

Seventeenth European Cities against Drugs Mayors' Conference
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Statement by
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Excellencies, Ladies and Gentleman,

It is a pleasure to address this important and unique gathering of Mayors of European Cities against Drugs – cities that have committed themselves to showing a united front against illicit drugs, guided by the United Nations Conventions on drug control. I thank the Government of Malta for their generosity in hosting and organizing this event. Your work, as part of ECAD, towards a drug-free Europe is both noble and necessary and I applaud your effort and commitment. Indeed, the efforts of local government – cities and towns – can play a major role in operationalizing some of the key elements of the international drug control conventions. Indeed, it is the city authorities – rather than national governments - that are generally in direct contact with citizens. Cities therefore have the opportunity to influence behaviour and put appropriate mechanisms into place to reduce demand for illicit drugs.

The theme of this conference – “Empowering our Citizens to Live Healthier Lifestyles” – highlights that citizens and communities can indeed be empowered – through education, appropriate infrastructure and support – to make the choice to live healthier lifestyles. In a world with an overload of conflicting media messages, large coverage of celebrity lifestyles, drug abuse is often normalized and it is important that citizens receive balanced messages about lifestyle choices. Cities are excellently placed to undertake and coordinate this role across their jurisdictions.

How can we achieve the goal of a drug-free Europe? I will attempt to address this question by giving an overview of the achievements and challenges of international drug control and of the International Narcotic Control Board's position with regard to demand reduction and primary prevention as a key component of drug control, in particular at the local/city level.

ECAD – a framework for partnership

ECAD is a framework for partnership in drug demand reduction and there is a striking parallel between the mandates of ECAD and INCB. A few examples ... ECAD promotes adherence to the conventions and highlights the need for strict monitoring of adherence. The mandate of INCB is to promote Government compliance with the United Nations drug control conventions - the Single Convention on Narcotic Drugs, the Convention on Psychotropic Substances, and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. While you, European Cities Against Drugs, work at improving coordination and information exchange among European Cities, INCB works with Governments around the world to ensure that the international drug control system works effectively.



What INCB does as its mandate – achievements and challenges

With regard to licit use of drugs, INCB cooperates with Governments with the aims of ensuring that adequate supplies of drugs are available for medical and scientific uses and that diversion of drugs from licit sources to illicit channels does not occur.

INCB also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic.

Concerning illicit uses of drugs, INCB identifies weaknesses in national and international drug control systems and contributes to the identification of appropriate solutions.

INCB is also responsible for assessing and monitoring the trade of precursor chemicals used in the illicit manufacture of drugs.

Achievements in international drug control

Significant achievements have been made in international drug control, especially over the past decade. The Board's efforts have contributed to considerable progress towards universal adherence to the international drug control treaties. For example, over the period 1998 – 2008, an additional 20 states acceded to the Single Convention on Narcotic Drugs, an additional 25 states acceded to the 1971 Convention on Psychotropic Substances, and an additional 28 states acceded to the 1988 Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The almost universal accession to the treaties illustrates the commitment of Governments to comply with the conventions in addressing the world drug problem.

An increased number of states have taken steps to build their capacity for the implementation of the international drug control treaties, including adoption of comprehensive drug control legislation, establishment of coordination mechanisms, and development of drug control strategies. The Board maintains an ongoing dialogue with Governments to monitor compliance with the conventions.

The effective implementation of the international drug control treaties (and relevant resolutions of the Economic and Social Council and the General Assembly) has contributed to stopping, almost completely, the diversion of licitly manufactured drugs to the illicit market at the international level. However, the diversion of licit drugs to the illicit market at national level is still a significant problem.

Progress has been made to prevent the diversion of precursor chemicals for use in the illicit manufacture of drugs. A system of pre-export notifications has facilitated significantly the detection of numerous diversion attempts. In 2006, the Board initiated an automated notification system - PEN Online - which has further promoted the exchange of information on international trade in precursors.

Challenges in drug control

Significant challenges in international drug control remain that require joint efforts and coordination.

Three challenges are of particular concern internationally. Firstly, psychotropic substances, including amphetamine-type stimulants (ATS), could be better controlled, especially with regard to domestic diversion. Secondly, the abuse of prescription drugs continues to be a problem and, thirdly, the sale of such substances through the Internet requires adequate action from Governments.



