

IDPC Advocacy Note

Some initial priorities for Mr. Fedotov, the new Executive Director of the United Nations Office on Drugs and Crime (UNODC)

The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organisations about particular drug-related matters, and offers expert consultancy services to policy makers and officials around the world.

On 9th July 2010, the United Nations announced that the Secretary General had appointed Ambassador Yuri Viktorovich Fedotov, an experienced Russian diplomat, as the next Executive Director of the United Nations Office on Drugs and Crime (UNODC). In welcoming Mr. Fedotov, we outline in this advocacy note the critical challenges that he will face as he takes up office. There are a number of areas where the new Executive Director should ensure a continuation of the existing commitments and directions made by the UNODC, and others where we hope that Mr. Fedotov can bring new impetus and creativity. Detailed descriptions of what we consider to be the key issues are set out below, but our summary of recommendations to Mr. Fedotov are as follows:

Promote human rights

- Actively promote the observance of human rights standards and norms in all drug control activities and respond strongly to instances where these rights are contravened.

Prioritise HIV prevention

- Explicitly endorse the established UNAIDS position on prevention of HIV infection amongst injecting drug users, including harm reduction.

Support drug dependence treatment

- Give increased institutional and financial support to the joint UNODC/WHO programme on drug dependence treatment.

Facilitate the policy debate

- Bring together high level representatives from the relevant UN stakeholders (UNODC, WHO, UNAIDS, UNDP, UNICEF, OHCHR) to agree a comprehensive and coherent system-wide strategy for responding to illegal drug markets and drug use.

Update legislation and promote smart law enforcement

- Strengthen the ability of the UNODC to provide expert advice and technical support to member states to modernise their drug laws, and law enforcement strategies, based on updated model laws that balance drug control with health and social concerns.

Promote alternative livelihoods

- Avoid involvement in forced eradication and promote the proper sequencing of policy interventions; once viable economic alternatives are in place, voluntary crop reduction efforts can lead to sustained decreases in crops produced for the illicit market.

Ensure access to essential medicines

- Accelerate work with the INCB and WHO to encourage member states to increase the availability of essential medicines by removing legislative and institutional barriers.

Promote civil society engagement

- Hold an early meeting with representatives of the main NGO Networks to agree a standing arrangement for stronger engagement with civil society in the work of the UNODC in general, and the CND in particular.

Mr. Fedotov has replaced Antonio Maria Costa, who has led the UNODC since 2002, and whose term of office concluded at the end of July 2010. IDPC, together with other civil society groups, have been critical of Mr. Costa at times but we have also given credit when he has introduced organisational improvements, and when he has provided his support to progressive ideas and initiatives. Recent examples include the statements he has made on the need for drug control to respect human rights and for drug dependent people to be treated as patients, not criminals.

At the start of the search for the next Executive Director in September 2009, IDPC released an advocacy note¹ summarising some of the key challenges facing Mr. Costa's successor, and giving our perspective on how we hoped they would rise to these challenges. At that point, we expressed no opinion on the qualities and background of any candidate for the post. However, when it became clear that one of the front runners for the post had been nominated by the Russian government, we were concerned that making such an appointment would symbolise support from the Secretary General for the Russian government's policies towards drug use and people who use drugs, and lead to their promotion through this important multilateral agency.

We remain convinced that some of Russia's policies towards drug markets and drug use are misguided and counterproductive. The harsh punishment of people who use drugs and the continued refusal to make available evidence-based drug dependence treatments such as opiate substitution therapy, amounts to a denial of basic human rights. Russia's policies have contributed to some of the highest rates of overdose deaths and HIV infection in the world. In collaboration with other civil society stakeholders, IDPC wrote to Ban Ki Moon asking him to carefully consider these concerns in his decision. Our letter made it clear that we had no opinion on Mr. Fedotov's personal qualities, but that any attempt to move the UNODC towards the drug policies and programmes espoused by the Russian government would run counter to the evidence, be unpopular with other member states and donors, and put the UNODC in conflict with the work of other UN agencies, such as the United Nations Joint Programme on HIV and AIDS (UNAIDS), the World Health Organisation (WHO), the Office of the High Commissioner for Human Rights (OHCHR), and the United Nations Development Programme (UNDP).

