



Report on Wilton Park Conference WP807

INTERNATIONAL DRUGS POLICY: SETTING THE AGENDA FOR UNGASS 2008

Friday 3 - Sunday 5 February 2006

Introduction

1. The Political Declaration adopted at the twentieth United Nations General Assembly Special Session on Drugs (UNGASS), held in New York in June 1998, committed signatories to intensifying their efforts to resolve the drug problem with full respect for human rights and sovereignty, and in a spirit of trust and cooperation. States agreed to develop strategies to 'eliminate or significantly reduce' the illicit cultivation of the coca bush, the cannabis plant and the opium poppy. They further agreed to introduce new or enhanced demand reduction strategies and programmes in collaboration with public health, social welfare and law enforcement authorities by the year 2003, and to achieve 'significant, measurable' results by the year 2008. The questions now facing the international community include: how far have these ambitions been fulfilled; is the UNGASS aspiration of a 'drug free world' any closer to being achieved; whether this was ever a realistic aim; how should the objectives set in 1998 be evaluated ten years on; what criteria should be used and how the agenda for UNGASS 2008 should be shaped to take account of the diversity of views and approaches across the drug policy community.

International Drugs Policy: The Current State of Play

2. The goal of a 'drug free world', although not specifically set out in UN conventions or policy documents, should be considered as a serious aspiration, in the same way as the elimination of poverty and corruption. However, at this stage it is difficult to assess if drug policy is working: an analysis of the 10-year UNGASS period is premature, with only half the data currently available.

In considering the overall effectiveness of drug policy, one approach is to look beyond the ten-year focus of UNGASS. International drug policy started almost a century ago, and is one of the oldest examples of multilateralism. In 1907 world production of opium was 30,000 tons, compared to illicit production today of approximately 4,000 tons. In the early twentieth century there were around 25 million opium users in China alone, whereas world annual usage of illicit opiates is estimated today at 16 million. Although the widespread use of opium at that time can be attributed to the fact that it was one of the only effective medications available in many parts of Asia. Current use by the global population of licit drugs, such as alcohol and tobacco, is approximately 25% and 30% respectively, compared to less than 5% use of illicit drugs. Alcohol and tobacco related deaths are respectively 10 and 25 times higher than those recorded as the result of illicit drug use. These results, taken together with the widespread support for the three drug conventions (to which almost all UN member states adhere), the containment of the drug 'pandemic' that began in the 1960s, and the controlled availability of many essential drugs for medical purposes, suggest that the international drug control regime has achieved some notable successes over its one hundred year history. Whilst elimination, especially of cannabis, may be considered unrealistic, two more recent accomplishments are worth noting: world consumption of heroin and cocaine has remained stable since 1998, and the illicit cultivation and production of coca/cocaine and opium have been contained.

3. The assertion that the high level of drug addiction in some countries, being the direct result of the state's lack of commitment to tackling the problem, and that 'societies have the level of drug addiction they deserve', are not universally held views. The failure of states to deal effectively, and in a sustained way, with the drug problem can be attributed to significant policy inconsistencies between countries. In particular there is differing treatment of 'hard' and 'soft' drug use. Furthermore some countries favour short-term responses, which may produce immediate results but do not necessarily tackle the longer-term problems underlying drug use. The relationship between policies and outcomes is controversial and, particularly with cannabis, it seems impossible to quantify. Much is claimed for the impact of law enforcement in the US, but the decline in consumption levels may be due in part to the bottoming out of an epidemic.

4. The impact of policies such as crop eradication, whilst seen as an effective strategy in reducing supply, should also be considered in the wider context: in some countries successes in crop elimination have been achieved at a high price. For example, in Colombia, there are documented cases of human rights abuses and of environmental harm, which have been linked to crop eradication.

5. Colombia has a growing drug consumption problem including a trend towards polydrug use. The use of bazuco (smokeable cocaine base) has declined steadily since 1996, but heroin use, which was not formerly a problem, is on the increase. Bogotá now has intravenous drug users (IDUs), and needles are discarded in the city centre. Some argue that drug use has increased significantly since the ending of a major prevention programme between 1998 to 2002.

