for the first time defined harm reduction for HIV. And WHO, UNAIDS and UNODC, together with ILO and UNDP, developed and are delivering the Comprehensive Package of Interventions for HIV Prevention, Treatment and Care in Prisons and other closed settings.

The potential, but also the necessity, for much further UN inter-agency collaboration is enormous, and I am confident that we will be guided by the 2030 Sustainable Development Agenda, the 2016 UNGASS on Drugs, and the HLM 2016 on HIV/AIDS. Equally important, we will increasingly be influenced and guided by a robust arrays of UN instruments, standards and norms in critical areas such as human rights, crime prevention and criminal justice reform. We have at our disposal many human rights compliant, evidence-based and gender-sensitive tools, such as the Nelson Mandela Rules, the Tokyo and Bangkok Rules, the Legal Aid Principles and Guidelines and the Standards on Juvenile Justice. The prospects of working together to translate normative wisdom produced by Member States into concrete actions have never been better.

At UNODC, we look forward to continued collaboration with all relevant stakeholders, in and out of government, in and out of the United Nations, to address and counter the world drug problem in effective and rules-bound ways.