



UNITED NATIONS
Office on Drugs and Crime

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Solidarity against Drugs

Remarks to the “Beyond 2008” NGO Forum

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Mr. Perron,
Distinguished Chairs of the NGO Committee on Narcotic Drugs,
Excellencies, Ladies and Gentlemen,

Looking back on a century of drug control, as well as on the UNGASS decade, we can draw several conclusions. First and foremost, that we may have entered a period during which the number of people whose life is ruined by drugs has stabilized – whether we speak of farmers living on illegal crops, common citizens victimized by criminal gangs, or addicts wasting away. This is what we call containment of the world drug problem. But, of course, containing the problem is not enough. We need to start reducing the number of people hurt by drugs, and to accomplish this we need to return to the basic principles of drug control, and base our work on evidence, not on ideology.

Containment in context

Before expanding on this point, let me place the containment question in context. The 2008 *World Drug Report* confirms that the world drug problem -- a tragedy that in the second half of last century had grown at a fast clip, especially in rich countries -- has stabilized since the beginning of this decade. It has stabilized whether we talk about production or about addiction, or anything in between (trafficking, seizures, prices, purity etc).

Around the world, one person out of twenty (age 15-64) has used drugs at least occasionally in the past 12 months, while some 26 million people (namely about 0.5% of the planet's inhabitants) face severe drug dependence.

26 million people is of course an enormous number. Yet, it is a fraction of the number of addicts to the freely available psychoactive substances, like tobacco and alcohol. And the body count is also quite different. While drugs kill 200,000 people a year, alcohol kills about 2.5 million, and tobacco close to 5 million. This leads me to a conclusion and to a perplexity.

The conclusion is that, in the absence of the drug control system, illicit drug use may well have had similar devastating consequences for public health as tobacco and alcohol. My perplexity is about the stance adopted by some people (including some in this hall) who favour curbing tobacco and alcohol use, and yet maintain an equivocal stance about drugs -- or even advocate liberalization of their use. Is it sensible to warn on cigarette packages and related advertising that *tobacco kills*, while at the same time allowing unimpeded publicity to a variety of marijuana joints, some with THC content in the double digits? *No to Marlboro, yes to skunk!* This leaves me more than perplexed: it's just crazy.

Luckily humanity has proven resilient to these calls.

Success in drug control is even more impressive when we take a longer term perspective. Compared to a century ago, global opium production is 70% lower, even though the global population quadrupled over the same period. Drug addiction rates are equally much lower than they were before the first drug control Conference (Shanghai in 1909). I know that some of you accuse my Office – even me, personally – of distorting evidence, of using long term trends to hide short term setbacks, of concentrating on Imperial China instead of our own neighbourhoods.

Well: if you have better data than we do, please show them and let's engage in a civilized debate. In any event, we at UNODC remain convinced that when governments show

commitment, as they have pledged to do under the UNGASS resolution, positive results follow. When, and where, we see slippages – and we do in both supply and demand for drugs – it is not because the UN drug Conventions are inadequate, but rather because they are inadequately and unevenly applied by governments.

Beyond containment

We are here today to look beyond 2008, not back to 1909 (the beginning of drug control) or 1998 (the beginning of UNGASS). If in the years to come we are to consolidate and build on the progress that has already been made, we must go back to the Conventions and balance drug control policies more effectively than thus far.

Oddly, while statistics speak loud and clear, popular perception is often that drug control *isn't* working: there is too much crime, and too much drug money laundered around the world; too many people in prisons, and too few in health care; too much money spent on public security, and not enough on public health; too much eradication of drug crops, and not enough eradication of poverty.

At a more technical level, we have noted other uncomfortable facts: for example, geographic displacement (tighter controls in one region, or on one product, have produce a swelling of activity elsewhere). There has also been substance displacement, for example, when the use of one drug has weakened on the market, suppliers and users move on to another substance (from heroin to cocaine, or from drugs to alcohol).

As a result, while drug markets have stabilized (my earlier point), we have not yet achieved the fundamental objective of the Conventions, namely restricting the use of controlled substances to medical purposes. So, while we can look beyond 2008 in the knowledge that drug control is working, we should be honest enough to recognize that the situation is precarious, and brave enough to change our mindset and shift priorities.

This includes moving away from simplistic debates about legalization versus prohibition – a world of free drugs as opposed to a drug free world, as I phrased it in a speech in New Orleans a few months ago. Moving beyond containment above all requires pursuing policies based on evidence rather than ideology, and return to the first principle of drug control, the protection of health. Let me elaborate on this.

The first principle of drug control – health protection

The 1961 Convention on Narcotic Drugs was inspired by the need to safeguard the health of people. Over the past few decades, security has taken the lion's share of resources, at the expense of drug prevention and treatment. This is understandable – states need to regain control over unstable regions that are the source of drugs and fight their lethal trade. While this is necessary, it is not sufficient: similar attention and resources should be paid to lowering demand for drugs, and treating those who are dependent.

