First World Forum Against Drugs in Stockholm
Statement by Prof. H. Ghodse, President,
International Narcotics Control Board at the on
9 September 2008

Ladies and Gentlemen,

It gives me great pleasure to address this august gathering at which so many non-governmental organizations are represented. Throughout its forty years of existence, the International Narcotics Control Board has valued and benefited from the knowledge and actions of NGOs and other members of civil society in addressing the drug problem. In many countries, NGOs are the backbone of demand reduction activities, staffed with highly professional and dedicated people who carry out important tasks, sometimes with little recognition and minimal financial compensation. I would like to take this opportunity to thank all the organizations who work very hard to support Governments in their implementation of the international drug control treaties.

The theme of this World Forum Against Drugs is one hundred years of drug prevention and an anniversary always seems a good time to examine what has been achieved, what more needs to be done and how we should move forward. These are some of the questions the international community needs to address in the coming months on the occasion of reviewing the outcome of the Special Session of the United Nations General Assembly on countering the world drug

problem together (UNGASS). Before decisions are made for the future, we should take time to look back at the past.

Almost one hundred years have passed since the convening of the International Opium Commission which met in early 1909 in Shanghai, China. At that time, there was a large unregulated market for highly addictive substances which had developed over a long period of neglect. At the turn of the 20<sup>th</sup> century, opium was widely available and widely abused. Although the abuse problem was most prevalent in China, other countries were also affected and so-called opium dens, where opium and its derivatives were freely abused, had sprung up in many regions - in Asian countries but also in Europe and the United States. The historian Alfred McCoy estimates, for example, that there were 313,000 opium addicts in 1896 in the United States.

The 1909 International Opium Commission was the first multilateral gathering on drug control issues and the one-month conference marked an end to global indifference to opium and its abuse. The International Opium Commission was a catalyst for action and in the following years a series of multilateral agreements and treaties to address the cultivation, manufacture, trade, trafficking and abuse of opium and other narcotic drugs were concluded. The efforts of the international community against the world drug problem culminated in the adoption of the three international drug control treaties, the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention Against Illicit Traffic in

Narcotic Drugs and Psychotropic Substances. These Conventions remain the framework for action in international drug control today.

The control system established by the Conventions has, by and large, been successful. Today, there is little diversion of manufactured narcotic drugs from licit manufacture and international trade to illicit traffic. This is a truly important achievement, as the number of narcotic drugs under international control has risen to more than 100. The adoption and gradual ratification of the 1971 Convention on Psychotropic Substances has brought about a significant decline in the consumption of barbiturates and other hypnotics as well as amphetamines. The Conventions have also contributed towards ensuring that the supply of drugs needed for medical and scientific purposes matches demand.

It would be short-sighted to pretend that no challenges remain in international drug control. It is important to ensure that drug control policies are proportionate. Punishment is acceptable but should be in proportion to the committed crime. The treaties are relevant in these efforts because they allow parties to differentiate between offences. In addition, proportionate responses require equality before the law. Powerful drug trafficking organizations must not be allowed to escape justice.

Proportionality also means that everybody, including celebrities, must be held accountable for their actions. We all know that cases involving well-known public perceptions can profoundly affect public perceptions about the fairness and

proportionality. When drug-abusing celebrities appear to be above the law, a trivialization of drug abuse ensues. As participants in this forum can attest, drug abuse is anything but trivial.

It is regrettable that, in some places today, injection rooms appear to be playing a similar role to that played by opium dens nearly a century ago. At best, injection rooms undermine the spirit of the Conventions which seek to limit the use of drugs to medical and scientific purposes. At worst, under the banner of "harm reduction", they serve to normalise illicit drug use, which is both unhealthy and harmful, and violate the international drug control treaties.

We must ensure that all relevant drugs are controlled under the Conventions. It has been argued that coca leaf should no longer be controlled but no facts have been presented which would justify a change in current control measures. Therefore, States remain bound by their obligations under the 1961 Convention.

One important issue is to ensure that drugs are available for medical and scientific purposes. The underutilization of drugs is a complex problem created by diverse, interrelated factors and we must be wary of simplistic solutions that undermine the international drug control treaties. The World Health Organization, together with the Board, has developed the Access to Controlled Medications Programme, which addresses the factors that prevent sufficient access of the general population to substances required for pain treatment and the Board calls on Governments to support this programme.

With respect to reducing demand, the Board has emphasized for many years that Governments must seriously address the problem of drug abuse, heeding the adage that "an ounce of prevention is worth a pound of cure." Compared to the costs of treating and rehabilitating drug abusers, the costs of implementing measures aimed at preventing first use of drugs are minute. Nevertheless, as the positive effects of anti-drug education are unlikely to be immediate, they tend to be fairly unpopular among policy-makers and are often implemented haphazardly and without a long-term horizon. I call on non-governmental organizations and citizens at large to demand from their Governments that adequate investment is made in activities to prevent drug abuse.

Prevention should focus on the most vulnerable groups in our societies, those that are most susceptible to the false lure of drugs. One such group are children and young adults. The right of children to be protected from the illicit use of drugs is a recognized human right, embodied in the almost universally ratified Convention on the Rights of the Child which was adopted by the United Nations in 1990. That important human rights treaty also requires Governments to prevent children from being used in the illicit production and trafficking of drugs. As the 60<sup>th</sup> anniversary of the Universal Declaration on Human Rights approaches, we should be mindful of the importance of protecting human rights which are universal, indivisible and unalienable. To be free from drug addiction and to be protected from drug trafficking is surely the right of every individual. Freedom to adopt behaviours that are harmful to oneself, may also result in increased risk of harm to others, usually the more vulnerable members of

society. Thus the formulation of sound preventive strategies requires enhanced efforts to understand and identify the factors that put particular individuals and population groups at risk of drug misuse.

As prevention cannot be expected to be 100 per cent successful, it is vital that structures exist where drug abusers can receive treatment, rehabilitation and social reintegration. Treatment programmes should take account of local social, cultural and environmental factors to mobilize local resources and energies and to facilitate the social reintegration of drug abusers. It is perhaps important to emphasise that there can be no short cuts in comprehensive treatment and rehabilitation programmes for a drug-free lifestyle. Attempts to achieve a "quick win" are, at best, a cheap response – and probably a false economy – and, at worst, compromise the individual's right to become free of drug addiction.

The Commission on Narcotic Drugs has called on Member States and civil society to commemorate 100 years of international drug control on 26 February 2009, which marks the centenary of the conclusion of the International Opium Commission. I too call on everybody involved in drug control, Governments, intergovernmental organizations, civil society and the public at large to celebrate this central event. Whatever challenges remain, they are dwarfed by the problems that the international community faced almost hundred years ago.

Thank you for your attention.