

Chapter 1

Introduction

With a history of nearly a century, the international drug control Conventions are among the oldest international Conventions ratified by most countries.^[1] Their original, and continuing, purpose is to secure a balance between the appropriate use of narcotic analgesics and psychotropic drugs and their undesirable effects such as abuse and dependence.^{[2], [3]}

National legislation is guided by these international obligations and the cornerstone of the Conventions is therefore to limit the use of these drugs to medical and scientific purposes. Over recent years the International Narcotics Control Board has brought to the attention of governments that, in addition to international control of production, manufacture and trade, other measures, particularly demand reduction, need to be promoted and advanced, if substance abuse and dependence are to be prevented.^[4]

The globalization of most aspects of life today brings with it many new opportunities for young people. They now have easy access to wide-ranging knowledge about the whole world rather than merely the village or town in which they live. These opportunities arise through information technology, travelling, befriending, access to jobs and so on. However, globalization also carries risks such as the adoption of aberrant behaviour, involvement in crime and copying problems that may be prevalent in other communities.^{[5], [6], [7]}

The young people of today live in a world that it is complex, providing them with both tremendous opportunities as well as challenges, with many benefits and many risks. The influence of their peers and their surroundings upon them and their behaviour, their lifestyle and their health is greater than ever before. Peer influences are no longer solely emanating from school or the local neighbourhood but can come from thousands of miles away. Indeed, adolescents' ideals and role models may be in another continent and their problems may start from under the same roof or from a long distance away.^[8]

The provision of a healthy environment has thus become more difficult today than it has been in the past and the socio-cultural control of behaviour less predictable than ever.^[5] There is now a higher proportion of children and adolescents with mental and behavioural problems as a result of complex societal changes and the control of traditional diseases appears relatively simple compared to those related to behavioural influences, including substance abuse, in the course of recreational activities.^{[8], [9]}

The particular vulnerability of children and their need for care and protection was recognized by The United Nations Convention on the Rights of The Child (1989) which stipulates under Article 33 that States Parties shall take all appropriate

measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances.^{[8]. [10]}

The changes in the extent and nature of drug problems over the last three decades led the INCB, at the suggestion of Hamid Ghodse, to introduce a new chapter in its annual report. Traditionally, this report had previously focussed on control issues. The idea of the new chapter was to expand the report so that it also covered contemporary and topical issues related to its mandate. Since 1992 therefore, a particular theme has been selected each year for in-depth consideration. Governments, international organizations and NGOs have been encouraged to suggest topics for the chapter with final selection of the chosen theme reflecting the most relevant issue of the day. The Board and its secretariat then painstakingly prepared, debated and revised various drafts of the chapter prior to its inclusion in the Annual Report. Expert advice has been sought when necessary and consultation with appropriate international organizations has also been part of the process. However, the final decision of every aspect of the chapter, as of the Annual Report as a whole, has been that of the Board.

The thematic first chapter of the Annual Report has attracted much attention and has been welcomed by governments and by those working in the field of combating drug abuse problems. It has also made a significant contribution to public and academic debate about the whole range of drug problems and responses to them. Pro-drug lobbies and groups, although often critical of national and international drug control measures, have used it to focus their responses more cogently.

Since the introduction of the thematic chapter 15 years ago, the launch of the Board's Annual Report has been extremely successful in raising the profile of the contemporary global drug problem. The annual press conference, which formerly took place only in Vienna at INCB headquarters, has expanded to over 30 countries around the world, enhancing the cooperation of the world's media in promoting a response to the growing global drug problem.

In light of this level of interest, the Board requested Hamid Ghodse to compile and edit the thematic chapters into a single volume for a more general readership. The editing has concentrated on shaping individual chapters into a coherent whole without altering their meaning. Within the book, the order of the chapters remains chronological, reflecting the historical importance of different issues at different times. Minor editing has excluded subsidiary issues from some chapters where they were not directly related to the core of the chapter's theme and some chapters have had their subsections re-ordered. However, each chapter of the book faithfully reflects the underlying meaning of the original chapter at the time that it was published.

The book starts with a brief description of the mandate and the role of different organs within the international drug control system and the responsibility of the INCB as the quasi judicial arm and the guardian of the conventions. This is an important chapter because it clarifies for a general readership the position of the Board in relation to the thematic chapters which follow.

Legalization of Internationally Controlled Drugs (1992). The ‘Temptation of Legalization’

In the context of questioning and challenging existing policies, anti-prohibitionist movements have been gaining ground. In an increasing number of countries, there have been vociferous calls for the legalization of the possession and use of some or all drugs for non-medical purposes.

The Board had emphatically rejected such proposals in its 1991 Report for such a legalization and, in 1992, decided to make legalization the central issue of the thematic chapter and to provide an analysis of its meaning and consequences. The report highlighted the flexibility that exists within the Conventions for a certain degree of depenalization and for implementing non-penal corrective measures for offences recognized as punishable. It discussed the inconsistencies that exist within the proposal for legalization in its present formulation. But above all, the Board emphasized the tremendous risks that legalization would entail for public health, social well-being and the international drug control system.

