Ladies and Gentlemen,

It is an honour to address you today, at this 23rd ECAD Mayors’ Conference on “Proactivity beats Reactivity – Examining the evidence for sound drug prevention in our cities”, on behalf of the International Narcotics Control Board (INCB).

I would first like to thank the City of Stavanger for its generosity in hosting and organizing this event. As a former Deputy-Mayor of Liège of seven years, I very much appreciate the role that our cities play in tackling the various aspects and complexities of the world drug problem and praise your longstanding commitment and efforts towards reducing the impact of drugs on our citizens. I know from my personal experience that your task is by no means an easy one.

INCB, as the independent and quasi-judicial body charged with monitoring and promoting the implementation of the three international drug control conventions, has over the years repeatedly drawn the attention of Governments to the importance of prevention programmes. The prevention of drug abuse, especially among young people, must remain the primary objective of drug control policy and practice. Indeed, the drug control conventions place a great deal of importance on demand reduction. The Single Convention on Narcotic Drugs contains the obligation for Governments to “take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved”\(^1\).

Over the years, INCB has dedicated several thematic chapters of its annual report – our main means of conveying our findings and recommendations – to the question of prevention. The INCB Annual Reports for 2009 and 1997 were devoted to the topics “Primary prevention of drug abuse”\(^2\) and “Preventing drug abuse in an environment of illicit drug promotion”\(^3\), respectively, as a contribution to the global debate.

In order to achieve the ultimate goal of the three drug control conventions, namely the promotion of health and welfare of mankind, the conventions need to be implemented in a comprehensive, integrated and balanced manner with full respect for human rights. To this extent, governments and societies in general face the challenge of finding the right balance between ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, while preventing abuse and reducing the risk of addiction. This is particular relevant to efforts at the city level, aimed at ensuring that adequate services are available to prevent and treat drug abuse, and to prevent the negative consequences of drug abuse.

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\(^1\) Single Convention on Narcotic Drugs, 1961, art. 38 (1)
\(^2\) Chapter I of the INCB Annual Report for 2009 (E/INCB/2009/1)
\(^3\) Chapter I of the INCB Annual Report for 1997 (E/INCB/1997/1)
Investing in demand reduction – including primary prevention, education, treatment, rehabilitation and reintegration of drug users – promotes public health and wellbeing and also helps to reduce the potential number of users. In fact, demand reduction is perhaps the best form of supply reduction. Drug prevention is among the most cost-effective responses to counteracting the economic and social consequences of drug abuse. Many studies have shown that good prevention programmes can save governments significant amounts of money in avoided later costs, for instance in health care and criminal justice; therefore Governments’ investments in prevention and their regulatory control systems, must be maintained – even in times of financial austerity.

Distinguished guests,

Abuse of narcotics drugs and psychoactive substances is a worldwide concern and there is no single general trend in drug abuse or trafficking. The implementation of the conventions in some countries has been focused on law enforcement approaches, sometimes neglecting the fundamental role of prevention. Many countries were under the impression that they were only transit or producing countries and that addressing the drug abuse problem was not their responsibility. To adequately address the drug problem, responsibility for tackling drug abuse and trafficking, and illicit cultivation and production must be shared among and within countries.

The drug control conventions do not prescribe a universal prevention approach to be applied worldwide. The appropriate prevention strategy for each city depends on local circumstances, evidence-based experience and challenges, ever-changing rates and patterns of drug abuse, and prevailing socio-economic factors. However, the conventions provide States with some flexibility to adopt measures such as treatment and rehabilitation as an alternative to, or in addition to, criminal sanctions for offenders, mainly those suffering from drug dependency. The steps taken by many countries with regard to the respect of the principle of proportionality as reflected in the drug control conventions, by shifting drug policy and practices from an approach relying primarily on criminal justice and incarceration to a more health-oriented approach, is welcomed and encouraged by the Board.

The benefits of appropriate prevention strategies are multiple. Oftentimes, appropriately designed and targeted drug abuse prevention programmes also bring additional favourable outcomes such as the reduction of transmission of HIV/AIDS infection and other blood borne diseases, the promotion of a healthier lifestyle, an increase in community safety, and the prevention of broken families, abandonment of children, abuse and family violence. Importantly, it is sometimes sufficient for the prevention campaign to successfully reach out to individuals for those persons to reach out to their peers merely by providing good examples, good role models to follow. Such strengthening of positive social and life skills and resilience can contribute to reducing the risk of behavioural and social disorders developing.

Communities have a range of opportunities to prevent drug abuse and to link education, awareness raising and treatment services. Cities should establish regular lines of communication among key parties involved in developing and implementing prevention strategies. Partners that should be included range from civil society organisations, to prevention curriculum analysts, educators, parents, community leaders, local law enforcement officials, health professionals and local, state and federal officials. Others need to be defined at the local level. Direct local engagement of volunteer organizations in drug abuse prevention leads to the construction of networks of people ready to cooperate. There are many examples of grassroots organizations such as mothers’ groups mobilizing to protect their children from traffickers and abuse, and community groups that mobilize to protect often marginal communities.

Rural areas and peripheral towns and cities also experience crime, public drug use and social disorder that can result in a vicious circle of deepening community weakness. But, even in marginalized communities, collective efforts can lead to small and important changes that strengthen social cohesion and a sense of common purpose. This can be achieved through efforts in a wide range

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4 Chapter I of the INCB Annual Report for 2011 (E/INCB/2011/1)
of fields which may include housing, food security, employment and early childhood education and care services. It is essential that community-wide plans are sustainable and count on the involvement of prevention professionals and have a capacity-building component.

**Conclusion**

In closing, I would like to stress once again the crucial importance of prevention and recovery. The United Nations drug control conventions are an essential tool for achieving the goal of reducing drug abuse and dependence. Respect for human rights in the development and implementation of demand reduction programmes is a pre-condition for success.

Two weeks ago, at the special session of the United Nations General Assembly on the world drug problem held in New York, Member States adopted an outcome document containing operational recommendations on demand reduction that includes specific measures that Governments should implement in the field of prevention and treatment, and health-related issues. The outcome document and its operational recommendations reinforce the importance of demand reduction interventions, including drug abuse prevention in countering the world drug problem. Primary prevention, early interventions, enhanced national and international cooperation, data collection, and gathering of evidence are all areas prioritised in the UNGASS outcome document.

I urge you all, as the authorities of European cities, to continue engaging in the promotion of prevention of first use of drugs, as well as to continue reaching out to those who have been affected – drug users and their families through the provision of appropriate, tailor-made and targeted services.

Sharing of knowledge between other jurisdictions, as promoted by this forum, can improve the understanding of the effectiveness of prevention measures in various contexts. It is crucial for the prevention programme to be adapted to local culture and conditions. 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, sustainable and based on the common grounds reflected in the drug control conventions.

Distinguished colleagues,

I wish you much success in your worthy endeavour. I urge you to exercise your good offices to ensure the establishment and continuation of comprehensive drug abuse prevention programmes in your municipalities, for the benefit of the health and welfare of the residents of your cities.

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