

I. Shared responsibility in international drug control

Introduction

1. Common and shared responsibility is a principle of international law and is applied in many fields of cooperation. It is thus not specific to drug control. Whereas international treaties establish a set of rules creating individual obligations for States parties, the principle of common and shared responsibility goes much further. It provides the framework for a cooperative partnership among a community of parties, based on a common understanding of a shared problem, a common goal and the necessity of reaching that goal through common and coordinated action. Thus, the principle of shared responsibility can be seen as a joint undertaking involving government institutions, the private sector, civil society, local communities and individuals who have agreed to work together as partners and who have a shared mutual obligation for concerted action at different levels in response to the drug challenge. Consequently, the principle of common and shared responsibility commits parties to strengthening their cooperation not only to pursue their own interests but also to take into account the interests of others and to assist those parties that need help. However, shared responsibility in drug control at the international level will be effective when States fully meet their obligations at the national level.

2. This principle has evolved over the years from the concept of collective responsibility in drug control in the 1980s, shared responsibility in the 1990s and common and shared responsibility since the turn of the century. Addressing the elements of shared responsibility calls for the recognition of key criteria and principles, including how to apportion responsibility between multiple actors, the notion of mutual accountability and liability, the dimensions of capability and capacity, and role and resources of each partner.

3. The effective implementation of this principle today is all the more important since almost every country suffers from drug abuse and illicit production, trafficking or drug-related corruption and violence.

Background

4. In the late nineteenth century and the early twentieth century, a number of countries faced economic and social problems associated with increasing use of opium, morphine and other addictive substances. In the absence of effective controls, significant addiction problems were affecting China, as well as other parts of the world. In response, representatives of 13 Governments gathered in Shanghai, China, in February 1909 to address the world's

narcotics problem. This first international forum, known as the International Opium Commission, collected a large amount of data on the cultivation, production and consumption of narcotics. The Commission also adopted a number of recommendations urging the gradual suppression of opium smoking and controls on opium smuggling. The resolutions adopted by the Commission at Shanghai were historic. For the first time, a considerable number of leading nations agreed that the non-medical use of opium should be a matter for careful international regulation. Those resolutions marked the international community's first commitment to act together and share responsibility for countering the growing drug problem. Although the Commission had not been empowered to establish binding legal obligations, its work accelerated efforts that led to the first codified example of shared responsibility in drug control: the International Opium Convention signed at The Hague on 23 January 1912.

5. Like many new concepts, the framework for international drug control was implemented only gradually, over a long period of time. After the conferences at Shanghai and The Hague, a series of multilateral agreements were crafted to address the cultivation and production of, trafficking in and abuse of opium and other narcotic drugs. Those efforts culminated in 1961 with the first of the international drug control treaties that form today's framework for action.

A. A legal and institutional framework for shared responsibility

1. The international drug control conventions

6. The key purposes of the Single Convention on Narcotic Drugs of 1961¹ were to reorganize the international drug control regime, within the framework of the United Nations, and to extend the existing control to include the plant materials for narcotic drugs. The 1972 Protocol amending the Single Convention on Narcotic Drugs of 1961² further strengthened controls on the illicit production, use and distribution of narcotics. The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol³ constitutes a break from previous conventions in that it contains international commitments on treatment and rehabilitation of drug abuse.

¹ United Nations, *Treaty Series*, vol. 520, No. 7515.

² *Ibid.*, vol. 976, No. 14151.

³ *Ibid.*, vol. 976, No. 14152.

7. The Convention on Psychotropic Substances of 1971⁴ extended international control to include a number of synthetic psychotropic substances liable to be abused, namely stimulants, depressants and hallucinogens. Both the 1961 Convention as amended by the 1972 Protocol and the 1971 Convention also called for coordinated, universal action to implement effective measures to prevent the diversion and abuse of narcotic drugs and psychotropic substances.

8. The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988⁵ complements the other two conventions by addressing the illicit traffic in drugs under international control. Its key goals are to improve international law enforcement cooperation and to harmonize and strengthen domestic criminal legislation. The 1988 Convention contains provisions on money-laundering, the freezing of financial and commercial records, the extradition of drug traffickers, the transfer of criminal proceedings, mutual legal assistance and monitoring of chemicals often used in the illicit manufacture of drugs.

