

## **European Cities Against Drugs**

### **International drug control policy on the eve of the twenty-first century**

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Ladies and Gentlemen,

Let me begin by saying how honoured I am to have been chosen as speaker for this meeting. I am grateful for the opportunity to address this important gathering and would like to congratulate the organizers of this conference - European Cities Against Drugs and the City of Stockholm - for the commendable initiative they have taken in bringing us all together to discuss the future of drug control.

The Special Session of the General Assembly on international drug control in June is a historical occasion for the international community to chart a strategy for the twenty-first century. On the eve of the new millennium, the international community must define the legacy it wishes to pass on to the next generation in the field of drug control, crime prevention and criminal justice. At this critical threshold it is therefore more than fitting to review the achievements of international drug control.

#### **International conventions -- the basis of all actions**

At the beginning of this century, the availability of all drugs, mostly opium products, was unregulated. The opium trade was a profitable business. Pharmaceutical and food industries developed products which contained heroin and cocaine and which were freely available to the population. As a result, opiate addiction became a mass phenomenon in Asia, and in some European countries. In the United Kingdom, for instance, the easy availability of opiate-based patent medicine led to large-scale "home-drugging".

Against this background, thirteen countries participated in the first international drug control conference against drug abuse in 1909 in Shanghai, China. That international meeting led to a series of agreements to regulate the manufacture, distribution, trade in narcotic drugs. These agreements were consolidated in the 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol. The adoption of that convention achieved the consolidation of the first generation of drug control conventions agreements designed over a period of 60 years. Building on the inheritance of the early days of international cooperation in drug control, the 1961 Convention represented an effective tool for responding to the drug abuse situation.

The 1961 Convention keeps a tight rein on opiates and also reconfirmed and strengthened or introduced international controls over products related to coca and cannabis as well as synthetic drugs, similar to the just mentioned ones. 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 the use of narcotic drugs exclusively to the amount needed for medical and scientific purpose.

The 1961 Conventions retained the system of estimates and statistics which had been established by the Conventions of 1925 and 1931, since they were working effectively. 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 transaction, and those requiring Governments to submit and to exchange, through the Secretary-General of the United Nations, 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 Convention prohibits the practices of opium smoking, opium-eating, coca-leaf chewing, 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 parties to take any special control measures deemed necessary in the case of particularly dangerous drugs.

Growing concern over the harmful effects of another category of drugs, namely psychotropic substances such as amphetamine-type drugs, sedative-hypnotic agents and hallucinogens led to another collaborative effort by the international community. The adoption of the Convention on Psychotropic Substances in 1971 addressed the increasing abuse of those drugs which are man-made and able of altering behaviour and mood and of creating harmful dependency effects.

The control system provided for by the 1971 Convention is based largely on the one in force since 1964 by virtue of the Single Convention on Narcotic Drugs. However, as there are considerable differences in the risks arising from the abuse of psychotropic substances, the necessary control measures were categorized in four separate schedules. Those measures range from total prohibition of such substances, except for scientific and very limited medical purposes, to a licensing system for the manufacture, trade and distribution of such drugs. The Convention also regulates inspection of stocks, records and laboratory premises. Parties must maintain a system of strict control of the manufacture, 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 those functions. Efficient methods of record-keeping must be established, differentiating between the types of psychotropic substances and activities concerned.

The 1961 and 1971 Conventions also contain important measures against illicit trafficking in drugs and measures aimed at reducing the demand for them. In contrast to many of the regulatory provisions of the conventions, the provisions on demand

reduction and illicit trafficking are outlined in broad terms. Thus, the way of implementing those provisions is left up to Governments.

Continuing its role in the international fight against the more recent plague of illicit trafficking in drugs, the United Nations convened in 1988 a Conference of Plenipotentiaries which led to the adoption by 106 States of the United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances in 1988. The Convention, another breakthrough in international efforts to control drugs, addresses the issue of illicit drug trafficking in a comprehensive and innovative manner and defines related illicit activities such as money-laundering and illicit use of precursors as punishable offences. 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 should not 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 proceedings for criminal prosecution. Another significant and innovative landmark is the commitment of parties to set up new forms of cooperation in detecting, investigating and prosecuting drug trafficking offences.

