

## IDPC Address to ECOSOC Meeting

Agenda Item 14d - 30th July 2009

Speaker – Mike Trace (IDPC Chair)

Mister Chairman, ladies and gentlemen, distinguished delegates. I thank you for this opportunity to present some brief perspectives from the International Drug Policy Consortium (IDPC) on the occasion of the adoption by the ECOSOC Committee of the report of the 52<sup>nd</sup> Commission on Narcotic Drugs (CND). The IDPC is a global network of NGOs that come together to advocate for humane and effective drug policies, based on the principles of human rights, social inclusion, and public health. Many of the organisations and individuals in our network have been involved in policy making in national governments and international agencies, so understand the complexities and political sensitivities in this difficult area of policy, but we are concerned that significant problems in the international drug control system have not been adequately addressed at the CND.

The CND report in front of you this year is of particular significance. It includes the adoption of a political declaration on the review of progress in global drug control in the 10 years since the New York UN General Assembly Special Session on Drugs in 1998 set objectives to eliminate or significantly reduce the scale of illegal markets for controlled drugs. This declaration is presented as a consensus, but it is important to record here that, behind the agreed text, there are significant differences of policy and perspective between member states (and between different bodies of the United Nations) that will need further discussion if the drug control system is to remain fit for purpose for the next 10 years.

The fundamental problem arises from the limited success of the current system. For 100 years, the focus of drug control has been on the use of social disapproval, law enforcement action, and punishment to deter potential growers, traffickers and users. The hope has been that the increasing success of these measures would lead to an ever-diminishing market, leading to a reduction in the associated health, social and crime problems. The reality has been much different:

- *Efforts to reduce the scale of drug markets have had very little impact. Significant reduction in the scale of illegal drug markets has not been achieved. In fact, in many parts of the world, drug problems have significantly increased over this period.* The best that could be claimed for global supply reduction efforts in the last 10 years is that they have contributed to containing the problem.
- *These efforts incur a large public expenditure cost for limited returns.*
- *These efforts themselves can lead to negative consequences for the health and social wellbeing of communities* – for example the stigmatization and marginalization of drug users and their families, that undermines health and social programmes such as the fight against HIV. The UN Office on Drugs and Crime has pointed out some of these dilemmas, which it refers to as ‘unintended consequences’, including the accumulation of massive profits and power by organised crime groups, that generates widespread violence and corruption.
- *There are programmes and activities that governments can pursue that have been proven to be effective in reducing some of the harms associated with drug markets and use, while not necessarily reducing their scale* – for example, drug treatment programmes to reduce street

crime, or public health measures to reduce HIV infection. As local and national administrations have moved resources from enforcement based programmes into these harm reduction strategies, tensions have arisen with their commitments to the global system.

Given the real political and practical dilemmas arising from these realities on the ground, the challenge for the CND was to meaningfully review the evidence in front of them, and debate what changes to systems and strategies would be needed to achieve better results in the future. The advice from IDPC was to move the focus of policy away from a simplistic focus on the scale of the market – numbers of crops eradicated, drugs seized, or dealers and users arrested – to focus more directly on addressing the specific harmful consequences of the market (for example, the enhanced power and wealth of organised crime, the marginalisation and stigmatisation of hundreds of millions of users, or the transmission of HIV and other diseases). Many countries are moving this way, and represented this view at the CND, but many others have stoutly defended (and called for the continuation and strengthening of) existing law enforcement-based approaches.

While it is important to come out of such a review with a consensus declaration, this should not be allowed to mask the very real and continuing challenges in this area of policy. To ignore the problem will bring the idea of a global shared responsibility for the drug control system into disrepute, as:

- A large number of countries pursue policies and programmes domestically that are at odds with the positions they have declared at the CND, while others pursue policies and programmes that contradict commitments that they have made in other UN forums, such as UNAIDS, and the Human Rights Council.
- Many member states acknowledge that the approach recommended by the CND has no chance of succeeding in the next 10 years, and in some respects directly contradicts agreed strategies on economic and social development, the promotion of human rights, and the prevention of HIV/AIDS, that are pursued in other parts of the multilateral system. The clearest example relates to the fight against HIV/AIDS – where inappropriate drug control policies remain the biggest barrier to effective HIV prevention in many parts of the world. (An example of the inconsistency can be seen in the fact that this ECOSOC meeting just last week passed a resolution on the UNAIDS programme, that included explicit support – in paragraph 19 – of harm reduction approaches to HIV prevention amongst drug users, while the CND declaration equally explicitly – and contradicting established UNAIDS prevention strategies - rejects such approaches).

This presents a system problem for the UN – the drug policy debates and decisions made in Vienna take place in isolation from the rest of the UN system, but they have a deep impact on these wider social and health challenges. As a co-ordinating mechanism, the ECOSOC committee needs to seek better coherence between the outcomes of the different functional commissions on this issue, and we would urge you to request that the Secretary General to consider ways to ensure that the UN can truly ‘speak as one’ on the issue of drug control.

Thank you for your attention.