In summary, full implementation of the control measures mandated by international drug control treaties and ECOSOC resolutions is vital to more efficient international drug control. Furthermore, by identifying challenges to the international drug control system, pinpointing loopholes, and calling for new action to meet new trends, the Board attempts to direct the efforts of the international community to achieve even more efficient drug control policies. Enhanced international cooperation, for which the 1988 Convention provides key instruments, is of equally vital importance. The necessary political will and the provision of adequate resources are recurrent themes in the report.

The Board’s position received overwhelming support from governments at the Commission on Narcotic Drugs, the Economic and Social Council and the special plenary session of the General Assembly.

Demand Reduction (1993)

In 1993 demand reduction was the theme of the overview chapter and the Board called on governments to place higher priority on demand reduction policies. Some may think this an unusual issue for the Board because, as the Board itself has stated, an internationally standardized approach is hardly feasible in this field nor can demand reduction methods be imposed by legal documents. However, measures to reduce demand were required by the 1971 Convention and the 1972 protocol.

The Board stressed the importance of monitoring the drug abuse situation and of community involvement, and highlighted a few examples of successful demand reduction projects. The Board also noted the increasing emphasis on policies to mitigate the harmful effects of drug abuse. While acknowledging the importance of assisting victims of drug abuse and minimizing the potentially catastrophic effects of drug abuse on them, the Board warned that harm reduction policies cannot substitute for demand reduction policies.

Evaluation of the International Conventions (1994)

The General Assembly of the United Nations, in a resolution on measures to strengthen international cooperation against illicit drug activities (48/12), asked for the impact of the United Nations drug control treaties to be evaluated. The goal was to identify weaknesses as well as strengths in the treaty provisions.

In addition, since monitoring treaty implementation is the very essence of its work, the Board also decided to conduct its own evaluation of the effectiveness of the treaties and their implementation. This chapter highlighted some areas where the treaty provisions were weak, or not implemented, offering governments at the Commission on Narcotic Drugs or ECOSOC the opportunity to decide which weaknesses warranted intervention and the best way to remedy to such situations. One possible outcome would be to amend the drug control treaties.

The following two issues exemplify some of the difficulties associated with treaty implementation. The first one is not new. It relates to coca chewing and the drinking of coca tea. Legislation in three countries in Latin America tolerates the drinking of coca tea and coca chewing. This is in contradiction to the provisions of the 1961 Convention, which make it mandatory that those habits be prohibited, after a certain transitional period, which has elapsed. The Board, the guardian of the treaties, can only repeat every year that there is a treaty violation in the countries concerned. In this chapter the Board expressed the view that this contradiction should now be resolved. Based on adequate scientific evaluation of the coca tea and coca chewing habits, governments should decide whether treaty provisions are adequate.

The second issue related to the possible revision of the classification and control of the cannabis plant and cannabis products. It is suggested that the potency of those products should be taken into account, rather than the type of products per se (i.e. leaf/resin/flowering tops). The Board has on several occasions called attention to the emergence of new varieties of cannabis with leaves with a THC content much higher than the flowering or fruiting tops. Cannabis leaves as such do not fall under international control. Similarly there are now resins available with very high THC content.

The chapter pinpointed a number of other areas for possible amendments. For example, it called for a review of the controls over poppy straw and identified a number of possible adjustments of a more technical nature.

Overall, however, the chapter stressed that the present drug control system has achieved considerable success, for example in limiting diversion of narcotic drugs and of psychotropic substances from licit manufacture and trade into illicit channels.

It suggested that some of the shortcomings of the international drug control system relate to the fact that the Conventions were intended to be universal but have not yet been universally adopted nor applied. In other words, the system has not yet been given the chance to function at its full capacity. Universal adherence and implementation are therefore key conditions for efficient international drug control. However, to be efficient, the international drug control system has to have the ability to adapt rapidly to changing abuse and trafficking situations.

This implies a need for timely decisions to place new substances under control or to change their control regimes. The importance of timely updating of treaty provisions and adjustment of technical assistance was also stressed.

Giving More Priority to Combating Money-Laundering (1995)

It is well known that international trafficking in narcotic drugs and psychotropic substances is extremely lucrative for the key players and organizers. Huge amounts of capital are generated and the profits derived from such illegal activities are very often either integrated into the legal economy or are used in corrupt and criminal ways to enhance illegal activities.

The adoption of the 1988 Convention marked a decisive step in mobilizing the international community in the fight against illicit drug trafficking. Money-laundering offences are defined in the Convention, and parties to the Convention are required to make them serious criminal offences, to be severely punished and subject to extradition.

Money laundering was the focus of the thematic chapter in 1995 because of the impact that the effective implementation of measures against money laundering can have on curbing drug trafficking and therefore on achieving the objectives of the international drug control treaties. For example, powerful trafficking groups through their financiers can have a significant influence on politicians, the judicial system, the media and many other sectors of a society. Through this, they can impose their own laws, including the 'buying of public opinion' within the country.

Seizures of drugs, even in large quantities, cause only limited losses to drug traffickers, and these are quickly compensated for by increasing shipments.