¹ International Drug Policy Consortium (Sept. 2009), *IDPC Advocacy Note – A call to the UNODC Executive Director: Key challenges for the next two years*. <http://www.idpc.net/publications/idpc-advocacy-note-call-to-undoc-executive-director>

Box 1. Short biography of Mr. Fedotov

Currently the Russian Federation's Ambassador to the United Kingdom, Mr. Fedotov has previously served as Deputy Minister for Foreign Affairs and Deputy Permanent Representative to the United Nations in New York, having joined the diplomatic service in 1971 after graduating from the Moscow State Institute of International Relations. He has held numerous diplomatic posts as follows:

1972	worked as a member of the USSR delegation at the UN Disarmament Committee in Geneva; 1974-1980 – Third, then Second Secretary of the Soviet Embassy in Algeria
1981-1983	worked in the Foreign Ministry in Moscow
1983-1988	posted as Political Counsellor to the Soviet Embassy in New Delhi, India
1988-1993	worked in the Foreign Ministry in Moscow, appointed Deputy Director of the Department of International Organizations in 1991
1993-1999	Deputy Permanent Representative of the Russian Federation to the United Nations in New York
1999-2002	worked in the MFA in Moscow. Director of the Department of International Organizations, Member of the Collegium of the Ministry of Foreign Affairs of the Russian Federation
2002-2005	Deputy Minister of Foreign Affairs of the Russian Federation in charge of International Organizations

Mr. Fedotov is a Merited Member of the Diplomatic Service, and has also been awarded the Order of Friendship and the Certificate of Appreciation by the President of the Russian Federation.

Source: <http://www.rusemb.org.uk/ambassador/>

Now the appointment has been made, it is critical to focus on the challenges that Mr. Fedotov will face in his new role. The recommendations at the beginning of this paper are supported by more detailed discussion under each of the key themes below.

Promote human rights

We have been pointing out for many years that, under the international drug control system, people who use drugs do not forfeit their human rights, and that rights enshrined in the UN Charter and UN Human Rights Conventions must be promoted and protected by all member states and international agencies. Unfortunately, as documented in numerous publications from IDPC and our partners, human rights infringements in the name of drug control are common.² The UN Secretary General, the UN High Commissioner on Human Rights, and the outgoing Executive Director of the UNODC have all made it clear that these practices must cease (See box 2).

² The Beckley Foundation Drug Policy Programme, Human Rights Watch, International Harm Reduction Association & Canadian HIV/AIDS Legal Network (March 2008), *Report 13 – Recalibrating the regime: the need for a human rights-based approach to international drug policy*. <http://www.idpc.net/publications/at-what-cost>; International Drug policy Consortium, TalkingDrugs (February 2010), *IDPC Magazine – Issue 1*. <http://www.idpc.net/publications/idpc-magazine-february-2010>; Daniel Wolfe & Roxanne Saucier (Open Society Institute, February 2010), 'In rehabilitation's name? Ending institutionalised cruelty and degrading treatment of people who use drugs', *International Journal of Drug Policy* 21(3): 145-148. <http://www.ijdp.org/article/PIIS0955395910000095/abstract?rss=yes>.

Box 2. A call from UN high officials to put an end to human rights abuses in the name of drug control

UN Secretary General Ban Ki Moon: 'I urge all countries to remove punitive laws, policies and practices that hamper the AIDS response... In many countries, legal frameworks institutionalize discrimination against groups most at risk... We must ensure that AIDS responses are based on evidence, not ideology, and reach those most in need and most affected'.³

UN High Commissioner on Human Rights Navanethem Pillay : 'Individuals who use drugs do not forfeit their human rights. Too often, drug users suffer discrimination, are forced to accept treatment, marginalised and often harmed by approaches which over-emphasise criminalisation and punishment while under-emphasising harm reduction and respect for human rights'.⁴

Outgoing UNODC Executive Director Antonio Maria Costa: 'Our work is guided first and foremost by the UN Charter that commits signatories to fundamental freedoms, and by the Universal Declaration of Human Rights... As we emphasise the health aspects of drug control, it stands to reason that the implementation of the drug conventions must proceed with due regard to human rights. Thus far, there has been little attention paid to this aspect of our work. This definitely needs to be amended'.⁵

Furthermore, the Commission on Narcotic Drugs (CND) has also recognised the primacy of human rights protections in the Political Declaration agreed at the 2009 High Level Meeting,⁶ and in Resolution 53/9 'Achieving universal access to prevention, treatment, care and support for drug users and people living with or affected by HIV'.⁷ The UNODC needs to maintain a clear and unequivocal position that human rights abuses associated with drug law enforcement – harassment and invasion of privacy, extrajudicial punishments, abuses of process, disproportionate punishments, and the use of the death penalty for drug offences – are unacceptable and will be challenged wherever they occur. Operationally, the UNODC should create internal capacity to work closely with human rights bodies to identify and respond to instances of human rights abuses associated with drug control. Specifically, human rights impact assessments should be undertaken on all enforcement initiatives supported by the UNODC.