In Europe, significant challenges remain, particularly with regard to trafficking of drugs, drug abuse, and illicit manufacture of amphetamine type stimulants. In the past year, Europe has been characterised by the availability of an increasing variety of illicit drugs, with a growing range of mainly uncontrolled substances.

The use of the Internet has played a role in the region in two ways – in the marketing of drugs and in enabling the illicit drug market to adapt swiftly to changes in the legal status of psychoactive substances. This was seen with the recent banning in European Union member states of benzylpiperazine (BZP). Online drug retailers responded soon after by offering new products such as herbal smoking products and recreational drug tablets containing legal alternatives to BZP.

Polydrug abuse and concomitant alcohol problems are of great concern in Europe, especially given the unpredictable effects of combinations of drugs. There are alarming indications of the diffusion of cocaine abuse, which was formerly concentrated in a small number of countries in Western Europe, into other countries in the region. There is also evidence that amphetamine and “ecstasy” abuse in some countries may be replaced by cocaine abuse, as demonstrated in a number of European countries¹ where increases in cocaine abuse and decreases in amphetamine abuse have been observed.

Also of concern are increases in the detection of commercial size cannabis plantations, indicating possible increasing “professionalization” of cannabis plant cultivation in Europe.

There is a need for strengthened coordination and cooperation at national and international levels. Major action is required by member states, as required by the Conventions, to meet these challenges. To complicate matters, there are sometimes contradictions between local or state policy and national policy. Cities and local government can play a major role in implementing the conventions, particularly with regard to demand reduction.

Demand reduction - a key aspect of drug control

Drug control strategies are generally aimed at achieving a balance between supply reduction and demand reduction - which are inextricably linked - yet primary prevention receives little attention compared to other aspects such as supply reduction or treatment of drug abuse. It is sometimes argued that supply reduction efforts result in raising drug prices and reducing the accessibility to drugs in communities, eventually reducing demand. In theory, the reverse also applies – effective drug demand reduction results in a reduced supply of drugs in communities. In reality, if drugs are readily available and accessible, new drug abusers will soon replace recovered drug abusers. Elimination of a specific drug from the community does not imply the elimination of the drug problem completely – without demand reduction there will only be a shift towards other drugs or substances of abuse. Neither demand reduction nor supply reduction programmes alone have been fully successful in addressing the drug abuse problem. For this reason, governments need to implement supply and demand reduction policies concurrently.

However, supply reduction and demand reduction require fundamentally different approaches. Supply reduction measures must be implemented uniformly to ensure the functioning of the international drug control system. Therefore the legal framework for measures countering illicit drug manufacture, production, trafficking and diversion has been established and is monitored at the international level. In contrast, prevention of drug abuse primarily involves the communication of messages that should be designed according to the cultural, social and economic backgrounds of the target groups. Following this logic, the scope for cities in fighting the drug problem rests mainly in demand reduction.

¹ UK, Denmark and Spain (EMCDDA Annual Report 2009)

Demand reduction is a core component of the international drug control treaties, along with measures to control the supply of narcotic drugs and psychotropic substances. The Conventions call for the prevention of abuse of narcotic drugs and psychotropic substances, as well as for the early identification, treatment, education, aftercare, rehabilitation and social integration of the persons involved. Parties to the 1998 convention are obliged to adopt measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering and eliminating financial incentives for illicit trafficking. The Board has repeatedly underlined the importance of demand reduction as an essential component of global and national efforts against drug abuse.

The good news is that policy makers are increasingly recognising the potential of demand reduction as a measure in tackling the world drug problem. At its twentieth special session, in 1998, the General Assembly adopted the Declaration on the Guiding Principles of Drug Demand Reduction, in which Member States made a commitment to investing in demand reduction programmes. This declaration was reaffirmed by member states last year at the High-level Segment of the Commission on Narcotic Drugs. This is to be achieved by actions such as assessing the magnitude of drug abuse, ensuring that demand reduction programmes cover all areas of prevention, forging partnerships among stakeholders at local and national levels, tailoring approaches to different target groups, ensuring that information is correct and reliable, and ensuring the sharing of experience in demand reduction.

It is crucial that demand reduction efforts are incorporated into broader social welfare and health promotion policies and preventive education programmes with the overall aim of reducing problems associated with drug use.