However, confiscation of the assets and property of such criminals undermines their capacity to organize and to maintain their logistics and their ability to corrupt – this, of course, being the basis of their power. Confiscation is therefore an important weapon in destroying criminal organizations and their trafficking operations. It also offers the opportunity to utilize confiscated assets for the fight against drugs, for example to fund drug abuse prevention projects, to improve the capacity of law enforcement agencies or to enhance programmes for crop substitution and alternative development. All such measures help to intensify the fight against organized crime and the production of, and traffic in, narcotic drugs, thereby breaking the malignant circle. Confiscated assets and property can be divided between the governments involved, or can be donated to international organizations, such as UNDCP which is having to significantly reduce and restrict its projects because of a lack of financial resources.

Because of the international nature of money laundering, a global response is essential and the Convention stipulates that harmonized policies should be formulated. Furthermore, where necessary, countries should be assisted to implement them. Although some progress has been made, there is still an evident lack of universality in the implementation of money-laundering countermeasures and there is no generally applicable instrument for assessing their results.

The thematic chapter contained numerous examples of how global economic integration, opening of borders and deregulation of trade are facilitating drug trafficking and money laundering. It noted that, although financial operations are the points at which criminals are often the most vulnerable, and money trails are often the only way to trace the organizers of an illicit drug operation, many countries still need to put in place the appropriate laws and procedures to deal with this. In other words many countries were far from meeting their obligations in relation to the provisions and recommendations of the 1988 Convention (eg. the confiscation of proceeds and property, the reverse of the onus of proof, the implementation of controlled delivery, mutual legal assistance and extradition). In addition, it was the view of the Board that all countries should provide and enforce laws which enable them to confiscate all proceeds derived from drug trafficking and punish money launderers as well as drug traffickers.

The establishment of a comprehensive and universal framework was proposed to coordinate measures to deal with the proceeds of crime throughout the world. Such a framework should include the systematic collection and dissemination of information about the seizure and confiscation of assets derived from drug trafficking in addition to mechanisms to monitor the international community's progress in preventing and controlling money-laundering. The clear message must be that, from a moral and ethical point of view, no government and no society should accept that income can be derived from criminal activities such as drug trafficking and related activities.

Drug Abuse and the Criminal Justice System (1996)

In accordance with the international drug control treaties, national legislation must be adequate to deal with the complexities of large-scale trafficking networks and must provide for the efficient investigation and prosecution of drug traffickers. It is recognized however that many criminal justice systems are overburdened and indeed may be overwhelmed by the dimensions of today's world-wide drug abuse epidemic. Often, there are not enough resources to do more than apprehend the street seller or individual drug abuser, leaving intact the middle and top echelons of the drug trafficking hierarchy. In order to alleviate this situation, governments should consider targeting large-scale drug trafficking organizations and, simultaneously, may consider alternatives to incarceration for juveniles and first-time offenders. Treatment of drug abuse, in particular, can be a cost-effective alternative to imprisonment, reducing health-care costs as well as costs associated with criminal proceedings and imprisonment.

Many governments experience difficulties when trying to convict people higher up in the drug trafficking chain, because it is often difficult to establish the evidence connecting suspected drug kingpins to the crimes committed under their direction since they may never come in contact with drugs. In addition, prosecution of organizers of the drug trade may also be hampered by procedural barriers and evidentiary requirements. The chapter accordingly suggested that governments consider simplifying evidentiary requirements in certain cases, under the close

supervision of the appropriate judicial authorities and with adequate protections for the accused. This is important because, if drug kingpins go unpunished, public confidence in the criminal justice system is undermined.

The issue of drug-related corruption, bribery and intimidation of police, judicial officers, politicians, tax authorities and customs officers was highlighted. This is a major problem because of the immense economic power of drug traffickers. Improving the conditions of service of public officeholders is important in this context so that they are less vulnerable to such pressures before countermeasures are introduced.

A variety of international measures are also proposed, such as stepping up mutual legal assistance among states in investigations, prosecutions, extraditions and judicial proceedings; joint task forces to combat transnational crime syndicates; and channelling of seized criminal proceeds to help finance international drug control.

In relation to ongoing United Nations efforts to establish an international criminal court, it is suggested that if such an institution is set up, international drug trafficking should be included as an international crime under the new court's jurisdiction.

Preventing Drug Abuse in an Environment of Illicit Drug Promotion (1997)

The environment, in its broadest sense, has a major influence on demand for drugs. Over the last years, drug abuse is increasingly regarded as being acceptable or even glamorous with the fashion industry coining the term 'heroin chic' and pop stars making statements to the effect that the recreational use of drugs is a normal and acceptable part of a person's lifestyle. Simultaneously, powerful pressure groups run political campaigns aimed at legalizing controlled drugs.

In 1997 these issues were considered in some detail. For example, pop music is now a global industry and by far the most influential trendsetter for young people of most cultures. Song lyrics advocate the smoking of marijuana and the recreational drug habits of famous pop stars are familiar to many through media coverage, which tends to glamorize such behaviour. Even the occasional shock of overdose deaths, tends to be seen as an occasion to mourn the loss of an idol rather than an opportunity to confront the lethal effect of recreational drug use.