Key Recommendation: Work with the UN High Commissioner on Human Rights to create a system to promote the observance of human rights standards and norms in all drug control activities, and to respond strongly to instances where these rights are contravened.

³ The Secretary General of the United Nations (1 December 2009), *Message on World AIDS Day*, <http://www.idpc.net/alerts/unsg-message-international-day-against-drug-abuse>

⁴ United Nations Press Release (10 March 2009), 'High Commissioner calls for focus on human rights and harm reduction in international drug policy', <http://www.unhchr.ch/huricane/hurricane.nsf/0/3A5B668A4EE1BBC2C12575750055262E?opendocument>

⁵ UNODC Executive Director Antonio Maria Costa (10 March 2008), 51st Session of the Commission on Narcotic Drugs, Vienna. <http://www.unodc.org/unodc/en/about-unodc/speeches/2008-03-10.html>

⁶ "Reaffirm our unwavering commitment to ensure that all aspects of demand reduction, supply reduction and international cooperation and addressed in full conformity with the purposes and the principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States". 52nd Commission on Narcotic Drugs (March 2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*. <http://www.unodc.org/documents/commissions/CND-Uploads/CND-52-RelatedFiles/V0984963-English.pdf>

⁷ "Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that such a response reduces people's vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS". 53rd Commission on Narcotic Drugs (March 2010), *Achieving universal access to prevention, treatment, care and support for drug users and people living with or affected by HIV*. http://www.unodc.org/documents/commissions/CND-Res-2000-until-present/CND53_9e.pdf

Prioritise HIV prevention

The UNODC is the lead co-sponsor within the UNAIDS division of responsibilities, covering HIV prevention, treatment and care amongst people who use drugs, and within custodial settings. The Office is responsible for the implementation of agreed strategies for, among others, the prevention of HIV transmission through injecting drug use – the source of 30% of new infections outside of sub-Saharan Africa. The UNAIDS Programme Co-ordinating Board has developed a clear policy on prevention of infection amongst people who inject drugs,⁸ which calls for the implementation of a range of prevention activities – including needle and syringe exchange and opiate substitution treatment - in any country where injecting drug use is prevalent. UNAIDS policy papers also emphasise the need to tackle laws, practices and attitudes that increase the stigmatisation and marginalisation of drug users,⁹ a position clearly supported by the United Nations Secretary General.¹⁰ The UNODC has built up an extensive global programme in recent years that aims to promote these policies to national governments, and to build capacity in health and community systems in affected areas to support the scaling up of these agreed prevention activities. The new Executive Director needs to ensure that this programme continues to receive his full support, and that the UNODC fulfils its responsibilities as a key UNAIDS co-sponsor. Given the clear disconnect between agreed United Nations policies and the position of the Russian government on these issues, it is of particular importance that Mr. Fedotov makes an early statement confirming his support for this crucial area of the UNODC's work.

Key Recommendation: Give early and explicit endorsement to the established UNAIDS position on prevention of HIV infection amongst injecting drug users, including harm reduction, and work with the leadership of UNAIDS and the Global Fund to give strong and coherent policy leadership on this issue.

Support drug dependence treatment

In his final plenary presentation to the CND in March 2010, Mr. Costa stated that people who use drugs should be treated primarily as 'patients, not criminals', and that 'health is at the centre of drug control'.¹¹ These statements represent an increasingly strong recognition within the UNODC policy and programming that the ultimate objective of drug control is the improvement of the health and social welfare of people who use drugs and the communities in which they live. We, together with the majority of governments, strongly support this analysis of the original purpose of the drug control system – the creation and enforcement of drug laws exists to achieve improvements in public health and social welfare. Therefore laws or enforcement activities that have the opposite effect – as is currently the case in Russia and many other countries - need to be reformed.