6. For those working in the field, the general situation seems to be worsening, with problems emerging that did not exist hitherto. Kabul, for example, is now witnessing a rising injecting epidemic among the Afghan population. There is a further concern that many countries pay lip service to the notion of treatment, resulting in forced institutionalisation without counselling or adequate health provision, such as treatment of HIV/AIDS. The rates of drug related HIV/AIDS in some Eastern European and South East Asian countries are becoming extremely serious, particularly in the absence of consistent treatment.

7. In the future, governments should avoid compartmentalising drug issues, and plan interventions on a wider conceptual and geographical scale. Interventions need to be sequenced to fit the unfolding of the standard drug cycle. There should be no dichotomy between drug control interventions and HIV/AIDS control, or between protecting health and ensuring law and order. Democratic governments can and should ensure a balance between health and security.

Evaluating Progress of International Drugs Policy

8. Drug use is a complex aspect of social behaviour and does not lend itself easily to measurement. Available statistics can be used as milestones and provide information on operational activities such as arrests, seizures, or hectares eradicated. However such

data does not provide the most effective measure of the successful outcomes of drugs policy. In recognition of this, many national governments are now approaching evaluation in a more holistic way in an attempt to measure the impact of policies.

9. The European Union (EU) drug strategy provides a useful model: it is evidence-based and non ideological, founded on what works rather than on a moral position. The present EU Strategy runs from 2005 to 2013, with a current Action Plan covering 2005-2008. Its aim is 'to significantly reduce the prevalence of drug use among the population and to reduce the social harm and health damage caused by the use of and trade in illicit drugs'. The Action Plan has 45 specific actions, each one with a deadline, a description of the party responsible for implementation and a result indicator. The introduction to the Action Plan states that 'even if all the objectives [...] are reached we must conclude that they have failed if the result is not a measurable reduction of the drug problem in our societies.' The process includes annual progress reviews, carried out by Europol, the European Monitoring Centre for Drugs and Drug Abuse (EMCDDA), the European Commission, and national experts, using official data provided by national focal points or reporting sources, according to an agreed set of indicators. The actions are binding on Member States, which are required to provide appropriate funding and to cooperate, for example, to increase assistance. The focus of the EU's evaluation process is initially on outputs, rather than on impacts, however impact evaluation will be carried out at a later date.

10. Impact, or outcome, evaluation is a useful tool to assess progress, or otherwise. The most commonly used indicator on the demand side is that of prevalence. However, in the absence of a baseline of data on drug abuse in 1908, or in 1998, it is not possible to use this as a measure of long-term effectiveness of drug policy over a reasonable time frame. The use of annual prevalence as an indicator raises more questions than it answers. First, it is not a robust indicator of policy effectiveness: the policy environment in which prevalence changes happen can be interpreted differently. Second, annual prevalence data do not show the number of problem drug users, nor do they reveal information about harms associated with drug use, such as HIV/AIDS. However, there are attempts underway to address some of these problems. For example, UNODC is working towards the establishment of benchmarks, and work has begun on the creation of an illicit drug index across drugs and across sectors to try to arrive at a common measure that is comparable across countries. This is work in progress and will continue far beyond 2008.

UN member states operate according to standards established by the conventions. The limitations of the system are inevitable, but its strength is multilateralism and 'soft consensus' is often employed to paper over the cracks of ideological difference. For example there is consensus about the goal of reducing prevalence, but paralysis in the debate over harm reduction. It is argued that harm reduction can be an effective long-term strategy in reducing drug abuse, but that some governments have political difficulties with the perceived short term increase in drug use, which may result from it.

11. Political imperatives often clash with scientific research, and a way forward would be to seek the best marriage of these two processes. The most powerful findings to emerge from UNGASS 1998 were the need for evidence on which to evaluate drug policy, and the need to evaluate the policy itself. This should encourage the United Nations Office on Drugs and Crime (UNODC) to devote more of its efforts into earlier interventions such as research and analysis. UNODC is not a policy-making body: its role is to 'deliver the messages' of governments'. In this role of 'honest broker', UNODC should focus on promoting best practice rather than aiming to deliver technical assistance.