The portrayal by the media of certain drug issues, especially the use of marijuana and the issues of liberalization and legalization, has encouraged rather than prevented abuse. The Board views the overall coverage of the drug problem as far from balanced since influential newspapers and key television stations tend to focus exclusively on the controversial and provocative aspects of the issue rather than the risks. Legalization and liberalization and advocacy for the medical use of cannabis are the recurring attention-grabbers for reports and editorials. The Board is concerned, not because these topics are covered, but because it is only those topics that receive highlighted attention.

In particular, promotion of the use of cannabis (hemp) in foodstuffs, beverages, materials etc conveys an impression that it is an innocuous, edible or even

nutritious substance. This is often just one tactical element in a wider strategy, which has as its final aim the legalization of cannabis. Indeed some of those involved openly admit that legalization is their ultimate objective.

All of this is compounded by the range of information at our fingertips via the Internet. In the past, obtaining similar levels of knowledge required considerable research through libraries and medical journals; today it comes to our living room. It includes which common plants have hallucinogenic properties, how to grow cannabis indoors, or how to make a range of 'designer drugs'. There are news groups for exchanging information not only on making drugs, but also on how to avoid detection, for sharing experiences and for providing support to persons arrested for the illegal possession of controlled drugs.

All such developments have created an environment which is tolerant of, or even favourable to, drug abuse and which undermines actions to address the problem. The 1997 Annual Report focused on the issue of demand reduction and prevention within an environment that has become tolerant of drug abuse. It pointed out that governments have not only moral but also legal obligations, as specified in the international drug control conventions, to actively counter all forms of 'public incitement' that encourage the abuse of drugs and psychotropic substances.

In the long term, the creation of a culture that is predominantly against drug abuse is the most promising form of prevention and the change in public attitudes towards tobacco smoking is used as an example to show that it is possible to influence the public and to gradually change the environment. The change in smoking attitudes, which has led to a significant drop in tobacco consumption, has required years of efforts on a number of fronts.

This emphasizes the importance of sustained, long-term drug abuse prevention programmes but the chapter is realistic in noting that the elimination of all forms of drug experimentation, use and abuse will never be achieved. However, this should not be a reason to give up the ultimate aim of all prevention efforts, namely a drug-free society. Most prevention efforts do have an effect and, like commercial advertising, reach enough of the market to have a positive impact. Prevention programmes should be considered successful even though they may not prevent all illicit drug abuse.

Governments therefore must should take the initiative in the debate on drug issues and not leave the advocacy role only to those who wish to change public attitudes to drug abuse. This is all the more important because scattered evidence from public opinion polls suggests that the majority of people are not in favour of any form of legalization. However, those who support the legalization of non-medical use of drugs are gaining strength and are influencing political decision makers. Efforts to reduce drug abuse worldwide will be less effective if demand reduction programmes are undermined by advocacy for the legalization of drugs.

Innovative strategies are required and governments should seek the assistance of key youth influencers such as the media and the sport and entertainment industry. However, community leaders, politicians and educators all have an important role to play in confronting cultural trendsetters who are actively creating

a 'drug-friendly' environment. They must be encouraged to lend their support to their governments in tackling the menace of drug abuse and trafficking as well as the devastating health and social problems that are associated with it.

Internationally Controlled Drugs: Past, Present and the Future (1998)

Chapter 8 reviews the history of international drug control since the beginning of the century and assesses its achievements and the many remaining challenges.

The beginning of this twentieth century was characterized by the presence of heavy drug addiction in a few countries, particularly in Asia. In China alone, at least 25 per cent of the male population were smoking opium and there were around 10 million opium addicts in a total estimated population of approximately 450 million. Opium-smoking was also widespread in south-east Asia, in some parts of India and west Asia and also appeared in a number of European countries. Opium, however, was not the only drug of choice at that time. Other narcotic drugs such as morphine, heroin or cocaine were freely available and consumed for non-medical purposes. About 90 per cent of narcotic drugs in the United States were used for non-medical purposes, according to a government report.

The situation was such that action had to be taken to limit the flow of drugs and the addiction epidemics, which were spreading fast around the world. Therefore, the International Opium Commission met in Shanghai in 1909 to address this issue. That conference laid the foundation of the international drug control system that was to develop over the next 90 years – a global control system based on international consensus. At its centre are three widely-accepted and widely-ratified international treaties with comprehensive reporting and control mechanisms and an independent international expert body which monitors and supervises the compliance of governments with treaty obligations – the International Narcotics Control Board. The ninetieth anniversary of this first international conference on drug control which broke new ground should be duly celebrated.

Freedom from Pain and Suffering (1999)

International treaties not only recognize the dangers associated with drugs but also that such drugs are indispensable in medicine. Narcotic drugs have important and wide medical uses. They are used as anaesthetics and analgesics and for veterinary, dental and laboratory purposes. To ensure availability of such drugs for medical purposes is just as important as preventing their use for non-medical purposes. Chapter 9 examines issues relating to the adequate provision of these drugs.