The 1988 Convention represents a broad international consensus, evident by its entering into force in November 1990, a record time by comparison to most other international instruments.

In drafting the conventions, the international community pursued what is today referred to as a balanced approach. Member States were very well aware that the most stringent international control against drugs must be accompanied by actions to curb the demand for such drugs. The 1972 Protocol which amended the 1961 Convention underscores the necessity for increasing efforts to prevent illicit production of, traffic in and use of narcotic drugs. It also highlights the need to provide treatment and rehabilitation services to drug abusers. Treatment, education, after-care, rehabilitation and social integration should be considered as alternatives to or in addition to imprisonment for abusers who had committed a drug offence. Similarly, the 1971 Convention contains special provisions relating to the abuse of psychotropic 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. And even the 1988 Convention, which focuses on illicit traffic, requires parties to undertake activities aimed at the elimination or reduction of the demand for narcotic drugs and psychotropic substances. Thus, demand reduction measures are an obligation for Governments under all international drug control conventions. The treaty provisions show the understanding of the world community that a comprehensive programme is needed to deal with the ramifications of drug abuse as it addicts citizens and communities.

The international drug control treaties have been accepted and recognized as valuable tools in the fight against drug abuse and illicit drug trafficking. All drug control treaties have been recognized as flexible and effective instruments and have consequently been widely accepted.

### **The International Narcotics Control Board**

The International Narcotics Control Board was created by the 1961 Single Convention on Narcotic Drugs to monitor the implementation of the treaties by Governments. Article 9 of the 1961 Convention, as amended by the 1972 Protocol, entrusts the Board with the responsibility to "limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes, to ensure their availability for such purposes, and to prevent illicit cultivation, production and manufacture of, and illicit traffic in and use of, drugs". Subsequently, the 1971 Convention on Psychotropic Substances and most recently, the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, assigned additional mandates to the Board with respect to monitoring the international trade in psychotropic substance and precursors. In order to carry out its monitoring tasks, INCB collects, collates and analyses statistical and other information which governments provide on narcotic drugs, psychotropic substances and precursors. Based on this data, INCB analyses the licit movement of drugs, the trends in illicit activities and it detects diversion. The Board also examines and confirms estimated requirements in narcotic drugs for all countries.

The Board consists of 13 members who are elected by the Economic and Social Council of the United Nations for a period of 5 years. Each member serves in his personal capacity and not as a government representative. Our work is supported by a secretariat which consists of approximately 25 United Nations civil servants. Organizationally, the secretariat is a part of the United Nations International Drug Control Programme, which was established in 1991 to coordinate all United Nations drug control activities. UNDCP assists the Board in many endeavours, for example, in preparing and publicizing its annual report and in matters related to technical and financial assistance. Apart from UNDCP, the Board collaborates with other international bodies concerned with drug control, including not only the Economic and Social Council and its Commission on Narcotic Drugs, but also with the relevant specialized agencies of the United Nations, particularly the World Health Organization. It also cooperates with bodies outside the United Nations system.

As I have mentioned before, INCB has been given the responsibility to ensure and promote the implementation of the treaties. Such an endeavour would almost be impossible to conceive without continued cooperation between governments and the Board; cooperation that has to be constantly nourished and improved by all parties, mainly through an open and constructive dialogue. A dialogue of this nature takes several forms such as meetings with different government authorities at international meetings. The Board also arranges missions to a number of countries to establish and maintain a direct dialogue on drug control issues. Those missions examine, in the light of Government's obligations under the international drug control treaties, legislative

measures and administrative policies, as well as achievements in combating drug abuse, illicit trafficking, money-laundering and illicit production or manufacture in the countries to be visited.

The treaties require that the Board prepares an annual report on its work. In that annual report, the Board analyses the global drug control situation, draws the attention of governments to any gaps and weaknesses in national drug control and treaty compliance, and suggests possible improvements which may be undertaken at both national and international levels. In addition to its annual report, the Board prepares detailed technical reports on licit movements of narcotic drugs, psychotropic substances and on the implementation of precursor control on an annual basis. From time to time, the Board prepares special reports. In 1996, for instance, the Board published a Special Report on the Availability of Opiates for Medical Needs.