12. UNGASS 2008 will be reviewed against the collective declarations made by all governments in 1998. The responses to five Biennial Report Questionnaires (BRQs) will indicate how countries are implementing these objectives, and the analysis will be done as an intergovernmental process mediated by the Commission on Narcotic Drugs (CND). There is some discussion about postponing the final assessment until 2009 to allow the process to be fully complete.

13. Policy effectiveness is particularly hard to measure. For instance, if an epidemic is on the rise and both incidence and prevalence are going up, any single policy adopted could be viewed as a failure. Conversely, if the epidemic is declining, any policy adopted could be seen as a success. Efforts underway to model the course of drug epidemics suggest that different types of interventions must be timed according to a particular moment when those involved in the problem are likely to respond.

14. Since 1999, the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States has operated a mutual evaluation system known as the

Multilateral Evaluation Mechanism (MEM). Three rounds of review of drug control objectives and achievements have been made according to 86 indicators. It is reported that the response rate has been excellent. This process helps to identify gaps in the control mechanism and facilitates assistance. Unlike the process of certification used by the US State Department, no sanctions are applied.

International Policy Options

15. There is a view that the ultimate objectives of drug policy should be to reduce not only the negative consequences of drug use, but also the negative consequences of drug control policies. For example, the illicitness of drugs could be seen as a factor in the rise of HIV/AIDS or in the increased activity of some criminal gangs. Any attempt to measure the drugs problem with objective criteria implicitly accepts the current form of drug control and it is argued that this is value driven rather than scientifically evidenced.

16. Drugs are increasingly being used in a variety of ways including the enhancement of sexual, mental and physical performance. Attempts to suppress this trend are likely to fail and some feel that it would be preferable to domesticate it, so that the harms associated with the practice are reduced as far as possible. By way of an analogy, the increase in car usage and its associated risks over time led to the introduction of drivers' licences, safety belts and roadside alcohol tests.

17. The global drug control system has been imposed with little or no parliamentary discussion, but no government is likely to take the first step towards reform. For change to come about there would need to be convergence in the form of government coalitions, but it is not clear how this could be achieved. Indeed many countries are deeply opposed to any relaxation of the current regime. To some extent cannabis which, according to the conventions, should be controlled to the same extent as cocaine, is regarded as the weak point of the entire system. However, opinion polls suggest that legalisation is not a popular option and an alternative proposal is to set up a new system for coca and the stimulants. There would be value in conducting research into the possible effects of a policy of containment. It would first be necessary to understand the extent to which the regulatory regime has prevented much worse outcomes.

18. Much can be learnt from the examination of specific country policies. Although supply side data is more robust than that of the demand side, both could be used to greater effect to model future scenarios and to improve response planning, as well as a means by which to quantify the past. For example, major initiatives were undertaken in Australia between 1999 and 2001 in an effort to reduce the heroin problem. The cycle that began 10 years ago with heroin is now being repeated: with the advent of methamphetamine there is a re-emergence of awareness campaigns, schools programmes and intelligence-led policing.

Progress in Demand Reduction

19. At a grass roots level no significant progress has been made on reducing demand since 1998. There have been some policy advances, for example in India and Malaysia, where needle and syringe exchange programmes (NSEPs) and substitution treatments are now in place. Furthermore, there are lower threshold treatment centres in Asia and in the Caribbean, where most governments are willing to implement harm reduction. Some working in the field argue that future success will depend on the ability to co-exist with the drug-using problem, not on how effectively drugs are being prohibited. No single practice provides the answer to consumption and harm reduction; much depends on personal interaction and how the drug treatment services engage users. It is a reality that people who have limited options to change their lives have little incentive to change their drug-using habits.

20. Successful programmes can be measured in terms of: public health (the incidence and trends of blood-borne viruses based on surveillance studies); law enforcement (arrestees and crime rate in relation to timing of interventions i.e. low versus high threshold); family (bonding and stability); and economics (return of investment in treatment).