Unfortunately, the medical need for opiates is not fully met in many parts of the world. The Board has, at regular intervals, examined the lack of availability of opiates in special reports, most recently in its 1995 Report 'Availability of Opiates for Medical Needs'. It noted that there were imbalances in the global availability of opiates, particularly of those related to the treatment of severe pain, and recommended that governments should critically examine their methods of

assessing domestic medical need for opiates and of collecting and analysing the relevant data, so that they can ensure that their estimates accurately reflect the actual medical need of their population and that these needs are met in a more appropriate way.

Some five years later, the objective of adequate availability of opiates to treat pain and human suffering unfortunately remains elusive. Indeed, shortfalls in the provision of morphine and other pain-relieving medicines could be called dramatic. Some figures may illustrate the gravity of the situation:

- 80 per cent of analgesic morphine consumption is consumed by only ten countries in the world;
- the average daily consumption of opioids¹ is approximately 90 times higher in the 20 countries with the highest per capita consumption than in the 20 nations with the lowest consumption;
- more than 120 countries reported little or no opioid consumption to the Board.

The unavailability of pain-relieving medicines in many parts of the world has serious consequences, for example in the symptomatic treatment of cancer, which is associated with severe pain especially in the late stages of the disease. According to the World Health Organization, there are 15 million new cancer cases per year in the world, of which two thirds (10 million cases) occur in developing countries. It is estimated that even in a number of technologically advanced countries, only about 10 to 30 per cent of patients suffering from severe cancer-related pain may be receiving adequate treatment. For developing countries, the situation is even bleaker. If the supply of pain-relieving medicines there remains inadequate, unnecessary pain and suffering will continue.

The causes of the opioid shortage in many countries in the world are manifold. One impeding factor is the inadequacy of national drug control systems. Many governments find it difficult to assess their opioid requirements or do not give such assessments the necessary attention. Establishing a solid and reliable assessment of medical need is the essential first step to ensure the adequate availability of narcotic drugs so that patients do not suffer unnecessarily. Assistance should be provided to governments in order to enable them to establish more reliable baseline estimates and assessments of medical need.

Over-restrictive regulations and difficult administrative procedures combined with concern about diversion, the consequences of unintentional errors and about addiction may also impede the availability of opiates for the relief of pain and suffering. Both governments and the medical profession have a responsibility to review procedures with a view to facilitating access of patients to essential pain-relieving medicines without jeopardizing the proper functioning of a system that is designed to safeguard supply while minimizing diversion and misuse.

¹ The term 'opioid', as used in the present publication, covers all natural, semi-synthetic and synthetic substances with chemical structures and pharmacological effects similar to those of morphine.

Another great obstacle, particularly in developing countries, is the lack of resources, both financial and human. Other social and health problems such as malnutrition and infectious diseases often take priority over pain relief for cancer patients and there are too few, sufficiently trained health care professionals to administer comprehensive pain management programmes. Financial issues can be tackled by encouraging preferential conditions for essential drugs from international suppliers for developing countries and through developing non-profit mechanisms for the use of otherwise unused narcotic products. Within the framework of their programmes, organizers of international aid programmes should consider donating drugs to countries which are not in a position to secure such substances from the international pharmaceutical market. In addition, the opioid manufacturing industry should consider making high quality opioid preparations more affordable in countries with little or no resources and low consumption levels.

However, as will be seen in the next chapter, unlimited or excessive availability of addictive medicines on national or international markets is as much a cause for concern as insufficient supply. Excessive availability of such medicines frequently results in suffering of a different kind, namely in unjustified overconsumption and in dependence.

Overconsumption of Internationally Controlled Drugs (2000)

Although lack of access to opiates results in unnecessary pain and human suffering in many parts of the world, the 'flip-side' of the problem occurs when there is unlimited or excessive availability of addictive medicines on national and international markets.

There is no country or region in the world where the availability of medicines can be considered as a universal consumption standard that is applicable to all countries regardless of their social, demographic and economic situations. Drug consumption figures always have to be viewed in the broader context of national drug supply, availability and management and small disparities between different countries in their drug consumption can usually be explained by differences in national circumstances. However, the reality is that there are currently some very big disparities between countries and regions which are hard to understand or justify on the basis of medical practice.

These disparities are striking even in areas with similar economic development. For example, there are large and consistent differences in the consumption levels of countries in North America and those in Europe. For the past 15 years, the consumption of amphetamines listed in Schedule II of the 1971 Convention has been about ten times higher in North America than in any European country. On the other hand the consumption of benzodiazepine-type sedative hypnotics and anxiolytics is highest in European countries. Consumption differences do not only occur between continents but also within them. In France, for example, consumption of benzodiazepines was for many years among the highest in Europe, on average approximately three times that of Germany or of Norway. In recent

years, however, the French authorities have succeeded in significantly reducing the consumption of benzodiazepines through serious efforts to promote a more rational use of such substances.