9. While States parties have an individual responsibility to comply with the provisions of the international drug control conventions, those conventions also contain elements of shared responsibility, as evidenced in the preamble of the 1988 Convention, in which the parties to the Convention recognize that eradication of the illicit traffic is a collective responsibility of all States. In fact, many articles of the 1988 Convention require international cooperation and coordination if they are to be effectively and fully implemented.

10. Many of the achievements of the international drug control system in its first 100 years occurred because the parties to the conventions agreed — despite different geopolitical, commercial, moral and humanitarian interests — to work together, act collectively and cooperate to reduce the illicit production of, trafficking in and abuse of drugs and address the health, social and criminal aspects of the illicit drug trade. In line with the spirit and the letter of the conventions, many Governments have set up at the national level drug regulatory authorities or central coordinating bodies to guide the development and implementation of national multisectoral drug control policies and control the licit use of drugs. These bodies coordinate the efforts of agencies in the health, social, economic development, law enforcement, foreign affairs and judicial sectors and, in some instances, embrace the private sector, as well as civil society. States parties have

also concluded bilateral and multilateral agreements that include the principle of shared responsibility.

11. Today, well over 95 per cent of all States are parties to the three international drug control conventions. These States have on various occasions reiterated their firm commitment to fully implementing the conventions and to taking all measures necessary to safeguard the integrity of the international drug control regime. The diversion of narcotic drugs and psychotropic substances from licit international trade has been greatly reduced, and a well-functioning system is effectively monitoring international trade in chemicals that can be used in the illicit manufacture of drugs.

2. An international agenda for shared responsibility

12. The 1960s and 1970s witnessed major economic and social changes worldwide. In the international system, the birth of new States stemming from decolonization resulted in the growth of the membership of the United Nations from 51 founding Members in 1945 to 127 Members in 1970 and 193 Members today. During those two decades, which saw the adoption of the 1961 Convention and 1971 Convention, the drug control system was primarily anchored in the individual responsibility of States to comply with the provisions of the conventions. At the international level, those two decades were also characterized by drug control policies focusing on law enforcement and illicit crop eradication and crop substitution. A clear political line of demarcation evolved, persisting until the mid-1990s, distinguishing the so-called “drug-producing countries” of the “South” from the “drug-consuming countries” of the “North”. Within the normative framework of that time, the reduction of illicit demand for drugs and the public health consequences of drug abuse were treated more as exclusively domestic issues than as issues requiring shared international responsibility. For example, the 1961 Convention left to individual States the responsibility to reduce illicit demand for narcotic drugs through prevention, treatment, aftercare, rehabilitation and social reintegration. With respect to international cooperation in drug control, evidence of that practice can be found, for example, in the amount of voluntary contributions made to the former United Nations Fund for Drug Abuse Control by Member States, mainly for capacity-building in law enforcement and illicit crop substitution.

13. Levels of illicit production, trafficking and abuse continued to rise during the 1980s and 1990s, decades that also saw the emerging global influence of organized criminal groups. In addition, the illicit manufacture and abuse of psychotropic substances, notably

⁴ Ibid., vol. 1019, No. 14956.

⁵ Ibid., vol. 1582, No. 27627.

amphetamine-type stimulants, increased in Europe, North America and South-East Asia. Drug abuse, particularly by injection, also emerged as a serious social issue in many countries, posing new public health challenges such as the spread of HIV and hepatitis C. That period also coincided with the unprecedented opening up of global trade, the expansion of media and the movement of people, as well as the explosive growth of modern information and communications technology.

14. In 1981, in response to growing worldwide drug challenges, the General Assembly adopted, as its first such measure, the International Drug Abuse Control Strategy,⁶ recognizing the urgent need for an effective, comprehensive and coordinated global approach to the drug problem. With its adoption of the Declaration on the Control of Drug Trafficking and Drug Abuse⁷ in 1984, the Assembly also underlined the collective responsibility of all States while acknowledging the links between the drug issue and social and economic development.