Negative consequences of drug abuse

It is very important to reduce the negative consequences of drug abuse and appropriate measures should be incorporated into comprehensive demand reduction programmes. Measures to prevent negative consequences, including the spread of HIV/AIDS, hepatitis B and C and other blood-borne infections, are an important part of public health programmes. However, any such prophylactic measures should neither prompt nor facilitate drug abuse which might, in turn, lead to other, different types of negative consequence. Facilities such as consumption rooms, where individuals can inject drugs acquired from the illicit market and facilities for testing drugs for impurities prior to their use, remain of concern to the Board.

Designing demand reduction programmes

Demand reduction refers to all activities aimed at reducing demand for illicit drugs and includes primary, secondary and tertiary prevention. Primary prevention includes measures that prevent and reduce drug use in populations that are either not using or not seriously involved in drugs. Secondary prevention is aimed at reaching individuals who are seriously involved with drugs but not yet dependent on drugs, while tertiary prevention concerns treatment and rehabilitation. Given that primary prevention target populations are much larger than those targeted by secondary and tertiary prevention, primary prevention measures have a significant potential for reducing rates of drug abuse in a jurisdiction.

Primary prevention

Since most drug abuse begins during adolescence and early adulthood, primary prevention is mainly directed at these and preceding life stages. Drug abuse can be prevented either directly through activities specifically aimed at preventing drug abuse or indirectly through activities that prevent drug abuse by promoting the overall health of a population. The latter applies to the theme of this conference "empowering our citizens to live healthier lifestyles".

The reasons for societies to prevent drug use are clear. Single drug-use experiences can have unpredictable and serious consequences. As you well know, frequent use of drugs over a long period can have detrimental consequences for the individual. Reduced community safety and cohesion and elevated criminal activity may also result. Economic costs to society arise from increased law enforcement, social welfare and health care, and lost productivity.

Understanding the problem in your city

Any efforts to prevent drug abuse must be based on the best possible data to provide us with a clear understanding of the situation. This is necessary to appropriately design the prevention strategy and to measure progress.

It is important to know such things as: prevalence of drug abuse; age of first drug use; gender differences; socio-cultural contexts of drug abuse; frequency of drug abuse; and so forth.

School and household surveys may provide prevalence data and a broad view of the situation. Hospital emergency units, drug treatment centres, medical networks, police departments, government health and social service offices and university research offices are all sources of useful data.

Strategies for preventing drug abuse

Whole (universal) population initiatives have the potential to reduce demand and identify population groups that require further attention. Although such initiatives generally prevent only a small percentage of the population from starting drug abuse - as they serve whole populations that small percentage may actually represent a significant number of people. Targeted (selective) initiatives can address vulnerable populations with a greater focus or intensity. A prevention plan should include both types of measures for the various life stages. Prevention plans are generally designed according to the life stages of: early childhood; later childhood; early adolescence; older adolescence and young adolescents; as well as all life stages.

At the early childhood stage, initiatives should begin with prospective parents and could be incorporated into pre-natal courses offered within communities. Later childhood primary prevention initiatives are most effective if family-based and can be held in conjunction with local schools, for example. Education aimed at raising awareness of the risks of drug use is an important prevention component for children in early adolescence. The effectiveness is strengthened when provided in the context of a "health-promoting school" approach, which integrates attention to the environment in and around schools, improves access to services and has strong parent and community involvement. Such a model could even be applied to your "health-promoting cities"!

Youth agencies, sports clubs and other organized out-of-school activities offer opportunities to promote youth development and health. Cities have a key role to play in this regard in offering community programmes. A "healthy-setting" approach that recognises the potential of workplace, nightlife settings and post-secondary institutions to promote health can be effective among older adolescents and young adults.

In an era where some segments of popular culture are trivialising or normalising the use of illicit substances, it is essential that these messages be countered by using innovative forms of communication, including the Internet and social networking technology, to convey prevention messages. If using mass media campaigns as part of the prevention strategy, it is crucial to have a good understanding of the targeted youth or parents and have sufficient resources to reach the target group.

Community action in tackling the drug problem

Communities have a range of opportunities to promote the health of young people and to prevent drug abuse. However, prevention at all life stages is important and should be seen as an inherent responsibility of all community members. A key hurdle to overcome is demonstrating to all community members how prevention-based policies and approaches can

be of benefit in meeting their own goals. For example, business owners should understand that a healthy setting can also make good business sense.