The work of the Board is in a continued state of expansion due to the growing number of substances placed under international control and to additional responsibilities entrusted to the Board. Article 12 of the 1988 Convention, for example, introduced a number of control measures on various substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. The convention entrusted the Board with the responsibilities of monitoring the implementation by Governments of the control measures over such substances and assessing chemical substances for possible international control. In this connection, the Board has established a databank to make full use of the information it receives. This databank is used both to assist the Board in assessing substances for possible control and as a tool to help Governments to prevent diversion of precursor and essential chemicals to the illicit manufacture of drugs.

### **The successes of the international drug control regime**

The treaties have succeeded in limiting, for each country and territory and in the world as a whole, the licit cultivation, manufacture and distribution of and trade in narcotic drugs to the quantities required for medical and scientific purposes. A simple example may illustrate the effect that the conventions had on the consumption of opiates. At the beginning of the century opium consumption in **China alone** was about 3,000 tonnes in morphine equivalent. Today, **worldwide** medical consumption of morphine equivalent is around 230 tonnes and illicit consumption is estimated at about 380 tonnes. This shows that today's addiction to opiates, mainly to heroin, although serious, is in no way comparable to the addiction epidemic which prevailed when the availability of narcotic drugs was not regulated.

What has also become evident in the course of the century is that a comprehensive and balanced drug control policy goes a long way in containing the problem. The drug policy of Sweden is an example of such a successful approach. Based on the belief that the deliberate use of drugs for non-medical purposes leads to the destruction of the mind and the body, the Swedish drug control policy has as its objective a society that should be free of the evils of drug abuse. To achieve this ultimate goal, a drug-free society, a variety of measures are applied which fall into three categories: prevention, treatment and

repressive measures. Legal restrictions for the possession and use of drugs and effective law enforcement action are complemented by proactive prevention and humane treatment policies. And this policy has been extraordinarily successful: at the national level, it is supported by all segments of the population and politicians of all beliefs. At the international level, "the Swedish model" as it is affectionately called by the experts, is thought to be one of the most successful drug control policies in the world.

### **The new challenges**

Despite many achievements, a lot remains to be done. New challenges await us. One particular challenge that communities around the world face in the fight against drug abuse and illicit trafficking is an environment which has become increasingly tolerant of and even favourable towards drug abuse. The Board took up this issue in its most recent report and this generated a great deal of international attention.

Drug use and abuse has gained acceptability. After the eighties which saw the rise of a drug-rejection culture, the 90s could almost be described as a decade of drug revival. Drug abuse increasingly appears to enjoy the image of a normal, even fashionable activity. This has become evident in many areas in society, for example, in the pop music, fashion and entertainment industries and in certain media, particularly on the Internet.

Popular music is one of the key influences on young people. It is therefore all the more regrettable that many musicians in that industry whose popularity reaches far beyond national boundaries, make statements to the effect that the use of drugs is normal or acceptable. Not long ago, one member of a well-known pop group extolled the virtues of ecstasy<sup>(1)</sup>, and only recently a middle-aged pop star claimed that some of the greatest hits of his former band had been "inspired" by marihuana<sup>(2)</sup>.

The glamourization of drug abuse can also be found in the world of fashion, where the term "heroin chic" propagated as desirable the looks of pale, glassy-eyed, anorexic models<sup>(3)</sup>, and the film industry where drug addicts have been heroes of several films.<sup>(4)</sup> Drug abuse has also been depicted as normal in several situational comedies on television.<sup>(5)</sup>

Pro-drug messages also abound on the Internet, a medium which is predominantly used by young people. There have always been books that explain in detail, for example, how to grow cannabis indoors or how to make a range of "designer drugs". That knowledge is now available on the Internet, crossing all national boundaries and defying restriction on the dissemination of information. There are many pages on the World Wide Web devoted to the production and manufacture of illicit drugs and also pages on how to avoid detection, of sharing experiences and for providing support to persons arrested for illegal possession of controlled drugs. Not to mention that some drugs can even be bought through the Internet. However, recently this trend appears to have been reversed and the number of drug information Websites which offer factual and accurate information about drug abuse appears to be increasing. This should continue and the Board therefore calls on Governments to make more use of the Internet to disseminate objective information

about drug abuse. Governments are also invited to seek the cooperation of the telecommunications industries and software providers in removing illegal subject matter from the Internet.