15. The principle of shared responsibility in drug control was affirmed during the seventeenth special session of the General Assembly, devoted to the question of international cooperation against illicit production, supply, demand, trafficking and distribution of narcotic drugs and psychotropic substances, held in 1990. At that special session, the Assembly adopted a political declaration and global programme of action⁸ in which Member States agreed to increase their efforts to intensify international cooperation and concerted action, based upon the principle of shared responsibility.

16. The concept of shared responsibility was central to the twentieth special session of the General Assembly, devoted to countering the world drug problem together, held in 1998. By that time, the sharp distinction between so-called “producing countries” and “consuming countries” no longer applied because many countries suffered from illicit drug production, trafficking and abuse simultaneously. Producing countries had become consumers and consuming countries had become producers. Recognition of this fact was reflected in the Political Declaration adopted by the General Assembly at its twentieth special session,⁹ in which Member States recognized that action against the world drug problem was a common and shared responsibility. At that special session, the Assembly also adopted measures to enhance international cooperation to counter the world drug

problem¹⁰ and the Declaration on the Guiding Principles of Drug Demand Reduction.¹¹

17. In all of the above-mentioned declarations, programmes of action and resolutions, the principle of shared responsibility in drug control has always been mentioned in a specific context, namely (a) the need for international cooperation and concerted action; (b) the requirement of a comprehensive, balanced and mutually reinforcing approach to drug supply and demand reduction; and (c) respect for the principles of the Charter of the United Nations and international law, including respect for the sovereignty and territorial integrity of States, the principle of non-intervention in internal affairs, and human rights and fundamental freedoms.

18. Authoritative statements by the governing bodies of many United Nations institutions dealing with global challenges such as sustainable development, population growth, climate change, food security and counter-terrorism have shown a similar evolution of principles: from that of collective responsibility to shared responsibility, and then both common and shared responsibility. In recent years, this principle as used in drug control has also evolved to encompass security because of the increasing threat to international peace and security posed by drug-fuelled organized crime. Since 2008, the Security Council, which in the past had addressed the drug problem only in a specific context (such as the situation in Afghanistan), has devoted several meetings to drug control and matters related to organized crime. Those meetings have reaffirmed the principle of shared responsibility in dealing with the smuggling of precursors into and within Afghanistan and the trafficking of cocaine through West Africa.

19. The International Narcotics Control Board has been attentive to the measures taken by Member States over the past few decades to promote joint and collaborative efforts to reduce the magnitude and consequences of the global drug problem, its transnational ramifications and the huge criminal proceeds derived from illicit drug markets. On various occasions, in its annual reports and presidential statements, INCB has urged Governments to strengthen cooperation within the framework of shared responsibility. The Board, noting that the drug problem cannot be dealt with in isolation, without addressing other global concerns such as social justice, economic development, corruption, organized crime and human rights, encourages Governments to embrace a comprehensive approach to those challenges based on shared responsibility.

⁶ *Official Records of the Economic and Social Council, 1981, Supplement No. 4 (E/1981/24), annex II.*

⁷ General Assembly resolution 39/142, annex.

⁸ General Assembly resolution S-17/2, annex.

⁹ General Assembly resolution S-20/2, annex.

¹⁰ General Assembly resolution S-20/4 A to E.

¹¹ General Assembly resolution S-20/3, annex.

20. In its capacity as the central policymaking body of the United Nations drug control system, the Commission on Narcotic Drugs has also taken up the principle of shared responsibility, especially in the framework of its reviews in 2003 and 2009 of the measures taken to implement the commitments made by all Governments at the twentieth special session of the General Assembly, held in 1998. Shared responsibility is a principle that has remained at the core of the current 10-year strategy, as reflected in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,¹² adopted during the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, in 2009. In 2011, the Commission adopted a resolution (resolution 54/12) to revitalize the notion that the principle of common and shared responsibility is one of the pillars of the international drug control system.