Mr. Costa's comments on this issue are founded on the development of a widely supported programme that has been jointly developed between the UNODC and WHO. The UNODC-WHO Joint Programme on drug dependence treatment and care¹² states unequivocally that drug dependence is a health disorder caused

⁸ WHO, UNAIDS & UNODC (2004), *Advocacy Guide: HIV prevention among injecting drug users*. http://data.unaids.org/Cosponsors/WHO/who_advocacyguide-idu_en.pdf

⁹ UNAIDS Global Reference Group on HIV/AIDS and Human Rights (January 2004), *Strategies for involvement of civil society in HIV testing within context of "3 by 5": Focus on marginalized communities*. http://data.unaids.org/Topics/Human-Rights/hr_refgroup3_06_en.pdf; WHO, UNAIDS, UNODC (2004), *Evidence for action on HIV/AIDS and injecting drug use – Policy Brief: Reduction of HIV transmission through outreach*. http://www.wpro.who.int/NR/rdonlyres/71D03728-532E-4B9B-B00A-69E51B43E6FC/0/throughoutreach_en.pdf; WHO, UNODC, UNAIDS (2009), *WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*. http://data.unaids.org/pub/Manual/2010/idu_target_setting_guide_en.pdf

¹⁰ The Secretary General of the United Nations (1 December 2009), *Message on World AIDS Day*, http://data.unaids.org/pub/PressStatement/2009/20091201_SG_WAD09_message_en.pdf.

¹¹ http://www.unodc.org/documents/frontpage/CND_Costa_Speech_08_03_10.pdf

¹² http://www.unodc.org/docs/treatment/WHO_UNODC_Joint_Programme_Brochure.pdf

by a mixture of social, environmental, and psychological factors, not a moral failing that warrants punishment. The joint sponsors of this programme go on to review the global evidence and experience on efforts to treat drug dependence, and set out a series of principles for effective, humane and evidence-based treatment. This programme is a good example of cross-agency co-operation and has received universal support from member states.

The UNODC has also taken a firm, and very welcome, stance on one of the controversial issues in the drug dependence treatment sector – the implementation of forced treatment in compulsory detention centres. In a recent discussion paper, the UNODC clearly states that the practice of forcing people who use drugs into compulsory treatment centres – which represents a significant element of treatment strategies in many countries - infringes their human rights, is medically unethical, and ultimately ineffective.¹³ The UNODC calls for the urgent reform of these practices, and for the development of alternative mechanisms for referring people who use drugs into treatment, that focus on their own motivation to overcome their drug dependency. We fully support this analysis, and call on the new UNODC Executive Director to give a high priority to supporting and expanding this joint programme.

Key recommendation: Give increased institutional and financial support to the joint UNODC/WHO programme on drug dependence treatment, and take early steps to endorse the discussion paper ‘Coercion to Cohesion’.

Facilitate the policy debate

After 100 years of international drug control, the aim of a drug free world, or even of significantly reduced illegal drug markets, remains as elusive as ever. Meanwhile, there is increasing understanding of the costs and negative consequences of the implementation of the global drug control system. There is growing recognition of the effectiveness of measures that reduce the harms associated with drug markets and use, without necessarily reducing their overall scale. These realities, and the constantly shifting nature of drug production, trafficking and use, mean that the drug control system, and the UNODC’s policies and programmes, need to develop with the times or become irrelevant as national and local authorities react to the situation and experience in their own territories.

Mr. Fedotov, as the new Executive Director of the UNODC, should facilitate debate on the policy and practical dilemmas raised by the limited success of current strategies. This debate must reach across UN institutions, and the Executive Director should give a clear message to member states that policies and programmes that contradict human rights, or the known evidence base, should be reformed. He should support the promotion of new ideas and approaches and the continuous modernisation of policies and programmes, instead of seeking to defend the status quo at all costs. The Executive Director should therefore:

- Openly acknowledge the problems and limited impact of repressive strategies.
- Strengthen commitments to, and increase investments in, improved mechanisms for collecting and analysing data on drug use and markets, and the impact of different policies and programmes.
- Facilitate objective debate on the search for more effective policies and programmes, positioning the Office as an objective source of expertise, rather than a defender of one particular view.

Key recommendation: Take an initiative to bring together high level representatives from the relevant UN stakeholders (UNODC, WHO, UNAIDS, UNDP, UNICEF, OHCHR) to agree a comprehensive and coherent system-wide strategy for responding to illegal drug markets and drug use.

