

INTERNATIONAL DRUG CONTROL FRAMEWORK-FOCUS ON DRUG DEMAND REDUCTION

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I. INTERNATIONAL DRUG CONTROL INSTRUMENTS AND DRUG DEMAND REDUCTION – HISTORICAL OVERVIEW

Over the last 80 years, a worldwide system for control of drugs of abuse has developed gradually through the adoption of a series of international treaties. The key multilateral conventions currently in force are the Single Convention on Narcotic Drugs of 1954 (1954 Convention), as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971 (1971 Convention) and, adopted in 1988, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988 Convention). In the international drug conventions developmental process one can distinguish two stages, the turning point being marked by the adoption of the Single Convention on Narcotic Drugs in 1954. One of the key differences between the two stages is their consideration of drug abuse prevention and treatment.

From the beginning the basic aim of the international drug control treaties has been to limit the production, processing, trade and use of drugs to medical and scientific purposes only. Such efforts began with the International Opium Convention (The Hague, 1912) as a consequence of the International Opium Commission (Shanghai, 1909). Despite the fact that the conference, as well as the convention, came about in response to the international concern for the increase in opium trafficking and abuse, the convention lacked dispositions relating to demand reduction.

During the first stage, the narcotics control system grew rather haphazardly, and by 1954 had become overly complicated. In the period following 1912, a series of 7 consecutive treaties were developed in 47 years: 1912, 1925, 1931, 1936, 1946, 1948 and 1953. This obvious abundance of treaties seems to reflect the frequent political changes of that time (WWI, End of Colonialism, Creation of the League of Nations, WWII, and Creation of the United Nations, etc.) Each treaty was an attempt to adapt the international drug control regime to the evolution of the global situation, as much in political terms as in terms of illicit trafficking, but they did not necessarily invalidate previous treaties.

In this first stage, possession and abuse of drugs are considered, if at all, only from a penal point of view (drug possession was first mentioned in Article 2 of the 1936 Convention and it was considered an extraditable offence in Article 9 of the same Convention). Furthermore, drug abuse prevention and treatment are ignored. In fact, no international legal framework pertaining to prevention and treatment was established during this period.

The fragmented nature of the existing international treaties led to the Single Convention on Narcotic Drugs of 1954, which consolidated most of the earlier international instruments. The Convention, which entered into force on 13 December 1954 and was amended by the 1972 Protocol, is regarded as a major achievement in the history of international efforts to control narcotics. Two other Conventions were adopted during this second stage in 1971 and 1988.

This stage is characterized by a more deliberate, yet more integrated, evolution of the international legal system pertaining to drugs. The adoption of the Single Convention on Narcotic Drugs in 1954 was the first attempt to codify the international drug control regime in a single instrument, while International Drug Control continued to be limited to Narcotic Drugs. Drug abuse prevention, treatment and rehabilitation are mentioned for the first time in this Convention, not only in its text, but also in its resolutions, aspirations, explicit commitments to prevent and combat drug abuse. The Convention also introduces the option of

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treatment for drug abusing offenders (the key dispositions are found in: Resolution II adopted by the Conference for the adoption of the Single Convention; Resolution III adopted by the Conference to consider amendments to the Single Convention, the Preamble of the Single Convention; and Articles 36.1(b), 38.1 and 38.3).

Three objectives guided the drafting of the Single Convention: First, to codify all existing multilateral treaty laws in this field as a primary goal. This was successfully accomplished. Secondly, to simplify and streamline the control machinery, which was another important step in strengthening the impact of the international community's efforts. The Permanent Central Board established by the International Opium Convention, of 1925 and the Drug Supervisory Body established by the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, of 1931 became a single unified body, the International Narcotics Control Board (INCB). In addition, through the Single Convention other administrative duties were consolidated, simplified and amplified.

The third goal of the Convention was the extension of the existing control systems to include the cultivation of plants that were grown as the raw material of natural narcotic drugs. The 1961 treaty continues to keep a tight rein on the production of opium and includes the coca bush and cannabis in the list of plants whose production was placed under international control. The treaty established or maintained certain national monopolies. It also provided for a special national administration to be designed to apply the Convention's provisions. A specific obligation was placed on States parties to limit production of narcotic plants exclusively to the amount needed for medical and scientific purposes.