21. There are numerous examples of institutions, at the regional and international levels, that have placed shared responsibility in drug control at the centre of their own strategies and activities, including the following:

(a) The United Nations Office on Drugs and Crime (UNODC), which is promoting collaborative efforts under the Paris Pact initiative and the Triangular Initiative, involving Afghanistan, Iran (Islamic Republic of) and Pakistan;

(b) The Organization of American States (OAS), which in 1986 created the Inter-American Drug Abuse Control Commission (CICAD) and, in 1999, established the Multilateral Evaluation Mechanism to review progress in the individual and collective efforts of Governments in the region;

(c) The African Union Commission, which oversees implementation of the revised African Union Plan of Action on Drug Control and Crime Prevention (2007-2012), with the support of some of the African regional economic communities;

(d) The European Union, which is acting on the principle of shared responsibility, with the support of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), to provide a well-coordinated and balanced response to the drug problem in the region.

22. While States assume a major responsibility under the provisions of the drug control conventions, civil society and the private sector also play an important role in implementing the principle of shared responsibility

through their daily activities, on-the-ground work and advocacy. The Board recalls, for instance, the outcome of the global forum entitled “Beyond 2008”, which concluded with three key themes: first, shared responsibility, accountability and commitment whereby Governments at all levels were encouraged to leverage the experience, reach, professionalism and passion of NGOs; secondly, giving a voice to the most affected (i.e. individuals and their families and communities); and thirdly, a call for strong action.

B. Examples of good practices of shared responsibility at all levels

23. The clearest indication of the commitment of Governments worldwide to address the drug problem in a coordinated concerted and shared manner is the fact that almost all States have acceded to the international drug control conventions.

24. Some examples of good practices embodying the principle of shared responsibility that have been developed and implemented worldwide are presented below.

1. Licit control

25. One area of best practice in shared responsibility is the current system for regulating licit international trade in narcotic drugs and psychotropic substances. The strict control exercised by States parties, combined with the efficient administration of regulatory systems and voluntary controls — today applied almost universally — have substantially reduced diversion of these drugs. That would not have been achieved without the concerted and coordinated efforts of Governments and INCB.

26. Another good example of shared responsibility is the voluntary agreement among Governments, and administered by INCB, to ensure adequate availability of opiate raw materials for medical and scientific purposes while preventing excessive accumulation of stocks, which could lead to diversion. This has involved (a) action by all parties to prevent the proliferation of sources of production of opiate raw materials; and (b) agreement that opiate raw materials, and the opiates derived from them, are not ordinary commodities that can be left unregulated.

2. Demand reduction measures

27. Some countries have promoted specific initiatives to reduce drug demand that embody the principle of shared responsibility. For example, in 2008 Colombia launched an international campaign known as the “Shared Responsibility” project. Intended to send a clear signal to the population of countries where drugs are abused, the

¹² See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

campaign raised awareness, particularly in Europe and North America, of the social and environmental damage caused by cocaine manufacture and abuse.

28. Another example of joint and concerted efforts to reduce drug demand — and supply — is the partnership model involving the Coordination and Cooperation Mechanism on Drugs between the Community of Latin American and Caribbean States and the European Union. The mechanism supports, inter alia, the coordination of common positions for the two regions in international forums, facilitates cooperation and the exchange of information and good practices among national drug control agencies and promotes joint initiatives on key policy topics such as the social reintegration of drug users.

29. National drug observatories play a critical role in providing a more accurate picture of the drug situation by identifying emerging trends at an early stage and providing planners and decision makers with the evidence needed to design national and regional drug control strategies, particularly in the areas of prevention, treatment and social reintegration. These challenges are increasingly being addressed cooperatively, at the national, regional and global levels. *Building a National Drugs Observatory: A Joint Handbook*¹³ by EMCDDA and CICAD serves as a noteworthy example of the shared responsibility of regional organizations to strengthen national institutions responsible for collecting drug-related data.

3. Supply reduction and interdiction measures

30. A variety of good practices in shared responsibility can also be found in efforts to counter drug trafficking. A crucial issue is improving cooperation and the exchange of intelligence between law enforcement agencies with regard to the use of techniques such as controlled delivery operations, as described in the 1988 Convention. In the view of drug law enforcement authorities, controlled delivery can be an effective technique requiring, however, trust and confidence among law enforcement and judicial authorities.