The media also have an important role to play in this regard. In the past, and particularly in the beginning of the 80s, reports in the media assisted in creating public awareness of the scourges of drug abuse and illicit drug trafficking. However, in recent years, the public debate on the issue has become emotional and, often, even ideological. Nowadays, some media tend to focus exclusively on controversial aspects of the drug issue which are presented in an imbalanced, one-sided fashion. The media should use its position responsibly by not contributing to the social acceptance of drugs.

### **Legalization is a dead end**

Another challenge is the growing acceptance of an unacceptable idea, namely the legalization of the non-medical use of drugs. Some claim that this is the "only solution" while others merely suggest that the idea be investigated. What all proponents of so-called legalization have in common is that they cannot explain, precisely and specifically, what would be legalized. They also do not make it clear which criteria would be used to legalize one drug and not the other drugs which are available. They do not say how legal distribution would work, nor how a black market could be avoided, nor whether and how legalized drugs should be made available to children and adolescents. They also do not make proposals how to reach a universal, global agreement on this issue, the only way in which the measure would be viable. In short, they do not offer a credible alternative to the system that is currently in operation.

What is also worrisome is that many of the supporters of drug legalization view drug abuse and illicit trafficking as an economic and legal problem more than anything else. This means ignoring some of the most outstanding dimensions of the issue: the drug phenomenon is also social, health-related, psychological, historical and ecological, it has local, national and international proportions, and involves the structure of values and the principles of social organization and control.

Even the important issue of human rights is used to justify drug abuse. Some supporters of drug legalization claim that the decision to take drugs for non-medical purposes should be left to the individual and that the restriction of the use of such drugs to authorized medical and scientific purposes is a limitation of human rights. Since society allows people to engage in all kinds of dangerous behaviours such as paragliding, drug abuse should also be permitted.

However, taking drugs is not a victimless crime. Drug abuse corrodes society, adversely affects the health and welfare of individuals, families and communities. It leads to loss of human potential, and undermined family cohesion. Health costs for drug abusers are an estimated 80 per cent higher than those of the average citizen in the same age group. Drug use and drug markets can be devastating to communities. Drug trafficking threatens

social stability and welfare and organized crime networks, drug cartels, and terrorist groups imperil the very principles of democracy.

Drug addicts are unable to make free decisions for their future. They are often unable to control their behaviour, and, due to pharmacological characteristics of the drug of addiction, prone to become more violent. People who do not take drugs have a right to be protected from this kind of behaviour. Consequently, it is the duty of government and society at large to protect individuals from the state of intoxication through drugs.

It is therefore no policy option to throw up our hands and say "let's legalize". Legalization would give legitimate profits to criminals and vastly increase the number of people whose lives are blighted, whose potential is smothered and whose contributions to society is diminished because of their drug abuse. To legalize drugs would be to condemn our society to far more serious problems than those we have today.

The establishment of European Cities against Drugs was a very timely one indeed. The Stockholm resolution, gives a clear and distinct messages to all those who pursue drug policies which are not a solution to the drug problems in Europe. We must all develop positive strategies in order to address the current difficult problems related to abuse rather than to throw in the towel and legalize. The Stockholm resolution struck a chord with policy-makers in that field. This is evidenced in the fact that more than 180 capitals, regional capitals, cities and municipalities have signed and thus committed themselves to the principles of that resolution. It is a step in the right direction.

