



UNITED NATIONS
Office on Drugs and Crime

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Towards a More Balanced and a More Radical Approach to Drug Control

Address to the 19th International Conference of the
International Harm Reduction Association

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Mr. Chairman,
Ladies and Gentlemen,

Harm reduction is often regarded as a controversial issue. And yet, if you think about it, drug control *is* harm reduction. The very reason that drugs are controlled through international Conventions and national laws is to reduce the danger that they pose to humanity.

A broad definition of harm reduction

If you look at it another way, everything that we do at the United Nations Office on Drugs and Crime is meant to reduce harm: helping farmers switch to licit crops; assisting countries identify, monitor and disrupt drug trafficking; developing educational campaigns in favour of drug prevention; helping governments to deal with drug law offenders in a humanitarian way. This is all harm reduction in one way or another. So let us not shy away from the expression “harm reduction”. Indeed, let us give it real meaning.

I realize that I am preaching to the converted here at the International Harm Reduction Association. And yet, allow me to suggest that you can be even more radical when it comes to harm reduction.

Bringing health back to the centre of drug control

At the recent session of the UN Commission on Narcotic Drugs, I put forward some ideas on how the drug control regime could be made more “fit for purpose”. In the paper – which is publicly available on the internet – I pointed out how, over the past few decades, drug control has focused mostly on law enforcement. This is a result of financial realities, and policy priorities that are tough on crime.

The unintended consequence is that public health – which is the first principle of drug control – has been pushed into the background, more honoured in lip service and rhetoric than in practice. Indeed, when it comes to drug control, spending on public security is a multiple (of several times) what is spent on public health.

As a result, well-intentioned, but under-funded NGOs – like many of you – have been left to pick up the slack. And instead of a comprehensive health-centred strategy focused on prevention and treatment, there have been short-term solutions based on ideology or political expediency that leave the public confused and drug addicts neglected.

Ladies and gentlemen, it is time to go back to the roots of drug control, and put health at centre stage.

Yes, we have to try even harder to prevent people from taking drugs – through education, early intervention, prevention, and law enforcement. Yes, we have to reduce the world’s supply of controlled substances, albeit in a way that eliminates poverty and not just coca and opium. Yes, we have to stop the drug traffickers.

But even if we were successful on all three counts, there would still be at least 25 million drug dependent people in the world unable and/or unwilling to escape their dependence and look for treatment. That is why, in addition to enforcement, prevention, and treatment, we must mitigate the negative consequences of drugs, both for those who suffer dependence as well as for society at large. In particular, we need to mitigate the risk that drug abuse will lead to an HIV pandemic.

A full package of measures

Harm reduction has consisted, in many places, of handing out condoms, clean needles or a bowl of soup to drug dependent people. This serves an important purpose. But on its own it is insufficient, and if not done properly it will only perpetuate, even condone, drug use. Therefore, we should consider a comprehensive package of measures that cover prevention, treatment and reintegration.

What is in this package?

Of course the tools to prevent the spread of diseases that precede and accompany drug use, like HIV and hepatitis.

But let us go further and:

- devote more attention to prevention and early detection of drug vulnerability;
- reach out to people who need treatment, on a non-discriminatory basis;
- support the mainstreaming of drug therapy into high-quality and accessible public health and social services.

UNODC’s ability to achieve these aims – particularly in Latin America and Sub-Saharan Africa – has been greatly enhanced by a major grant that we received from the OPEC Fund for International Development just last week. Through a programme called Treatnet, we are working with governments – particularly in developing countries – to mainstream drug treatment into medical and social

services, and reduce vulnerability of HIV/AIDS. We are also stepping up our cooperation with the World Health Organization and as part of UNAIDS. Indeed, the HIV/AIDS programme is the fastest section of UNODC. This is a reflection of our approach that drug dependence should be treated as an illness as well as a social issue.

There are other steps that can be taken to prevent the use of drugs and reduce the harm they cause. For example:

- promote alternative measures to prison for drug addicts, offering them rehabilitation programmes;
- provide alternative livelihoods (or social assistance) to make people less vulnerable to drug dependence and help them escape marginalization;
- treat all forms of addiction. There is no consolation for stabilizing drug trends if people turn instead to other substances (like prescription drugs or alcohol).

If you haven't done so already, I invite you to read a UNODC discussion paper on *Reducing the health and social consequences of drug abuse*, posted on our website. It outlines a number of concrete measures, as well as positioning them in the broader context of drug prevention and treatment. Indeed, I think it squares the circle on a sometimes controversial issue and creates an important conceptual framework for strengthening alliances between drug prevention and treatment professionals so that there is continuum of care, rather than an endless debate.

Looking beyond 2008

Colleagues, your work and dedication demonstrate that drug control is too important to be left to drug experts and governments alone. It is a society-wide responsibility that requires society-wide engagement: at home, in schools, the media, community groups, and among civil society.

Through your research, social work, advocacy, and on the ground engagement, you are helping to reduce the harm caused by drugs. You also contribute to the future shape and direction of drug control. Your independent, evidence-based input enriches the policy discussion on the effectiveness of drug control, and helps us look over the horizon, beyond the end of the UNGASS process in 2008. I hope that many of you will join us for the global NGO meeting called "Beyond 2008" that will take place in Vienna this July.

Human rights and harm reduction

You also prod us to ensure that human rights is part of drug control. I welcome the constructive engagement of your Association and Human Rights Watch on this issue. This year's 60th anniversary of the Universal Declaration of Human Rights provides us with a useful reminder of the inalienable rights to life and a fair trial. I strongly believe that although drugs kill, we shouldn't kill because of drugs.

Respect for human rights and human lives are intrinsic to health, justice and security that are at the core of UNODC's mandates. It is worth highlighting that the International Covenant on Civil and Political Rights (in paragraph 2 of article 6) says: "In countries which have not abolished the death penalty, sentence of death penalty may be imposed only for the *most serious crimes*. . ." According to the interpretation of the concept by the Human Rights Committee, such kind of crimes have to be intended as crimes directly resulting in death. My Office is working with the UN High Commissioner on Human Rights to make States more aware of this commitment.

A more balanced and more radical approach

To conclude, if we are to move beyond merely containing the world drug problem, we have to improve prevention and treatment, and reduce the harm that drugs pose to addicts and society as a whole. That requires a more balanced and more radical approach to drug control.

I therefore wish you a successful meeting, and thank you for the work that you do to build a safer and healthier world.