Of particular relevance is the concept of social capital - a community's cohesiveness and ability to solve common problems - which can be an indicator of community health. Social capital can have an influence on, among other things, drug use. Weak communities are more likely to experience crime, public drug use and social disorder, and a vicious circle of deepening community weakness can result. Community empowerment is often the key link between education and treatment services. It promotes the degree to which a community feels that it has control over the decision-making process. Where there is little social control or social norms, community empowerment can be vital to the success of demand reduction strategies.

Positive outcomes are more likely when separate initiatives are considered under an umbrella of long-term community action. All members of the community must be engaged in nurturing healthy young people and skill-building opportunities should be provided in the context of day-to-day living. Long-term community programmes for preventing drug use are complex and require strong commitment, partnerships, leadership development and public participation. Even in weaker communities, collective efforts can result in small and important changes that strengthen cohesion and sense of common purpose. Social inequality and poverty should be alleviated in order to overcome the poor social conditions that can contribute to drug use. This can be achieved through efforts in a wide range of areas such as housing, food, jobs and early childhood education and care. It is essential that any community-wide plan be sustainable with the involvement of prevention professionals and have a capacity-building component.

Building capacity for primary prevention

There is a wide array of factors influencing drug use. The greatest challenge in primary prevention is to account for the complex interactions between these factors when developing a primary prevention plan. Governments should designate a focal point for primary prevention and develop vertical and horizontal linkages in Government.

Prevention strategies must be linked with child support initiatives that address behavioural and social problems such as poor academic performance, mental health problems, violence and criminal activity.

Given that early use of legally available substances is linked to later drug use, it is essential that drug use prevention plans include or be linked to initiatives addressing the abuse of legally available substances. This philosophy is reflected in the World Health Organization Programme on Substance Abuse, which focuses not only on narcotic drugs and psychotropic substances, but also on tobacco, alcohol and other substances.

Primary prevention initiatives should, along with secondary prevention and treatment, form a demand reduction continuum to ensure effective coordination between levels of service. Mechanisms must be established for coordination and cooperation between departments and disciplines to ensure the active exchange of knowledge and experience.

Collaboration between governmental and non-governmental organizations is essential at the local, national and international levels. In this regard, it is pleasing to see that the Vienna NGO Committee on Drugs is also here today. Such collaboration maximises the effectiveness of initiatives and optimizes the use of scarce resources.

Reputable non-governmental organizations that help children and youth can work alongside community representatives in prevention initiatives at the local level. It must be reiterated, however, that prevention activities should be evidence-based and culturally sensitive in order to increase the likelihood of success.

Conclusion

It is important that clear targets and aims for primary prevention strategies are set, in order to assess the implementation and effect of the activities. Sharing of knowledge between other jurisdictions, as promoted by this forum, can improve the understanding of the effectiveness of prevention measures in various contexts. In adopting a prevention programme that has been successful elsewhere, it is crucial that it be adapted to local culture and conditions while retaining the core elements. Guidelines on good practice, based on scientific evidence, can be useful in guiding prevention strategies and in setting benchmarks against which progress can be measured.

The world drug situation is an ongoing challenge. To adequately respond, prevention strategies must be comprehensive, long-term, and sustainable. They must look beyond changes in government and media hype. The programmes should utilise social capital in their implementation with the aim of - at the same time - building, enhancing and preserving the social capital of communities.

The success of demand reduction programmes depends on two key factors: the political will of the Government (and corresponding financial resources); and the willingness of the community to cooperate. "Top-down" and "bottom-up" approaches should both be applied in order to maximise the likelihood of success of the programme.

On a more personal note, I am a medical doctor with decades of experience working with drug dependent individuals. I truly value any efforts to assist these people in overcoming their problems through a comprehensive range of treatment, rehabilitation and social reintegration services and preventing associated negative consequences. Even more so however, I wish to see that people can be supported and empowered in avoiding the onset of drug abuse in the first place and thus avoiding the harm and suffering – to both the individual and community – that result from drug abuse.

To close, let us recall what the United Nations is all about. The Charter of the United Nations starts with "We the people of the United Nations ..." and - of relevance to the drug control problem - states that we are "determined ... to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, ... to promote social progress and better standards of life ...". You, the Cities, are the representatives of the population of the Charter. You have a challenging role to play in achieving a drug-free Europe. I wholeheartedly wish you success.