Some provisions of the Single Convention contained new obligations dealing with the medical treatment and rehabilitation of addicts. Some provisions, such as those on the estimates and statistics system established by the Conventions of 1925 and 1931, were working effectively and were therefore retained virtually without change. Other provisions of earlier treaties also remained intact: those that dealt with the requirement that exports and imports be expressly authorized by government authorities from both sides of the transactions; and those requiring Governments to submit reports on the working of the treaty and to exchange, through the United Nations Secretary-General, national laws and regulations enacted to implement the treaty. Provisions for controlling the manufacture of narcotic drugs and the trade in and distribution of narcotic substances were also continued and new synthetic drugs controlled under the 1948 Protocol were included.

The Single Convention prohibits the practices of opium smoking, opium eating, coca-leaf chewing, hashish (cannabis) smoking and the use of the cannabis plant for any non-medical purposes. A period of transition was established to allow the States concerned to overcome the difficulties that could arise from the abolition of these ancient practices in their countries. The Convention also obliges States parties to the treaty to take any special control measures deemed necessary in the case of particularly dangerous drugs, such as heroin.

Drugs controlled under the 1961 Convention are listed in one of two Schedules (I and II), depending on the relationship between their therapeutic utility and abuse liability. The control provisions applicable to drugs in Schedule I constitute the standard régime under the 1961 Convention; Schedule II consists of drugs which are considered to be less liable to abuse and which are more widely used in medicine. Two additional Schedules III and IV cover, respectively, preparations of drugs in Schedule I and II, and some drugs from Schedule I, which are considered to have particularly dangerous properties and an extremely limited therapeutic utility.

The Single Convention has been recognized as a flexible and effective instrument, and consequently it has been widely accepted.

The Single Convention was further strengthened by the 1972 Protocol which amended it and which entered into force on 8 August 1975. The Protocol underscores the necessity for increasing efforts to prevent illicit production of, traffic in and use of narcotics. It also highlights the need to provide treatment and rehabilitation services to drug abusers, stressing that treatment, education, after-care, rehabilitation and social reintegration should be considered as alternatives to or in addition to imprisonment for abusers who had committed a drug offence. The Protocol places special emphasis on the role of INCB in drug control,

giving it responsibility for ensuring a balance between supply and demand of narcotic drugs for medical and scientific purposes and in endeavouring to prevent illicit drug cultivation, production, manufacture, traffic and use.

With the agreement of the Governments concerned, INCB may recommend that the relevant United Nations organs and specialized agencies provide technical or financial assistance to enable those Governments to carry out their treaty obligations. The amended Convention also stresses the need for cooperative and coordinated international action in dealing with the problems associated with drug abuse.

Growing concern over the harmful effects of a number of psychotropic substances led to the adoption of the Convention on Psychotropic Substances in 1971, which expanded the international drug control system to include several amphetamine-type drugs, sedative-hypnotics and hallucinogens.

The control system provided for by the Convention is based largely on the one in force since 1964 by virtue of the Single Convention on Narcotic Drugs. However, the necessary control measures were categorized in four separate "Schedules". This scheduling of psychotropic substances is based upon an assessment of the relationship between two variables: the therapeutic usefulness and the public health risk caused by abuse. The four schedules use a sliding scale of the two variables: Schedule I implies high public health risk and low therapeutic utility; Schedule IV the opposite: lower public health risk and higher therapeutic utility.

This Convention also regulates inspection of stocks, records and laboratory premises. It bans advertising to the general public. States parties must maintain a system of strict control of the manufacturers, importers, exporters, wholesalers and retail distributors of the substances and the medical and scientific institutes which use them. They must establish or maintain a special administration to oversee these functions, much like those set up under other treaties on narcotic drugs. Efficient methods of record-keeping must be established, differentiating between the types of psychotropic substances and activities concerned.

The Convention contains special provisions relating to the abuse of these substances aimed at ensuring early identification, treatment, education, after-care, rehabilitation and social reintegration of persons who have become addicted to any of the controlled substances. Other articles address illicit traffic control and penalties. The United Nations bodies already involved in implementing and executing the narcotics control system have the added responsibility for the control of the drugs covered by this Convention. These are CND and INCB.

In December 1988, 106 States adopted the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The Convention which entered into force on 11 November 1990 is designed to deprive drug traffickers of their ill-gotten financial gains.

One of the innovative provisions of the 34-article Convention concerns the tracing, freezing and confiscation of proceeds and property derived from drug trafficking. To that effect, courts are empowered to make available or to seize bank, financial or commercial records, bank secrecy cannot be invoked in such cases.