### **The road ahead**

What else can be done to achieve lasting success in the fight against drugs? Drug control strategies must be comprehensive and attack all parts of the problem. The reasons why the success of some anti-drug strategies has been limited often lie in a misdirected haphazard drug control policy. Many drug control policies still tend to overly focus on one aspect of the problem, for instance, supply reduction or harm reduction, and neglect to do other things that might be, depending on the national situation, equally important, such as reducing demand for illicit drugs and preventing favourable conditions for spin-off crimes like money-laundering. Tackling the problem means addressing all parts of it: the manufacture, trafficking and abuse of illicit drugs.

Reducing demand has become more important over the years and deservedly so. Unfortunately, unlike the tangible results of confiscating tons of smuggled drugs, effects of demand reduction efforts are not instantly noticed. Drug demand reduction involves a different type of information and requires the coordination of several efforts and strategies with varying levels of complexities of goals and objectives. It also demands greater depths in planning and involves knowledge of how people change attitudes and behaviour.

The reasons why people take drugs are different in different cultural settings. Drug use often becomes an effective means to medicate or alleviate unpleasant emotions. For this

alone, the complete eradication of drug abuse might be an unrealistic policy goal. In the end, it may not be impossible to eliminate all forms of drug experimentation, use and abuse.

Success of international anti-drug strategies will also depend on the ability of Governments to mobilize all constructive forces of society. The civil society involves many players: non-governmental organizations, municipalities, sports associations, educational institutions, parents and the private sector, particularly the business community. Together, all those actors must form a partnership to prevent drug abuse and combat illicit traffic.

The forthcoming Special Session of the General Assembly will be a landmark event not only for Governments but also for the civil society as a whole to make new commitments for implementing a wide range of measures in order to achieve within the next years decisive results in the combating of the drug scourge.

The Special Session will deal with the full range of drug control issues, including the diversion of chemicals used in illicit drug manufacture, production and trafficking of stimulants and their precursors, money-laundering, alternative development programmes and system-wide cooperation in drug control.

The Board has actively contributed in the preparations for the Special Session. In particular, the Board has prepared documents which summarize the view of the Board on the specific drug control issues which will be addressed by the special session. Those documents cover: Measures to counter illicit manufacture of, trafficking in and abuse of stimulants; Measures to enhance the control and monitoring of precursors frequently used in the manufacture of illicit drugs; Measures to counter money-laundering; Measures to promote judicial cooperation; and drug demand reduction. The documents facilitated deliberations of the various subjects during the meetings of the Preparatory Body as well as the drafting of action plans on precursor control, money-laundering, judicial cooperation and the control of amphetamine-type stimulants which are expected to be adopted at the Special Session.

The preparatory meetings for the Special Session have achieved encouraging results, among them the adoption of a draft text of a political declaration for consideration and adoption by the Special Session in June. That declaration is a forceful, high-level commitment which sets out a comprehensive global strategy for the simultaneous reduction of both supply and demand for drugs, and clearly defines target dates for achieving both goals. It thus provides opportunities for leaders to set out forward-looking strategies. Demand reduction is a key element in the strategy and the declaration sets 2008 as a target date for achieving significant and measurable results. Countries which are main consumers of illicit drugs should commit themselves to reduce demand by a declared amount by 2008. It is a duty to give assistance and to help those who are suddenly faced with an escalating drug problem. We must turn with more vigour to the question for the demand for drugs and commit ourselves to making a better and more fulfilled future in the next millennium for those who have the possibility to make our

society a place in which all citizens can develop their true potential and not be held back by the stifling weight of drug abuse.

Thank you for your attention.

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1. Noel Gallagher, member of British pop group "Oasis" in 1996
2. Sir Paul McCartney, in an interview with "The Independent on Sunday" on 25 January 1998
3. "Heroin chic" was propagated in advertising campaigns for Calvin Klein's "CK One" fragrance, and by high fashion photographer Davide Sorrenti who died in 1997 of a heroin overdose
4. Recent films featuring drug abuse include *Drugstore Cowboy* (heroin), *Pulp fiction* (heroin), *My own private Idaho* (heroin), *Dazed and confused* (cannabis), *Trainspotting* (heroin)
5. US sitcoms: *Roseanne*, *Murphy Brown* and US series *Beverly Hills, 90210*