Today, this is not happening. In most countries, health – the *first* principle of drug control—has become the *last* area to receive funding. As a result, well-intentioned, but under-funded NGOs are left to pick up the slack.

This cannot be right: drug dependence is an illness, and should be treated like any other. Gone are the days when lepers, epileptics or persons living with HIV were thrown out of the village. So why do we abandon people who are drug dependent? Why do we mis-diagnose their illness, as a manifestation of a life style we do not want to question? An illness is a condition, not a choice. Saying, and accepting the contrary is an abdication of the state's responsibility to ensure the health of its citizens.

A continuum of care

I therefore encourage you to support a drug control agenda that puts health first. This agenda should include a comprehensive range of measures, from abstinence and prevention, to treatment, and reducing the health and social consequences of drug abuse: a continuum of care properly financed, and part of mainstream health and social services.

Measures should be pursued in an integrated approach, starting from square one. The HIV/AIDS campaign is based on the A-B-C principle, with A standing for Abstinence. Well, I urge you all to do the same in drug-related health programs, and adopt a set of principles that may stretch from A to Z (or whatever you may wish), assigning however the same meaning to A. In other words, governments, international institutions and you all should not shy away from proclaiming the importance of avoiding drugs: A for abstinence. Period. Unfortunately, the opposite is happening in so many societies: while tobacco smokers are ostracized, it is those who do not take drugs that are marginalized. What about standing by their side? What about proclaiming loud and clear the virtue of drug abstinence?

Actually, this is only the first part of a sorrow story. The second part is even more disheartening. Some of the (implicit) messages I hear are startling: *take drugs if you wish, and we teach you how to reduce the damage they cause*. This is not only counter-intuitive: it is plainly wrong. Harm reduction, on its own, is necessary, but also not sufficient. If not integrated into more complex drug control processes that start with abstinence and treatment, then harm reduction only perpetuates drug use. Would you tell an obese friend: *have more sweets my dear, then get an insulin shot*? Of course not: so let's be evidence based and coherent.

I urge you all to join the *Copernican revolution* that we have been leading over the years to effect a *reversal-of-priorities* in drug policy – not just destroying drug crops and arresting drug traffickers, not just handing out gadgets (condoms, syringes, needles or soups), but implementing a comprehensive package of measures to cover prevention, treatment and reintegration. In this way, we can reach all those who are vulnerable to drugs, or already affected by them. I urge the leaders of the harm reduction movement to join in this call for enhanced prevention and treatment so that we can show the world how balanced we are in our programs. I also invite you all to sign a joint declaration to this effect for submission to the UNGASS Ministerial Session in 2009.

This declaration should be a call to action that mobilizes a broad cross-section of society: the medical profession, social workers, universities, and NGOs, in order to train professionals, disseminate evidence-based practice, and improve access to quality services. We must also involve municipalities and schools to provide support to students and parents.

Beyond 2008, drug control should also put a stronger emphasis on human rights. I believe that *although drugs kill, we shouldn't kill because of drugs*. My Office is working with the UN High Commissioner on Human Rights and a number of NGOs to make states more aware of their obligations in relation to human rights in relation to drug control.

Solidarity to save humanity from the scourge of drugs

Ladies and Gentlemen, my Office is producing discussion papers on a range of issues including harm reduction, principles of drug dependence treatment, and making drug control *fit for purpose*. Some are already available on the UNODC website, others are coming soon.

We are also supporting the UNGASS process, not least by encouraging states to live up to their commitments. A lax approach in one country or for one type of drug – like cannabis – can unravel the entire system.

After all, to be successful, drug control must be truly global. I am concerned by signs of consumption displacement – from the developed to the developing world. A “supply push”, as traffickers look for new markets and new routes to reach old ones, seems to be merging with a “demand pull”, as life-styles and consumption patterns migrate, promoted by ever more interactive media, cheaper travel and higher incomes. This is a dangerous trend that must be guarded against.

To conclude, Mr. Chairman: there is still much to be done to solve the drug problem and mitigate its consequences. This is more than an inter-governmental or UN-centric process. It is about the future of our societies. Therefore, we need to hear from those on the front lines – from you.

In the same way that you expect 192 Member States to be united on this issue and speak with one voice, I urge you all to agree on a joint declaration at this meeting that sends a clear signal how *you* think the health and welfare of humanity can be saved from the scourge of drugs. This joint *declaration of yours*, would prepare the ground to a joint *declaration of ours* – mentioned earlier, that I would once again invite you to subscribe to.

I know that there are divergent views among you, as there are among states. But moving drug control beyond 2008 requires solidarity – among states taking a shared responsibility, between governments and civil society working together, and among all of humanity to ensure that no one falls through the cracks because of drug dependence.

In that spirit of solidarity, I wish you a successful Forum, and I thank you for your dedication.

Thank you for your attention.