In addition to providing for the criminalization of drug trafficking offences, the 1988 Convention bars all havens to drug traffickers, particularly through its provisions for: extradition of major drug traffickers; mutual legal assistance between States on drug-related investigations; and the transfer of drug related proceedings for criminal prosecution, where such transfer is deemed to be in the interests of a proper administration of justice. Other significant and innovative landmarks are the commitment of parties to take measures and cooperate in the prevention of diversion of certain substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances (so-called precursors), as well as to eliminate or reduce illicit demand for narcotic drugs and psychotropic substances.

A. In Summary

Since its beginning, the international drug control regime has recognized the need for State cooperation, above all through global organizations, such as the League of Nations and the United Nations. While treatment and prevention were largely ignored during the first stage, thus limiting treaties to penal

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dispositions concerning possession; during the second stage it included general obligations to combat drug abuse in a coordinated manner, and introduced the requirement for prevention, treatment, rehabilitation and social reinsertion. As such, the present legal framework only foresees general obligations with respect to drug demand reduction, but does not create a specific mechanism or procedure for action, except for the mention of the possibility that measures taken be based on the recommendations of competent international organizations (1988 Convention).

As indicated above, the treaties of 1971 and 1988 do not introduce significant modifications to the general approach to prevention and treatment established by the 1961 Convention (the key dispositions are found in Articles 20 and 22 (1971) and in Articles 3.4(b), (c) and (d) and 14.4 (1988)). The 1988 Convention (Article 3.2) is the first to define the acquisition and possession of drugs, for personal consumption, as a punishable act. The aggravating circumstances clause, introduced in the Convention through the victimization of minors appears in Article 3.5 (1988).

National authorities and interested organizations were exhorted to use the 1987 Comprehensive Multidisciplinary Outline as a basis for national, regional and international strategies aimed at combating all aspects of drug abuse and illicit trafficking, and in particular:

- prevention and reduction of drug abuse with a view to elimination of the illicit demand for narcotic drugs and psychotropic substances;
- treatment, rehabilitation, and social reintegration of drug addicts;
- control of supply of narcotic drugs and psychotropic substances;
- suppression of illicit trafficking in narcotic drugs and psychotropic substances;
- measures to be taken against the effects of money derived from, used in or intended for use in illicit drug trafficking, illegal financial flows and illegal use of the banking system;
- strengthening of judicial and legal systems, including law enforcement;
- resources and structure.

B. The Global Programme of Action (GPA)

The Global Programme of Action (GPA) adopted in 1990 by the General Assembly at its 17th special session, including a political declaration, is devoted to the question of international cooperation against illicit production, supply, demand, trafficking and distribution of narcotic drugs and psychotropic substances, and represents a comprehensive statement of the action that needs to be taken by individual countries and collectively through the system of international organizations. The GPA offers a wide range of guidance to governments facing drug-related problems and recommends concrete measures to address issues such as illicit cultivation and processing, trafficking, money laundering and illicit demand.

In addition, the GPA gives specific and binding directions to the United Nations e.g., to act as an advisory centre for collecting, analyzing and disseminating information on demand reduction; and to provide expertise and assistance to states at their request to enable them to establish the legislative and administrative measures for the ratification and effective implementation of the United Nations Convention.

A new stage, if not of the international legal system pertaining to drugs, then at least in the growing awareness of the need for granting greater importance and cooperation in the area of prevention and treatment started at the Twentieth Special Session of the General Assembly of the United Nations in 1998, at which a Political Declaration and the Declaration on the Guiding Principles of Drug Demand Reduction (A/RES/S-20/3) were adopted. It is worth noting that the Assembly, Council or Commission resolutions lack the obligatory nature of dispositions in the Conventions. In this sense, the declarations merely constitute an expression of concern, intention and aspirations by the international community.

The **Political Declaration** constitutes the most serious and structured effort, to date, at developing a balanced strategy in the global fight against drugs. Not only does it define a plan of action with general objectives, but it also introduces a system of self-evaluation through biennial reports and evaluations at the end of 5 years (2003) and 10 years (2008). The international community has already demonstrated an increased awareness of the scope and complexity of the drug problem, concrete tasks are posed and well-defined commitments are formulated. The Political Declaration calls for a balance between supply and demand reduction, and recognizes demand reduction as a fundamental pillar.