The French example proves that effective action can be taken by national authorities to reduce excessive consumption of controlled drugs. To do so, governments must keep the supply and the consumption of controlled drugs under close supervision and establish a reliable system for monitoring consumption. If overconsumption of particular drugs is identified, governments need to act in concert with the other participants in the drug distribution chain, particularly with members of the medical and health professions and the pharmaceutical companies to promote the use of culturally relevant and proven complementary or alternative treatment modalities, without limiting the availability of controlled drugs for therapeutic purposes and depriving patients of legitimate and efficacious treatment. Together with the professional medical associations, health authorities should also promote the continued education of physicians as well as the general public in this subject area. This will, in the long run, ensure a consistent and adequate therapeutic response to various mental conditions and will reduce the level of polypharmacy without compromising treatment outcome.

Specifically, governments must ensure that article 10 of the 1971 Convention, which prohibits the advertisement of psychotropic substances to the general public, is strictly enforced. Furthermore, they must ensure that all manufacturers of controlled drugs adhere to the ethical norms for medicinal drug promotion which have been developed by the pharmaceutical industry itself and the World Health Organization.

Globalization and New Technologies: Challenges to Drug Law Enforcement in the Twenty-first Century (2001)

Just as electricity and the telephone changed our lives in the twentieth century, the Internet is revolutionizing our lives today. Globalization and new communication technologies have brought innumerable economic, educational and cultural benefits to our society. Along with the benefits, however, comes the danger that the advantages of these innovations are being undermined by individuals and criminal groups for illicit gain.

For example, new technologies have made some crimes easier to commit, a trend that can be described as the 'amateurization' of drug-related crime. Prospective drug chemists and drug traffickers no longer need special contacts or resources, since they can find much of the necessary information in the Internet search engines. The Internet also puts them in touch with like-minded individuals in different parts of the world and permits them to locate supply sources of which the user would otherwise have been ignorant. Cyber criminals also use new technologies to agree illicit drug sales and purchases online; they keep in touch with each other by using Internet chat rooms protected by firewalls that make them impenetrable and they communicate with each other by using mobile telephones with prepaid cards that can be bought anonymously.

In this environment, methods of traditional law enforcement, with clear geographical demarcation lines, are often insufficient. Transnational drug-related crime, with cross-jurisdictional operations and a low-profile network structure, challenges the approach of conventional drug law enforcement. In addition, the legal framework for prosecuting these crimes often does not exist. The perpetrator of the infamous ILOVEYOU virus, for example, which infected computers around the world and caused damage estimated at more than US\$10 billion, could not be held responsible for the damage inflicted, nor could he be extradited to face prosecution in the United States.

To handle this, specialized inter-agency high-tech drug units are required at national level while, internationally, measures need to be harmonized as far as possible to ensure that offences, sanctions and standards of proof are similar in countries throughout the world, to prevent the growth of data havens. The Council of Europe's Convention on Cybercrime represents the most advanced international collaboration to date in the area of high-tech crime. Consideration might also be given to the development of a United Nations Convention against cyber crime. Such a Convention would have to balance concerns for security and protection from crime with concerns for civil liberties, dignity and privacy.

Illicit Drugs and Economic Development (2002)

Chapter 12 examines the impact of drugs on overall economic development and debunks the myth that illicit drug production and trafficking can improve the economic situation of a country. In fact, illicit drug production and trade impact negatively on economic development because they destabilize the political system by strengthening insurgency groups and promoting conflict and there are several examples of countries where increased drug trafficking has been linked with increased violence and terrorism. The illicit drug industry, far from contributing to the economy, destabilizes it through the inflow of large illicit profits which fosters overvalued exchange rates and income inequality. Furthermore, it undermines civil society through promoting drug abuse which disrupts the social fabric of society involving the family and the community and leads to rising levels of local crime and violence. There are apparent early benefits in the form of employment opportunities because the illicit drug industry offers jobs in the agricultural sector to people who are disadvantaged by limited skills and education thus providing short-term relief in countries with high levels of unemployment. However, these opportunities jeopardize the long-term development of human capital in sustainable industries.

For all of these reasons, there is no evidence that the expansion of illicit crop cultivation has resulted in any overall long term improvement in the economic situation of a country. On the contrary, there appears to be a negative correlation between illicit drug production and economic progress. Countries in which illicit drugs are produced have been shown to suffer a decline in economic growth and most end up with drug abuse problems of their own.

The unarguable conclusion is that long-term economic development is not feasible when effective drug control system is absent or lacking and that it is important to align drug control efforts in countries with high levels of illicit production to the promotion of longer-term economic development. If a country rids itself of illicit drug production, trafficking and money laundering, this will lead to long-term social and economic benefits. However, it will entail short-term costs for governments and different segments of society in the respective countries.

Drugs, Crime and Violence: The Microlevel Impact (2003)

Chapter 13 reviews the inter relationship between drug abuse, crime and violence at community level. Because of the lucrative nature of the illicit drug market, it is inevitable that different drug trafficking groups will compete for a bigger share of it. This can lead to violent confrontations in and around public places and, in the absence of appropriate intervention, there is deterioration of law and order. As a consequence, drug-related crime and violence hold sway. This has a wholly adverse effect on communities where citizens have to live with the ever-present threat of crime and violence while simultaneously having to deal with the consequences of drug abuse.