¹³ UNODC (2009), *From coercion to cohesion: Treating drug dependence through health care, not punishment*.
<http://www.idpc.net/publications/unodc-from-coercion-to-cohesion-treatment>

Update legislation and promote smart law enforcement

The UNODC oversees a drug control system based on models of drug law and regulation that were developed in the second half of the twentieth century, and that reflect the belief in control, detection and punishment as the best form of protection against drug problems. The Office plays a key role in advising national governments on how to develop and strengthen legislation and its enforcement, and bases this work on the legal structures and mechanisms included in the drug control conventions. As with all areas of jurisprudence, the passage of time brings new challenges for those drafting and implementing drug laws, and greater understanding of the potential pitfalls of badly drafted or implemented laws – the advice and guidance provided by the UNODC needs to reflect this changing picture. The Office will therefore need to explicitly update its policy positions and technical support to national governments in order to promote drug laws that:

- Prevent abusive procedures and disproportionate punishments.
- Draw a scientifically-grounded distinction between different substances, and between users and growers, drug dependent individuals, and those involved for commercial gain.
- Facilitate, rather than impede, social and health programmes, for example the diversion of users into treatment, or the delivery of health services.
- Are enacted and enforced in a way that protects fundamental human rights and freedoms.

Building on recent discussion papers issued by the Office, the Executive Director should therefore give clear leadership by articulating what the UNODC considers to be best practice in drug laws and effective law enforcement, reviewing the Office's existing model of laws so that they comply with human rights standards, and ensuring that the expertise available is used to promote progressive best practice.

Key Recommendation: Strengthen the ability of the UNODC to provide expert advice and technical support to member states to modernise their drug laws, and law enforcement strategies, based on updated model laws that balance drug control, and health and social, concerns.

Promote alternative livelihoods

Reducing crops used in the production of illicit drugs is a central component of the work of the UNODC, which provides important assistance to alternative development efforts around the world. Increasingly, donors are adopting an alternative livelihoods approach to crop reduction efforts. A growing body of evidence shows that forced eradication of coca and poppy crops is counter-productive and that successful alternative development requires proper sequencing. A UNODC Secretariat's Report from May 2008¹⁴ recommends that member states "ensure that eradication is not undertaken until small-farmer households have adopted viable and sustainable livelihoods and that interventions are properly sequenced." Small farmers must first be provided with legal economic opportunities in order to reduce their dependence on the cash income generated from crops such as coca and poppy. Conditioning delivery of economic assistance on prior crop reductions inevitably fails in the long-run as peasants are forced to replant in order to obtain cash income and can create perverse incentives to grow certain crops in order to get assistance.

An alternative livelihoods approach is designed to improve the overall quality of life of peasant producers, including improved access to health care, education and housing; the development of infrastructure and other public services; and generate alternative sources of income. This approach calls for "mainstreaming" alternative development programs into comprehensive rural development and economic growth strategies

¹⁴ UNODC/CND/2008/WG.3/2 (21 May 2008). Open-ended intergovernmental expert working group on international cooperation on the eradication of illicit drug crops and on alternative development, *Results attained by Member States in achieving the goals and targets set at the twentieth special session of the General Assembly, the limitations and problems encountered and the way forward: international cooperation on the eradication of illicit drug crops and on alternative development*.
<http://www.unodc.org/unodc/en/commissions/UNGASS/04-OEI-EWG3-IllicitDrugCrops-2-4Jul-2008.html>

at the local, regional and national level. Such an integrated approach should incorporate all of those involved in rural development, including multilateral and international development agencies, the relevant government ministries, regional and local officials, and community and civil society organizations. As recommended in a 2008 UNODC report,¹⁵ progress should be evaluated using human development and socio-economic indicators.

As the alternative livelihoods approach advances, crop reductions can be carried out voluntarily, in collaboration with the local community. This necessitates that coca or poppy producers be viewed not as criminals, but as partners in promoting alternative development.

Meaningful community participation in all phases of project design, implementation and evaluation is a cornerstone of any effective development program.

Key Recommendation: Avoid involvement in forced eradication and/or conditioning the provision of economic assistance on prior crop reductions. Promote the proper sequencing of policy interventions; once an alternative livelihoods approach progresses and viable economic alternatives are in place, voluntary crop reduction efforts can lead to sustained decreases in crops produced for the illicit market.

Ensure access to essential medicines

It is often forgotten that the global drug control system, as codified within the 1961 Single Convention on Narcotic Drugs, covers two parallel responsibilities: the prohibition of controlled substances for recreational uses, but also the facilitation of their production and distribution for medical and research purposes. The singular focus on the first of these obligations has led to a relative underperformance on the latter. The availability of medicines that have been deemed by WHO to be essential to good health – for example opiates used in pain relief and palliative care, or in the treatment of addiction – has fallen significantly short of demonstrated need, despite the fact that they are cheap and easy to produce. The reasons for this are complex, but a major factor is the tendency of drug control authorities to be over cautious in emphasising the need for controls and restrictions on production and distribution.