As a consequence of a growing consensus among Governments on the priority policies and strategies that are required to face the challenge of drug abuse, the international community adopted the Declaration on the Guiding Principles of Demand Reduction. The Declaration is the very first international agreement with the sole objective of examining individual and collective problems that arise from individual drug abuse. It constitutes an important step forward in the international arena by strengthening multilateral programmes and reinforcing the commitment of Member States to intensify their efforts in demand reduction.

Among others, the **Declaration** indicates that, as a part of a comprehensive strategy integrating supply and demand reduction, the following elements should be considered:

- Policies should be built on knowledge acquired from research and from lessons learned from past programmes. A systematic and periodic assessment of the problem is imperative for the identification of emerging trends. To further build on experience, demand reduction strategies and specific activities should be thoroughly evaluated to improve their effectiveness, and appropriate emphasis should be placed on training policy-makers, programme planners and practitioners.
- Based on the above knowledge and with a community-wide participatory and partnership approach, demand reduction programmes have to cover all areas of prevention -- from discouraging initial use to reducing the negative health and social consequences of drug abuse.
- Social integration of drug-abusing offenders should be pursued, either as an alternative or in addition to punishment, through education, treatment, and rehabilitation services.
- Demand reduction efforts should be integrated into broader social welfare programmes, health promotion policies and preventive education programmes to ensure an environment in which healthy choices become attractive and accessible.
- Demand reduction programmes should address the needs of the population in general as well as those of specific groups more at risk, taking into account differences in gender, culture and education.
- Every attempt should be made to send the right message. Information should avoid sensationalism and promote trust in order to be effective. States should, in cooperation with the media, seek to raise public consciousness about the hazards of drug use and to promote preventive messages in order to counter the promotion of drugs in popular culture.

The **Joint Ministerial Statement adopted at the 46th Session of the Commission on Narcotic Drugs** demonstrates that the international community continues to be deeply concerned about the incidence and the effects of drug abuse and is becoming more and more aware of the impact that this is having on children and youth. Despite the fact that international politics still do not appear to be ready to introduce a more specific legal system with respect to prevention and treatment of abuse, the community and its organizations must ensure that the national political authorities are conscious of its situation and needs, as the best means of translating them into ever more concrete commitments on an international level. The Joint Ministerial Statement affirms:

“The drug problem is still a global challenge that constitutes a serious threat to public health, safety and well-being of humankind, in particular children and young people”

“A balance is required between supply reduction and demand reduction, as well as a comprehensive strategy that combines alternative development, [...] eradication, interdiction, law enforcement, prevention, treatment and rehabilitation as well as education.”

II. COMPETENT INTERNATIONAL BODIES

A. Commission on Narcotic Drugs (CND)

The Commission on Narcotic Drugs (CND), a functional commission of the Economic and Social Council (ECOSOC), is the central policy-making body within the United Nations system for dealing with all

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drug-related matters. It analyzes the world drug abuse situation and develops proposals to strengthen international drug control. The Commission's mandate was enlarged in 1991 to include approval of the budget of the programme of the Fund of UNDCP and the administrative and programme support cost budget of the Fund.

The Secretariat of the Commission on Narcotic Drugs is responsible for ensuring secretariat services to the Commission on Narcotic Drugs and its subsidiary bodies, for finalizing the preparation of documentation on drug-related matters for the Economic and Social Council and the General Assembly; and for ensuring, on behalf of the Executive Director, the discharge of certain specific functions entrusted to the Secretary-General under the international drug control treaties. It services the Commission on Narcotic Drugs and its subsidiary bodies, by providing substantive advice, directing secretariat activities, including preparing in-session documentation, draft resolutions and reports; assisting the Chairman and officers, and preparing strategies and timetables.

B. International Narcotics Control Board (INCB)

The International Narcotics Control Board (INCB or Board) is the independent and quasi-judicial control organ for the implementation of the United Nations drug conventions, established in 1968 by the Single Convention on Narcotic Drugs of 1961. It had predecessors under the former drug conventions since the time of the League of Nations.

The Board is independent of Governments as well as of the United Nations; its 13 members serve in their personal capacity. They are elected by the United Nations Economic and Social Council (ECOSOC) and their work is financed by the United Nations. Three members are elected from a list of candidates nominated by WHO and 10 from a list nominated by Governments.