31. Effective regional drug law enforcement cooperation has been strengthened in recent years with initiatives such as the establishment in Almaty, Kazakhstan, of the Central Asian Regional Information and Coordination Centre. The Centre, modelled after the European Police Office (Europol) and supported by UNODC, acts as a focal point

for information exchange and operational cooperation among drug law enforcement agencies in Central Asia.

32. Examples of successful regional concerted efforts by Governments include international initiatives against the diversion of chemicals used in the illicit manufacture of heroin, cocaine and amphetamine-type stimulants. Undertakings such as Project Prism and Project Cohesion have involved many Governments, organizations and INCB sharing responsibility for information exchange, implementation of an international programme for tracking individual shipments, and cooperation and investigations among law enforcement authorities at the national and international levels.

33. Many examples of concerted and collaborative efforts can be found in programmes to develop alternative livelihoods, which, complemented by interdiction measures, are implemented in rural areas of developing countries where narcotic plants, mainly opium poppy and coca bush, are illicitly cultivated.

4. Judicial cooperation

34. In the decades since the adoption of the 1988 Convention, there has been a growing realization that judicial cooperation between countries is essential to fighting money-laundering and promoting legal assistance and facilitating extradition. The United Nations Convention against Transnational Organized Crime and its three Protocols¹⁴ provide opportunities for State parties formally to cooperate on judicial assistance issues. In particular, the Convention provides the framework for extradition requests, which is especially important for States without bilateral treaties.

35. The Financial Action Task Force (FATF) has successfully encouraged countries to bring their national legislation in line with the international conventions and recommendations and to strengthen financial systems against money-laundering. A particular feature of shared responsibility in the context of FATF is that Governments allow for the periodic monitoring of progress made in implementing FATF recommendations. This mechanism, known as multilateral peer review, reflects the strong commitment of Governments to shared responsibility in countering money-laundering and in preserving the integrity of the international financial system.

36. The establishment of financial intelligence units in various parts of the world is another example of increased partnership and collaboration. These units exchange operational and other information on suspicious

¹³ European Monitoring Centre for Drugs and Drug Addiction and Inter-American Drug Abuse Control Commission, *Building a National Drugs Observatory: A Joint Handbook* (Luxembourg, Office for Official Publications of the European Communities, 2010).

¹⁴ United Nations, *Treaty Series*, vols. 2225, 2237, 2241 and 2326, No. 39574.

transactions reported in the financial sector, which can then be forwarded to law enforcement agencies for further investigation.

37. The European arrest warrant is a good example of shared responsibility in judicial cooperation in, inter alia, drug control. Use of the warrant increases the speed and ease of extradition within the European Union by removing the political and administrative steps required in the previous system of extradition in Europe. Use of the European arrest warrant has steadily risen since it was first implemented in 2004. Similarly, cooperation on judicial matters, such as extradition requests, among countries in Latin America and the Caribbean has increased over recent years.

C. Achievements and challenges in shared responsibility in drug control

38. Dividing countries into the categories of “drug-producing”, “drug-consuming” or “transit countries” has long ceased to be realistic. To varying degrees, all countries are drug-producers and drug-consumers and have drugs transiting through them. The problem of synthetic drugs exemplifies that evolution. In recent years, the principle of shared responsibility has been reinforced through recognition that the drug problem in its multiple aspects affects almost all countries and cannot be tackled without strong political will, international cooperation and enhanced coordination between State and non-State actors at all levels.

39. Effectively applying the principle of shared responsibility at the national level is also key to the success of drug control policies. States must implement an approach that is comprehensive, balanced, long-term and multidisciplinary and that combines social policies, health, education, law enforcement and the judiciary, with the active participation of the private sector and civil society.

40. As evidenced by the reviews undertaken by the Commission on Narcotic Drugs and the findings of the Board, countries worldwide have achieved considerable results in many areas of drug control by strengthening national drug control capacity and domestic legislation, establishing and improving mechanisms and procedures for data collection, assessing drug abuse, monitoring trends, exchanging information and implementing specific programmes to reduce illicit drug supply and demand and counter drug trafficking.