The UNODC has an important role to play in improving this situation – working through its regional and country offices to give prominence to the issue with national governments, promoting the production by national authorities of accurate assessments of need, and supporting the development of efficient systems for controlled distribution. This will require a significant refocusing of the support provided by the UNODC to national governments, which can only happen through explicit strategic leadership from the Executive Director.

It will also require close co-operation with the International Narcotic Control Board (INCB), which raises another challenge for the Executive Director. The INCB is a constitutionally independent body, but its secretariat is an administrative entity of the UNODC. IDPC has repeatedly criticised the operating procedures of the INCB – the process for electing new members, the secrecy surrounding meetings and missions, and the unwillingness to engage in open discussion with member states and civil society. While the Executive Director does not have the power to unilaterally reform the workings of the INCB, he could seek to influence the methods of operation of the Board, at least demanding that the secretariat carries out its work according to accepted standards of transparency, accountability and objectivity, and addressing contradictions between the statements of the Board and its members, and the available evidence or agreed positions of other parts of the multilateral system.

¹⁵ E/CN.7/2008/2/Add.2 - Fifty-first Session Commission on Narcotic Drugs, Thematic debate on the follow-up to the twentieth special session of the General Assembly: general overview and progress achieved by Governments in meeting the goals and targets for the years 2003 and 2008 set out in the Political Declaration adopted by the General Assembly at its twentieth special session (21 February 2008). *The world drug problem – Fifth report of the Executive Director*.
<http://www.unodc.org/unodc/en/commissions/CND/session/51.html>

Key Recommendation: Accelerate work with the INCB and WHO to encourage member states to increase the availability of essential medicines by removing legislative and institutional barriers.

Promote civil society engagement

All UN agencies and commissions have an obligation to involve civil society in their operations. In practice, however, the extent to which this is implemented is highly variable, and the UNODC and CND are amongst the least developed in this area. Some UN bodies have sophisticated and well-supported structures to ensure that the views and contribution of NGOs and other civil society stakeholders are routinely included in intergovernmental debates, and the operation of the executive body. In Vienna, however, the structures for civil society engagement remain weak – the Vienna NGO Committee is given little support, the civil society section within the UNODC has few resources and lacks meaningful commitment from senior management; and the mechanisms for civil society involvement in the annual CND remain ineffectual and unwelcoming. Compare this with bodies such as UNAIDS, where civil society is routinely involved in mainstream planning and policy discussions, and even have seats on the governing body (the Programme Co-ordinating Board), and we can see the gulf in commitment.

Civil society organisations in the drugs field have often been viewed by UNODC and CND officials as unwelcome complications to the debate, rather than the valuable source of information, experience and expertise that they represent. The new Executive Director will need to provide genuine support and strengthened impetus to building a more productive relationship with civil society. Clear signals of such a commitment could be demonstrated in, amongst other things, the organisation of regular ‘summits’ between the Executive Director and civil society representatives, an annual ‘civil society hearing’ at the CND, and an increase in the resources and status afforded to the civil society section within the Office.

Key Recommendation: Hold an early meeting with representatives of the main NGO Networks to agree a standing arrangement for stronger engagement with civil society in the work of the UNODC in general, and the CND in particular.

Conclusion

The UNODC has an important and growing responsibility in fighting organised crime and terrorism. However, it would be a mistake to apply a simplistic crime and law enforcement approach to the Office’s drug control responsibilities. There has been some progress in recent years to balance the law enforcement activities of the Office with the health and social aspects of drug markets and use, but much more remains to be done to create a truly balanced and coherent set of policies and programmes. System wide coherence can be improved if the new Executive Director works more closely with his counterparts at UNAIDS, WHO, OHCHR and UNDP, to agree joint strategies and initiatives.

All of the above challenges involve significant intellectual, organisational and political complexities, but it is crucial that, in a period of considerable policy uncertainty and fracturing consensus, the Executive Director of the UNODC provides clear and balanced guidance in modernising the international drug control system in close collaboration with the other relevant UN agencies. There is a real danger of the UNODC becoming sidelined as the member states, and the larger multilateral agencies, pursue the policies that deliver their own particular objectives. However, with the right leadership in the coming years, the UNODC can play a critical role in taking forward the international community’s shared responsibility for minimising the harmful impact of drug markets and drug use, and ensuring appropriate responses that prioritise the health and welfare of mankind.