21. Experience indicates that, in order to run successful programmes, individuals must feel they have a stake in their own treatment. Most prevention programmes depend on scare tactics and warnings from police. Arguably they would be more successful if they incorporated prevention material available in science, empirical evidence and in peer driven models. For example, in Iran, which has around two million drug users and 200,000

IDUs, methadone was prohibited until three years ago. However, since it became available, 70% of hard-core drug users still remain in treatment after one year on a methadone maintenance programme. As a public indicator of this success, in July 2005 the head of the Iranian judiciary issued a formal order that NSEPs and methadone were to be made available. A drop-in centre has now been opened in Tehran, and is fully accepted by the religious community.

22. In Canada much research has been conducted into best practices to guide successful substance abuse prevention activity. Typically, prevention programmes are based on four key principles:

1. Focus on promoting resiliency among children and youth
2. Comprehensive and integrated approaches for drug strategies across various levels within society.
3. Evidence-based information used to design programmes, establish clear and realistic goals and to monitor programme processes and outcomes.
4. The involvement of the target group of a particular programme to assess need, identify objectives, design and implement activities and evaluate results.

23. In spite of examples of good practice, demand has not decreased and this could be attributed to a number of factors. First, efforts are necessarily limited in intensity and duration. Second, they have to compete with an environment that is increasingly tolerant of both medical and non-medical substance abuse. More young people than ever 'consume' a culture within which drug use is closely linked to music, fashion and image. Third, social and economic patterns such as urbanisation, social and political transition, and economic inequalities may well have contributed to increases in drug use. Some drugs delay fatigue and enhance performance, and these effects can seem well suited to the fast pace and unpredictability of life.

24. In this context, prevention programmes would be assessed more effectively using multiple outcome measures that encompass substance use at all levels, as well as other behaviours. However, this type of long-term evaluation can be costly, difficult to carry out and requires a high level of technical knowledge. Furthermore they often yield a low response rate which can be compounded by the difficulties of tracking subjects over

extended periods. In particular, marginalised and thereby hard to reach populations are, by definition, often excluded from surveys.

25. What has changed since 1998? There is a perception that efforts to control demand continue to be outpaced by efforts to control supply. On the other hand, there appears to be an increasing recognition that the language in 2008 should shift from that of 'eradication' and 'significant reduction' towards concepts of 'management' and 'containment'. Experience suggests that prevention and other forms of demand reduction should stay high on the agenda and that realistic and achievable goals should be set. Organisations such as UNODC have a key leadership role to play in promoting information sharing on best practice, innovative projects, evaluation and professional development.

Reducing Supply: Dilemmas in Producing Countries

26. Afghanistan is a major producing country. In 2005 it was estimated that opium produced in Afghanistan accounted for just under 90% of the world total. Although cultivation of opium poppy decreased by 20% in 2005, the total yield was maintained at just over 4,000 tons. This was due primarily to better growing weather, but demand, pricing, social factors and security issues have also had an impact.

27. Afghanistan's National Drug Control Strategy, launched in early 2006, has one overall policy goal: *'to secure a sustainable decrease in cultivation, production, trafficking and consumption of illicit drugs with a view to complete and sustainable elimination'*. The strategy is divided into eight pillars: public information; institution building; alternative livelihoods; law enforcement; institution building; judicial reform; eradication; demand reduction and treatment of addicts; regional and international cooperation. On an operational level, the primary targets are traffickers and their backers. There will be an emphasis on strengthening and diversifying legal livelihoods in order to reduce incentives for farmers to cultivate poppy. Programmes will be introduced to reduce demand and increase treatment for almost one million domestic drug users. After years of conflict, institution building is essential: it is necessary to create and empower competent and honest law enforcement, at central and provincial levels, underpinned by a strong criminal justice system. In addition to ensuring a legal framework it is necessary to change attitudes and perceptions by communicating culturally appropriate messages to different

sectors of the population. Corruption is another major factor in narcotics supply, and this must be tackled head on. In support of these aims, the UN has set up an Afghan Counter Narcotics Trust Fund in order to receive and administer international donations. At the heart of Afghanistan's strategy is the need to ensure alternative livelihoods. Despite the stated intentions and objectives for Alternative Development (AD) set in 1998, it has often failed to meet the expectations of both the development community and those with drug control responsibilities.