41. The full potential of the principle of shared responsibility cannot be fully realized unless each country accepts responsibility for reducing its own specific illicit

supply of and demand for drugs. Governments of countries with large illicit drug markets need to develop more effective drug abuse prevention policies and, in partnership with donors, developing countries and countries with emerging economies should devote greater resources to address their own drug abuse problems. Given that drug abuse, especially in wealthy countries — even though the problem exists in less wealthy countries — remains one of the important factors of the drug problem, Governments should fully exploit the education and health institutions in their countries to provide drug abuse prevention, treatment and rehabilitation services. That also means that countries need to have adequate national legislation and services in the area of drug abuse prevention that are aligned with the requirements of the international drug control treaties. Such measures should send clear messages to young people and society as a whole.

42. The Board has pointed out in its previous annual reports that alternative development is feasible only in those areas where there is adequate security and stability as provided under the rule of law. Unless Governments are able to establish their authority and provide a safe environment, alternative development efforts cannot be effective. INCB has also called on Governments to address more effectively the issue of marginalized communities that are vulnerable to drug-related problems, including crime and violence. Governments need to extend the services of national institutions to marginalized communities, especially in the areas of citizen security, governance, health and education.

43. In the context of shared responsibility, the Board has over the past years drawn the attention of Governments to new issues related to drug control that require a more vigorous coordinated and concerted response from Member States, regional and international organizations, the private sector and civil society. These issues include new forms and the scope of organized criminal groups, unregulated drug markets, the abuse of prescription drugs, inadequate availability of opioid medication in many countries, the spread of unregulated Internet pharmacies, drug advertisements, counterfeit medicines, limited access to health-care facilities and the lack of capacity and resources to effectively reduce illicit drug supply and demand.

44. International cooperation is of particular importance to stop illegal sales of internationally controlled substances by Internet pharmacies, due to the global and dynamic nature of the medium. Activities of illegal Internet pharmacies operating in any one country have global implications, and the closing down of such illegal activities

in one country often leads to relocation of the illegal activity to another country. Therefore, taking action against illegal sales by Internet pharmacies is a shared responsibility of all countries, and international cooperation of governmental authorities, as well as collaboration with other stakeholders such as pharmaceutical associations, the pharmaceutical industry, Internet service providers and financial services, is required to successfully counter these activities.

45. Challenges in the control of precursors require the continuing, concerted attention of the international community. There is a need for all Governments to recognize that precursor control is a shared responsibility requiring the special attention of national drug control authorities. Political will is also needed to address problems such as the use of non-scheduled substances as substitutes for controlled precursors, the diversion of precursors from domestic distribution channels and the continuing vulnerability of countries that do not have the resources to develop the capacity and technical skills needed or the institutions required to control precursors.

46. While almost all States have acceded to all of the international drug control conventions, the integrity of the entire drug control system can also be undermined by actions of States or their failure to act. The Board has drawn the attention of Governments to the need for treaty obligations to be implemented consistently at all levels of government. The Board has noted that in some countries, while there is full compliance with the conventions at the national level, policies and measures at the state, provincial or municipal level are not in line with the provisions of the conventions.

47. In addition, the Board has called upon Governments to increase their national capacity for drug control and address the basic prerequisites for effective measures and international assistance, namely adequate domestic drug control legislation, a functioning national drug control body and an up-to-date, integrated and balanced drug control strategy that addresses illicit drug supply and demand, as well as transit trafficking.

48. The challenges identified point to the need to use the principle of shared responsibility to more effectively develop and implement national drug control policies that are consistent with the spirit and the letter of the conventions. Institutional ties at the national, regional and international levels must also be strengthened, particularly between drug law enforcement authorities, in order to build trust and promote closer cooperation in targeting, investigating and dismantling drug trafficking groups.

D. Conclusions and recommendations

49. Support for the principle of shared responsibility in drug control must go beyond rhetoric. As a cross-cutting issue, drug control and its legal framework — the international drug control system — have the power to effectively mobilize many actors in government departments, non-governmental organizations, the private sector, professional health-care and consumer organizations and regional and international organizations.