Its functions are the following:

- To administer international control systems to limit the production, manufacture, trade and use of drugs exclusively to medical and scientific needs;
- To ensure, in cooperation with Governments, that the legitimate demand is satisfied through proper balance between supply and demand; and
- To endeavour, in cooperation with Governments, to prevent illicit activities.

III. IMPLEMENTATION OF TREATY PROVISIONS BY GOVERNMENTS

A. Importance of National Legislation

Once countries become party to the international drug control treaties, they are required to implement their obligations, usually through enacting appropriate legislation to ensure that they are able to comply fully with its terms. For example, the criminalization and punishment of illicit traffic is one of the basic features of the Conventions, and mandatory on all parties. This should be achieved through appropriate changes to national laws, where necessary. While the Convention seeks to establish a common minimum standard for implementation, parties may adopt stricter measures than those mandated by the text if they wish, subject always to the requirement that such initiatives are consistent with applicable norms of public international law, in particular norms protecting human rights.

Under established principles of international law, both bilateral and multilateral treaties may be classified as either self-executing or non self-executing treaties. A self-executing treaty is a treaty that, by its terms and provisions, creates direct rights and obligations for individual citizens or subjects of the contracting parties. Most treaties, however, explicitly state that the signatory nations will have to enact legislation to give effect to the relevant treaty provisions: these treaties are, therefore, not self-executing. For example, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substance, 1988 requires each party to adopt such measures as may be necessary to establish certain criminal offences under their domestic legislation, so it is non self-executing.

B. Inter-Ministerial Coordination

Formulating a drug control plan and implementing it on a national basis should involve the participation of a number of different ministries. To this end, governments may need to establish an inter-ministerial

committee or commission to coordinate drug control efforts and to be responsible for defining, promoting and coordinating government policy in this regard. It should also ensure that the requirements of the international conventions are effectively fulfilled by the country. Such a body may take a number of forms: it could comprise ministers of state, such as the ministers of health, justice, or interior who could supervise policy and law, it could be an operational body comprising representatives of the law enforcement and security services, or it could oversee the administration and coordination of the departments involved in drug control. The Commission may be supported by a secretariat responsible for implementation of the Commission's policies.

C. Law Enforcement Mechanisms

As was seen above, an effective criminal justice system is vital to the implementation of the international drug control treaties. In addition to national law enforcement mechanisms, the 1988 Convention contains a number of important provisions to foster international judicial cooperation in drug control. These include international cooperation in respect of the confiscation of proceeds from drug-related crime, extradition, mutual legal assistance, transfer of proceedings, controlled delivery, illicit traffic by sea, as well as other forms of cooperation. In particular, the Convention provides a treaty basis for countries to assist each other with requests for the various forms of cooperation, such as gathering and providing evidence and information, identifying, tracing and freezing the proceeds of drug crime, sharing confiscated property, and the rendition of fugitives. Parties are required to cooperate closely with one another, within the requirements of their own legal systems, with a view to enhancing law enforcement action.

D. Health and Social Mechanisms

The 1971 Convention and the 1961 Convention as amended by the 1972 Protocol include provisions to the effect that when drug abusers have committed drug related offences, the parties may provide, either as an alternative to conviction or punishment or in addition to conviction or punishment, that such abusers undergo measures of treatment, education, aftercare, rehabilitation or social reintegration. The 1988 Convention widens the scope of application to drug offenders in general, whether drug abusers or not. It also introduces distinctions based on the seriousness of the offence committed: for offences of a grave nature, measures of treatment, education etc. may be prescribed only in addition to conviction or punishment: for offences of a minor nature and offences aimed at personal consumption, such measures may be prescribed as an alternative to conviction or punishment.

It should be noted that bridges between the criminal justice system and the treatment system might also be envisaged at different stages of the criminal process, including the prosecution stage (for example, conditional discontinuation of criminal proceedings under condition of attending a treatment programme; or a therapeutic injunction pronounced by a prosecuting magistrate) or at the stage of enforcement of a prison sentence (transfer from prison to a treatment institution or therapeutic community in certain circumstances, or provision of treatment while in prison).

Treatment may include individual counselling, pharmacotherapy such as methadone maintenance, group counselling and a support group, which may be provided in out-patient, day care, in-patient, or therapeutic community environments. The ability to remain drug-free needs to be fostered by rehabilitation and reintegration programmes, such as the provision of further education, job placement and skill training. Therefore measures of treatment, after-care, rehabilitation, social reintegration and education will in practice often be linked and overlapping.