28. However, there have been positive experiences in Thailand and Pakistan, whereby opium poppy cultivation is now minimal; as reductions occurred, household incomes of many of the primary stakeholders at least doubled. The AD approach has its limitations, especially as illicit cultivation becomes increasingly concentrated in areas of conflict, whereas development of licit livelihood options are severely constrained by wider socio-economic, political and ecological factors. There are also questions of scale: the Thailand experience demonstrated the necessity of investment in 'nation building' as a prerequisite to the success of more discrete AD efforts, and suggests that a sustainable solution to illicit crop cultivation needs a concerted and coordinated effort across a range of different sectors and ministries. Elimination of cultivation depends on promoting good governance and civil society, strengthening social protection as well as encouraging licit income opportunities.

29. The multi-sectoral nature of this task points to the need for a broader ownership of the drug control agenda by a range of development actors and not just specialist drug control agencies. The benefits are not only to be found in extra funding but in the potential synergies that come from a more coordinated response to rural development. In Afghanistan, where development specialists play the leading role, with the right political imperative and technical support, there is a willingness to support and promote a counter narcotics agenda. This approach could prove effective in other source countries, especially if the evidence base is expanded.

30. In Latin America the drugs problem has increased since the 1998 UNGASS. More countries are now involved, social problems have increased and local consumption has reached unprecedented levels in almost all countries. Traffickers have devised new routes

throughout South America and drug related violence has spread to new countries. Today no Latin American country is without a drug problem.

31. Efforts to combat drugs in developing countries are highly dependent on international cooperation, and in the last few years, economic resources for alternative development and technological assistance have often been reduced. Since 2000, no new European funding has been committed for AD programmes in Peru, while efforts in that country to implement port security and maritime interdiction cooperation have failed. The industrialised countries now give priority to other issues, such as the international terrorist threat, thus assistance to curb drug production is limited to areas where drugs and international terrorism are linked. New measures are not needed, but it is necessary to apply policies consistently and effectively, and particular attention should be paid to avoid displacement of cultivation from one country or region to another. Initiatives should be better coordinated between donor countries and international and regional organisations.

32. In this context there is a need for UNODC to position itself more strategically in order to mainstream drug control objectives into wider national, bilateral and multilateral development programmes. It should focus less on the implementation of AD projects and more on developing partnerships with development organisations. UNODC's role could be more that of 'policy development and knowledge management', generating a clear understanding of the motivations and factors that influence illicit drug crop cultivation and 'lessons learned' as the vehicles for advocacy with conventional development organisations. Out of this could emerge a common understanding of how development outcomes can translate into drug control achievements, and a culture of promoting development in a drugs environment.

Trafficking through Transit Countries

33. The UK's drug strategy prioritises the curbing of trafficking. It is involved in tackling the distribution of drugs along the supply chain through operational engagement, capacity building and political engagement. Some 100 drugs liaison officers work closely with host agencies around the world to disrupt trafficking operations and to prevent drugs reaching UK ports and airports. The UK works closely with law enforcement agencies abroad, including those in transit countries. For example, the Drugs and Crime Fund of the

Foreign and Commonwealth Office offers training, legislative assistance, expert advice and technical resources. In order to make an impact in transit countries it is necessary to focus on key gangs and high value targets and good intelligence is vital to direct and target interdiction and arrest operations. Co-operation with Jamaica has been a particularly successful. The blocking of supply and the arrests of key players have resulted in a 70-80% reduction in cocaine transiting Jamaica over the last two years and to a doubling of prices.

34. Intelligence sharing is a key tool, especially in disrupting trafficking routes in cross-border areas. The Central Asian Regional Information and Coordination Centre (CARICC) is an important initiative and, within the EU, Europol and Eurojust also play an important role in combating cross-border trafficking. However displacement is a constant problem for law enforcement. For example, traffickers have responded to higher enforcement in the Eastern Caribbean by moving routes to West Africa and Mexico.