Drugs, crime and violence particularly affect young people who, at local level, may be involved both as perpetrators and victims of crime. It is therefore imperative that policies and intervention strategies to address the problem of drug abuse must include the needs of young people. Early recognition of a drug problem in the community will be integral to any successful response which must include measures to deal with youth gangs involved in violent crime and drug trafficking.

In addition, drug addiction is also a major health problem for local communities requiring specific health promotion activities, which may themselves have positive effects on crime. For example, the promotion of public health was used to combat violence in Cali, Colombia, resulting in a reduction of the homicide rate during the 1990s.

As with all complex problems, there is no panacea on how the issue of drugs, crime and violence should be addressed. However, interventions aimed at deterring and combating violent drug-related crime should include strategies aimed at improving the socio-economic development of the community such as urban regeneration measures to create environments that will help to reduce dealing and trafficking in drugs at the micro level. The establishment of multi-agency partnerships involving local government, the criminal justice system, community and youth organizations is essential. Outreach work, targeting those who are abusing drugs as well as those at risk of doing so is essential and should include those socially marginalized groups who find it hard to access more conventional services. All such activities help young people to overcome their drug abuse problems and criminal behaviour. The importance of cross-agency work is illustrated by the use of community-based restorative justice interventions

where drug treatment courts give lower level violent offenders the opportunity to overcome their drug habits through means other than incarceration; such measures have been found to be successful in some countries.

All such strategies will require appropriate resources for both short and long-term interventions. There are no 'quick fixes' in this area.

Integration of Supply and Demand Strategies: Moving Beyond a Balanced Approach (2004)

One of the central principles of international drug control is to have a balanced approach, which recognizes the importance of and implements simultaneous efforts to reduce both demand for and supply of drugs. Chapter 14 examines the interaction between supply and demand reduction strategies and how these two components can be integrated for maximum impact.

It is self-evident that drug supply and demand are inextricably linked components of drug abuse problems. However, supply reduction programmes and demand reduction programmes implemented in isolation only have limited success.

The chapter shows how governments can apply the principle of a balanced approach in practice and achieve cooperation between government agencies, civil society organizations and local communities. While balanced strategies are a step in the right direction, they continue to treat supply and demand as separate issues. Governments should strive to overcome this artificial division and develop and implement integrated strategies which combine components of supply and demand reduction in multidisciplinary programmes.

To achieve this, the establishment of a central authority with a balanced representation of supply and demand reduction agencies is of paramount importance. This authority can coordinate efforts and distribute financial and other resources among those responsible for providing health, law enforcement, criminal justice, education and social services. Its effectiveness will be further enhanced by the development of training programmes for criminal justice and public health, education and social service officials on the interaction of supply and demand reduction policies. Such training will also contribute to a shared understanding of the issues by officials from different agencies who are involved in addressing the drug problem.

More attention should also be paid to research and analysis. It is vital that existing programmes are monitored to obtain scientific evidence that can be used to develop realistic programmes. Compiling information about successful programmes permits the sharing of 'best practice' models between local, national, regional and international bodies.

Alternative Development and Legitimate Livelihoods (2005)

Chapter 15 examines alternative development and legitimate livelihoods. This topic is closely related to and complements the previous chapter which dealt with the interaction between supply and demand.

Alternative development, which began some 30 years ago, was based on the premise that illegal drug crops, in particular the opium poppy and coca leaf, could be substituted by legal cash crops that would provide crop growers with similar or even higher incomes. The cultivation of illegal drug crops would then become undesirable, and that in turn would reduce the supply of raw materials and ultimately reduce drug abuse.

Alternative development in the form of crop substitution has been applied in a number of countries including Thailand, Turkey and Peru. Early experience in those countries and elsewhere demonstrated that if alternative development is focused solely on crop substitution, it meets with only limited success and that the problem of long-term sustainability of secure and legitimate livelihoods for the community remains unresolved.

Indeed it is now clear that alternative development is a much more complex process than initially anticipated. In addition to offering economically viable, legitimate alternatives to illicit cultivation, the people who grow these crops must also have access to a number of other services, such as health and, education. Moreover, the programme must include and be combined with law enforcement and drug prevention activities within a clear framework of principles. The crop growers themselves need to be fully involved in these initiatives so that alternative development becomes a genuinely holistic approach.

If the principle of a holistic approach is accepted, it follows that the concept of alternative development needs to be expanded beyond the bounds of rural communities and poppy and coca. For example, it should also include cannabis and synthetic drugs and should be directed not just at farmers and rural labourers but to all those whose only livelihood comes from the drug business. It is proposed therefore, that the principles of alternative development, in its widest sense, should be applied in socially marginalized urban environments as well as in the remote rural areas where earlier efforts have been focused.

This, much broader application of alternative development, in both rural and urban societies, will reap greater dividends than if it is practised in either of these societies alone because of the symbiotic nature of the relationship between supply and demand. Both rural farmers and socially marginalized city dwellers need and are entitled to the opportunity of a legitimate livelihood and we should make renewed efforts to reach all of them.