IV. UNDCP'S MANDATE AND FUNCTIONS

A. Impact on and Implications of the Treaties for the Programme

The United Nations has had drug control functions since its inception, having inherited them from the League of Nations. The international community now looks at UNDCP to provide leadership for international drug control efforts and to act as the main vehicle to ensure coherence of United Nations drug control activities in all sectors. The Programme's mandates are an integral component of the international drug control system as a whole, being derived from the drug control conventions, the results of the 1987 ICDAIT Conference and key resolutions of ECOSOC and of the General Assembly. Of particular importance are Assembly resolution 45/179 which established the Programme, and the Global Programme of Action which emanated from the special session on drug control held in 1990.

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International instruments such as the drug control treaties and United Nations resolutions are binding on the Programme. The core functions of the Programme flow directly from these mandates, which have been expanded to include new functions, calling upon UNDCP to act as the main focal point for drug control, and to lead and coordinate international drug control efforts, identifying trends and launching new initiatives. The conventions and the other international drug control instruments now act as the main frame of reference for all of the work of the Programme, whether at Headquarters or in the Field. For example, UNDCP Representatives in the field promote adherence to, and advise governments on the requirements of the drug control conventions and appropriate institutional arrangements, promote drug control cooperation between countries and serve as a key source of information for INCB and the Commission on the drug control situation world-wide in addition to their work developing and backstopping drug control programmes and projects at the national and regional level.

B. Some Areas of Activity of UNDCP

The United Nations International Drug Control Programme:

- a) Serves as the central drug control entity with exclusive responsibility for coordinating and providing effective leadership for all United Nations drug control activities and serves as the repository of technical expertise in international drug control for the Secretariat of the United Nations, including the regional commissions, and other United Nations organs, as well as Member States, and in this capacity advises them on questions of international and national drug control;
- b) Acts, on behalf of the Secretary-General, in fulfilling responsibilities under the terms of international treaties and resolutions of United Nations organs relating to international drug control;
- c) Provides advice to Member States on the implementation of international drug control treaties and promotes effective implementation and adherence to the conventions by States;
- d) Provides secretariat and substantive services to the Commission on Narcotic Drugs and its subsidiary bodies and, with due consideration for treaty arrangements, to the International Narcotics Control Board;
- e) Provides substantive services to the General Assembly, the Economic and Social Council and committees and conferences dealing with drug control matters;
- f) Develops and carries out drug control operational activities at the national, regional and global levels, through a network of field offices; assists Governments in the development and implementation of national, sub-regional and regional programmes aimed at reducing illicit cultivation, production, manufacture, traffic and abuse of narcotic drugs and psychotropic substances and in improving the effectiveness of measures for controlling the licit supply of drugs and precursor chemicals;
- g) Cooperates closely with outside research institutions, associations and universities to secure and share information on the latest research findings related to drug control; initiates and participates in joint projects; and promotes coordination and cooperation on drug control activities with regional and international organizations.

C. UNDCP's Substantive Activities in Demand Reduction

Given the fact that drug abuse is an ongoing concern in most parts of the world, the international community is increasingly attaching greater importance to addressing the illicit demand for drugs as an essential component of a comprehensive, well-balanced approach to drug control. In this regard, UNDCP's core function in respect of Demand Reduction is the development of strategies and identification of measures by which drug abuse and dependence can be prevented and treated and the illicit demand for drugs can be reduced worldwide. Such measures should include the assessment of drug abuse, as well as prevention, treatment, rehabilitation, and social rehabilitation programmes, including community mobilization. UNDCP also continues to reinforce its unique global position in relation to the collection of data and dissemination of information concerning the extent, pattern and trends of drug abuse worldwide and concerning the promotion of norms and standards in regard to "good practice" demand reduction strategies and measures. It promotes international norms and standards, and also acts as a clearinghouse, in respect of effective "good practice" demand reduction measures as these specifically relate to drug abuse prevention, treatment, rehabilitation and social reintegration.

UNDCP, in the pursuance of its mandates in relation to demand reduction, coordinates international efforts and advocates at global, regional and national level to Member States and other UN and international

organizations and experts to address the issue of demand reduction as an ongoing and integral part of their activities.