The Links with Money Laundering and Criminality

35. Governments are increasingly concentrating efforts on tackling the links between drugs and organised crime. The UK's Serious Organised Crime Agency (SOCA), which came into operation on 1 April 2006, aims to tackle organised crime, drug trafficking, money laundering and associated crimes. A key goal is to increase the actual and perceived risks in the drug supply train for traffickers, whose primary motive is profit. The UK's Proceeds of Crime law of 2002 makes it possible to seize and confiscate funds without a conviction, and these powers have been used on a number of occasions in money laundering cases. The onus of the burden of proof is overturned and the responsibility is now on the suspects to prove the legitimate source of their assets. This is seen by some as problematic, not least in that a share of confiscated assets will be used to fund SOCA.

36. From a law enforcement perspective, it was recommended that UNGASS 2008 should concentrate on consolidating existing efforts, especially in anti money laundering (AML) procedures, rather than seeking new approaches or instruments. International treaties have driven national legislation in AML as a result of which over 50% of countries have now implemented at least a baseline of measures. Although this may seem a

success story, in reality very few countries apply AML procedures actively, and even those that do confiscate surprisingly few assets. It would require a fundamental reform of policing to make this tool more effective as it requires very specialised skills. Money trails are hard to follow, and the difficulties are compounded by the existence of traditional money transfer practices, such as *hawala*, which exist outside the formal banking sector. It was recommended that developing countries in particular should be given better incentives to apply AML controls, and that the principal international body responsible for promoting AML, the Financial Action Task Force (FATF) should allow countries more ownership of the process. However there are reservations about the use of confiscated assets to fund law enforcement agencies as this practice could distort priorities and result in corruption.

Moving Forward: Shaping the Agenda for UNGASS 2008

37. There are many challenges ahead for UNGASS 2008 and there are widely differing views on the spectrum, compounding the difficulties of reaching consensus. The diversity of the debate is reflected in a range of recommendations which do not necessarily reflect the views of all participants:

- More attention should be paid to the lessons of experience as well as to factors such as prevalence and incidence. Knowledge should be contextualised, with more work done on developing indicators.
- The World Health Organisation (WHO) framework convention on tobacco should be supported, with encouragement to develop a similar instrument for alcohol. More research on psychoactive drugs should be undertaken, concentrating especially on psycho-stimulants, with a view to developing a comprehensive framework capable of accommodating new products.
- The current blockages in the system should be dealt with: cannabis should be separated out into a new convention, given that there would be opposition to removing it from international control altogether. UNODC's work on the illicit drug index should eventually develop to address the usage of particular terminology, including the word 'harm'.
- Evidence based evaluations should be carried out with less arrogance and more self criticism
- Development partnerships that go beyond the donor/recipient relationship should be supported.

- The respective roles and the organisational procedures of the Commission on Narcotic Drugs (CND), UNODC and International Narcotics Control Board (INCB) should be clarified.

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- Those involved in the drugs field should engage fully and commit themselves to making UNGASS 2008 a useful exercise.
 - Evaluation of UNGASS goals can and should be done according to the Biennial Report Questionnaires, but this process should be complemented by further analysis, for example of the roles of CND, INCB, UNODC and the appropriateness and relevance of the existing conventions. This work will take time and should consider the options of new conventions. It is important to learn from the experience of trying to meet the UNGASS objectives in order to inform the future.
 - The drugs policy debate should be broadened into a Congress (as already applies to the five-yearly Crime Congress), which could include non-governmental representatives, academics and other non-aligned experts. A steering group could be set up to undertake evaluation of the treaty system and how it has performed. Such a group should involve independent experts, representatives of CICAD, EMCDDA and participants from other UN agencies, in order to ensure a balanced and objective assessment.
 - Civil society can provide valuable input to UNGASS. A NGO forum could review best practices, improve coordination and recommend principles against which decisions and resolutions should be discussed.
 - UNODC should ask itself what it should be focusing on and, just as importantly, what it should cease to do. This should be a transparent process. Above all it should facilitate the transfer of knowledge and best practice. It should undertake more work on transnational markets, on epidemic modelling and on the cost effectiveness of drug policies, taking as a starting point the work already done on social and economic costs of the drug problem.
 - The deadlock of funding has to be broken. UNODC cannot adequately deal with long term problems and long term solutions while policy is dictated by the short-term priorities of a handful of donor countries.

- The world at large should be reminded that drug control was developed first and foremost to protect public health. If this message emerges clearly from UNGASS, it will be a valuable outcome.

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