50. Governments have come to recognize that the drug problem affects almost every community in every country. Applying the principle of shared responsibility means that there should be realistic and practical measures in which all State and non-State actors may move in concert to achieve the aims of the international drug control conventions. Indeed, shared responsibility in drug control is a concept that should be used to measure how countries work together at the international level, as well as domestically.

51. As the year 2012 marks the centenary of the adoption of the first international drug control treaty, it is critically important that Member States embrace shared responsibility as a foundation of international drug control efforts, along with the three international drug control conventions, in order to safeguard public health and reduce the risks that drug problems will pose to future generations. In addition, the lessons learned in the area of drug control could serve as an example in addressing other current global challenges.

52. Shared responsibility is not always an easy principle to guide action worldwide, but it will be the most effective one. Governments, civil society, local communities and the private sector need to work together to secure healthy lives for their citizens and respect for the rule of law.

53. In order to improve the concerted actions by the international community to advance shared responsibilities in drug control, the Board recommends the following:

(a) Governments should comply with the provisions of the international drug control conventions. They should develop more effective practices in reducing illicit drug demand, focusing on education, prevention, treatment and rehabilitation, and should devote greater attention to the basic requirement of preventing first use of drugs;

(b) Governments, the United Nations system, regional organizations, civil society and the private sector should develop a renewed sense of shared responsibility in drug control. This should be based on the fundamental values of inclusiveness, a clear definition of purpose and

roles, and an integrated, balanced and multisectoral approach aimed at achieving sustainable results and promoting accountability among all actors. In addition, Governments and public institutions should seek greater common purpose among the policies and strategies for drug control and those promoting social justice, economic development and human rights and addressing corruption and organized crime;

(c) Governments, in concerted and collaborative efforts, should promote the health and welfare of mankind by ensuring the use of internationally controlled substances solely for medical and scientific purposes;

(d) Governments should fully integrate drug control as a well-established priority in national economic and social development plans, including providing their drug control programmes with needed resources. Action at the national level must be supported by full implementation of the conventions at a subnational level and a strong commitment to regional, international and development cooperation among drug control partners;

(e) As a commitment to shared responsibility, Governments should take full advantage of the 1988 Convention, in particular its article 5, to contribute the value of seized assets and property for social and economic development programmes and support, where appropriate, bilateral and multilateral drug control agreements;

(f) Better recognition by Governments of the importance of drug control under the Millennium Development Goals for 2015 would also promote a stronger commitment by States, international organizations and international financial institutions to fully integrating marginalized communities affected by illicit drug production, trafficking and use, within social and economic development programmes;

(g) Governments and the organizations concerned should establish efficient mechanisms for exchanging information on their actions, experiences and good practices in drug control. Greater synergy and coordination of action among the regional and international

organizations concerned should be encouraged in order to avoid duplication of efforts and promote collaboration. Those organizations should be encouraged to be more actively involved in joint efforts, especially efforts aimed at reducing illicit drug demand. At the same time, States in the various regions should provide their regional organizations with the capacity and resources necessary to implement regional drug control strategies;

(h) At the national level, Governments should reinforce shared responsibility by making greater efforts to integrate supply and demand reduction activities under a unified central drug control authority that coordinates the work of government departments and agencies responsible for law enforcement, health, education, justice and economic development, together with representatives of civil society and the private sector;

(i) Governments should promote greater involvement of local citizens, non-governmental organizations and other members of civil society, as well as the private sector, to develop new avenues for strengthening shared responsibility in drug control efforts. This would enable Governments to secure a higher level of cooperation and coordination among all relevant actors, distribute tasks and responsibilities among them and promote the allocation of the necessary financial and other resources among those services and agencies;

(j) UNODC and regional organizations should continue to support shared responsibility through multilateral collaborative schemes such as the Paris Pact initiative and the Triangular Initiative. They should also provide assistance to States through the design and implementation of integrated programmes that address all aspects of drug control and related crime at the national and regional levels. Programmes that have a steering committee composed of States and funding partners provide an excellent framework for shared responsibility, allowing them to jointly review progress, achievements and challenges and carry out joint activities.