As indicated above, this important area of work was given further impetus by the special session in 1998 and thereafter through the adoption of the above-mentioned three key instruments, the Political Declaration, the Declaration on the Guiding Principles of Demand Reduction and its Action Plan, which provide an overall strategic framework for the UNDCP programme of work on demand reduction. Specifically, the Declaration requests UNDCP to:

- Provide guidance and assistance, on request, to Member States in development of demand reduction strategies and programmes;
- Provide advice and assistance for the establishment of national drug abuse monitoring systems;
- Facilitate sharing of “best practice” in various areas of drug demand reduction;
- Encourage the dissemination and application of research findings;
- Promote the development of guidelines;
- Facilitate inter-country exchange of experts and the participation of foreign personnel in national training programmes;
- Establish coordination mechanisms on the evaluation of results and other data assessing the effectiveness of strategies and activities.

UNDCP’s work therefore concentrates on four key thematic areas: data collection, prevention, treatment/rehabilitation, and reducing health and social consequences of drug abuse. It also focuses on five key target groups/special topics: young people and vulnerable groups, special needs / those most at risk, prison populations, HIV, and ATS.

Against that background and as part of the proposed programme of work in the area of demand reduction for the period 2003-2008, UNDCP will provide assistance to Member States towards the goal of achieving significant and measurable results in the field of demand reduction by the year 2008. The programme of work will aim specifically at:

- a) Improving national and global information systems for reporting on activities for the reduction of demand for illicit drugs;
- b) Facilitating the sharing of information on best practices in activities for the reduction of demand for illicit drugs; and
- c) Supporting Member States seeking expertise in developing their own strategies and activities for the reduction of demand for illicit drugs.

D. Laboratory Services

Drug testing plays a crucial role across all drug control efforts: whether assisting law enforcement authorities and criminal justice in their tasks to arrest and convict traffickers, thereby ensuring the prosecution of the guilty and the security of the innocent; whether supporting health care institutions in their efforts to monitor treatment and rehabilitation programmes for drug users / abusers; whether assisting regulatory authorities in their efforts to guarantee the quality of licit shipments of controlled drugs; or whether enabling customs at frontiers and border points to rapidly detect suspected material.

In view of the key role which drug testing may play in drug control, the need for highly accurate, reliable chemical analytical results which are reproducible worldwide, is clearly understood. UNDCP’s Scientific Section (Laboratory), within its broad range of activities, aims at:

Ensuring the availability of international standards in drug testing, monitoring their overall application and impact on national drug control efforts, assisting national laboratories and law enforcement services in countries with limited resources to meet those standards, and serving as a repository for scientific and technical expertise related to drug control.

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APPENDIX

Some Useful Web Site Links

United Nations Office on Drugs and Crime (UNODC)
<http://www.unodc.org/>

Commission on Narcotic Drugs (CND)
<http://www.unodc.org/unodc/en/cnd.html>

International Narcotics Control Boards (INCB)
<http://www.unodc.org/unodc/en/incb.html>

The three UN Drug Control Conventions
http://www.unodc.org/unodc/en/un_treaties_and_resolutions.html

UNGASS 1998 Political Declaration, Guiding Principles on Drug Demand Reduction
http://www.unodc.org/pdf/report_1999-01-01_1.pdf

Documentation for the Commission on Narcotic Drugs – 46th Session and Ministerial Segment
http://www.unodc.org/unodc/cnd_session_46.html

Joint Ministerial Statement, April 2003
http://www.unodc.org/pdf/document_2003-04-16_1.pdf

Encouraging progress towards still distant goals
http://www.unodc.org/pdf/document_2003-04-08_2.pdf

Second biennial report on the implementation of the outcome of the twentieth special session of the General Assembly, devoted to countering the world drug problem together
http://www.unodc.org/pdf/document_2003-02-17_1.pdf

Second biennial report on the implementation of the outcome of the twentieth special session of the General Assembly, devoted to countering the world drug problem together – demand reduction
http://www.unodc.org/pdf/document_2002-12-18_1.pdf

World situation with regard to drug abuse
http://www.unodc.org/pdf/document_2003-01-27_1.pdf

Optimizing systems for collecting information and identifying the best practices to counter the demand for illicit drugs
http://www.unodc.org/pdf/document_2003-02-07_1.pdf

Guidelines on best practices in drug demand reduction
http://www.unodc.org/pdf/document_2003-02-18_1.pdf

World situation with regard to illicit drug trafficking
http://www.unodc.org/pdf/document_2003-01-20_1.pdf