These are not simple solutions – but the simple truth is that there are no simple solutions in international drug control. The chapter contains concrete recommendations to governments, international organizations and other concerned parties on how to ensure that all communities affected by the illicit drug economy are provided with legitimate livelihoods that are both viable and sustainable in the long term.

Internationally Controlled Drugs and the Unregulated Market (2006)

Chapter 16 highlights the dangers of unregulated markets for the distribution and sale of drugs in many parts of the world. Unregulated markets are characterized by unlicensed individuals or entities trading in drugs in contravention of applicable laws. The drugs that they sell are of unknown or doubtful source, quality, safety and efficacy and, not surprisingly, these unregulated markets become sources for obtaining pharmaceutical products containing internationally controlled drugs for abuse purposes.

There are several factors that promote the existence and spread of unregulated markets including, in some countries, limited access to health care facilities, public ignorance of the health risks associated with their patronage, inadequate drug control regulations and/or inadequate enforcement and consumer demand for drugs.

Unregulated markets obtain their supplies of drugs from thefts or unauthorized sales, including through unlicensed Internet pharmacies. The Internet has now become a major distribution channel for drugs with online sales of medicines containing internationally controlled substances increasing substantially over the past few years. A recent global survey carried out by the National Center on Addiction and Substance Abuse at Columbia University in the United States revealed that a large majority of Internet pharmacies are unlicensed and unregulated; in reality they should not be considered or called pharmacies but seen for what they are, which is commercial drug-trafficking operations.

Most of these online outlets supply and sell internationally controlled drugs, particularly benzodiazepines and opioids, drugs that are highly sought after by drug abusers. Some 89 per cent of the Internet pharmacies surveyed did not require a prescription from their customers. Eight per cent accepted prescriptions sent by telefax which not only carries a high risk of prescription falsification but also allows customers to re-use the same prescription to buy drugs from several Internet drug-selling outlets at a time. Only 3 per cent of online drug sellers operated in accordance with international standards, only accepting mailed prescriptions or indicating that the prescribing doctor would be contacted. Specifically, for most Internet sales outlets, anybody with access to a credit card, including children, can easily obtain any medicine, including controlled drugs.

The risks of purchasing counterfeit medicines from unregulated markets are high. While the problem of counterfeiting is not new, it has now assumed significant proportions both in developing and developed countries as demonstrated by the World Health Organization's estimate that 25 to 50 per cent of medicines used in developing countries may be counterfeit. The recent third Global Congress on Combating Counterfeiting and Piracy, held in Geneva in January 2007 noted the expansion of illegal trade in fake pharmaceuticals. Unscrupulous manufacturers, importers, exporters, pharmacists, distributors and brokers have all been implicated in counterfeiting of drugs and medicines. This constitutes an economic crime which undermines national health care systems, results in loss of confidence of drug control systems and enforcement of drug laws. Most importantly, it also poses serious health risks to consumers.

The spirit of this publication is to increase understanding of the international drug problem so that we can tackle it rationally and more effectively. The topics of the various chapters are inevitably interrelated and there is therefore some repetition between them, reflecting the fact that all of the issues are integrally connected via the three international drug control conventions, which are themselves complementary. The core principle running through both the chapters of this book and the provisions of the conventions is the importance of ensuring the availability of controlled drugs for scientific and medical purposes while, at the same time, protecting the public from drug abuse and related problems.

References

- [1] *Report of the International Narcotics Control Board for 2006*. United Nations Publications, Sales No. 07.XI.11.
- [2] Ghodse, A.H. (2002) *Drugs and Addictive Behaviour*, 3rd edition. Cambridge: Cambridge University Press.
- [3] Bayer, I. and Ghodse, A.H. (1999) 'Evolution of International Drug Control, 1945–1995'. *Bulletin on Narcotics*. L1 (1) and Austria, United Nations.
- [4] Ghodse, A.H. (1999) 'Guiding Principles of Drug Demand Reduction: An International Response'. *British Journal of Psychiatry* 175, pp. 310–12.
- [5] Ghodse, A.H. (1995) 'International Policies on Addiction: Strategy Development and Cooperation'. *British Journal of Psychiatry* 166, pp. 145–8.
- [6] Ghodse, A.H. (1998) 'Making it Possible for Governments to Do What They Say'. UN Chronicle No. 2 New York. United Nations, pp. 26–7.
- [7] Ghodse, A.H. (2003) 'Globalization and Psychiatry'. *Advances in Psychiatric Treatment* 9, pp. 470–73.
- [8] Ghodse, A.H. (2004) 'Introduction'. In *Young People and Substance Misuse*, ed. I. Crome, A.H. Ghodse, E. Gilvarry and P. McArdle, pp. 1–14. London: Gaskell.
- [9] Ghodse, A.H. and Pittman D. (1996) 'Drugs, Alcohol and Society', *Current Opinion in Psychiatry* 9, pp. 202–11.
- [10] Ghodse, A.H., Kaplan, C. and Mann, R.D. (eds) (1990) *Drug Misuse and Dependence: The British and Dutch Response*. Lancaster: Parthenon Publishing.