geared towards facilitating implementation of the 1988 Convention.[229] The primary innovation is contained in the third paragraph in the preamble. In this paragraph, the 40 recommendations established by the Financial Action Task Force (FATF) are enshrined as the global standard in anti-money laundering activities. Getting this adopted was problematic, as most States Members had not participated in the elaboration of the FATF recommendations. They were driven through by reference to a CND resolution which had already suggested these recommendations comprised the global standard: "*Recalling also Commission on Narcotic Drugs resolution 5 (XXXIX) of 24 April 1996, in which the Commission noted that the forty recommendations of the Financial Action Ask Force established by the heads of State or Government of the seven major industrialized countries and the President of the European Commission remained the standard by which the measures against money laundering adopted by concerned States should be judged …"* The subsequent paragraphs then identify a number of other activities undertaken at the regional and international levels to fight money laundering and stress the need to harmonize legislation and intensify international cooperation to effectively prevent money laundering.

The self-evaluations by States Members revealed that there was a growing compliance with the measures foreseen to fight money laundering at the global level. The implementation of the obligation to criminalize the laundering of the proceeds of drug trafficking and other serious crime improved from 72% of reporting countries over the 1998-2000 period to 92% over 2006-07. In terms of legislation on the freezing, seizure and confiscation of the proceeds of crime, implementation rose from 71% to 89%. Regarding the requirement to have money-laundering as an extraditable offence, the implementation rate increased from 65% to 77%. The obligation for States to require a declaration for cross-border transportation of cash rose from 49% to 83%, and for negotiable bearer instruments from 31% to 62%. Moreover, the implementation of measures to prevent and detect money laundering in the financial system improved from 55% to 82%.[230] Taking all of these components together, data suggest that the overall implementation rate of the measures foreseen to counter money laundering improved from 61% in 1998-2000 to 83% in 2006-07.

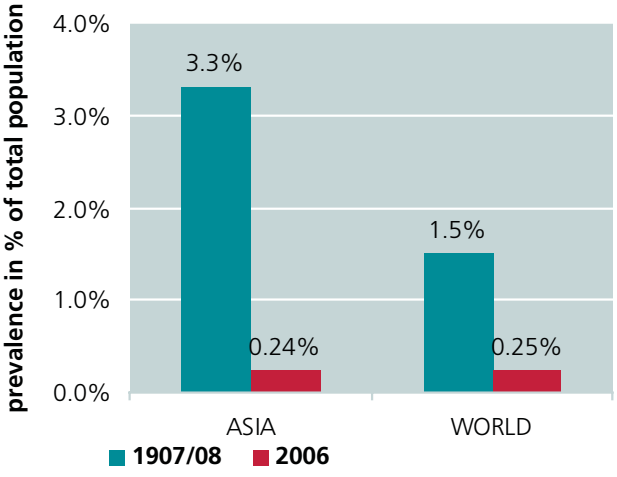
2.5 Achievements and unintended consequences of the international drug control system

Despite many twists and turns, the history of international drug control elaborated above tells a relatively simple story. At the turn of the previous century, the world faced unregulated transnational markets in highly addictive substances. Free trade in drugs resulted in the greatest drug problem the world has ever confronted: the Chinese opium epidemic. Unilateral efforts to address this problem failed, and it was not until international pressure brought the drug producing nations to the negotiating table that a solution was found. By mid century, the licit trade in narcotics had been brought under control, a remarkable achievement given that many national economies had been as dependent on opium as the addicts themselves. Illicit markets were an unavoidable consequence of international controls, and these have proven extremely problematic. But it is easy to forget what the world was like before these controls were in place, and what an achievement the international drug control system represents.

Among multilateral systems, the one regulating illicit drugs has a powerful characteristic: when a State Party ratifies one of the three Conventions, it becomes obliged to bring its national laws in line with international law. Of course, the drug problems that confront the world are diverse, and standardised laws may not be optimal for addressing the individual needs of each country. But uniformity is absolutely essential to protect the multilateral system from its biggest vulnerability: a unilateral action by a single State Party can compromise the integrity of the entire system.

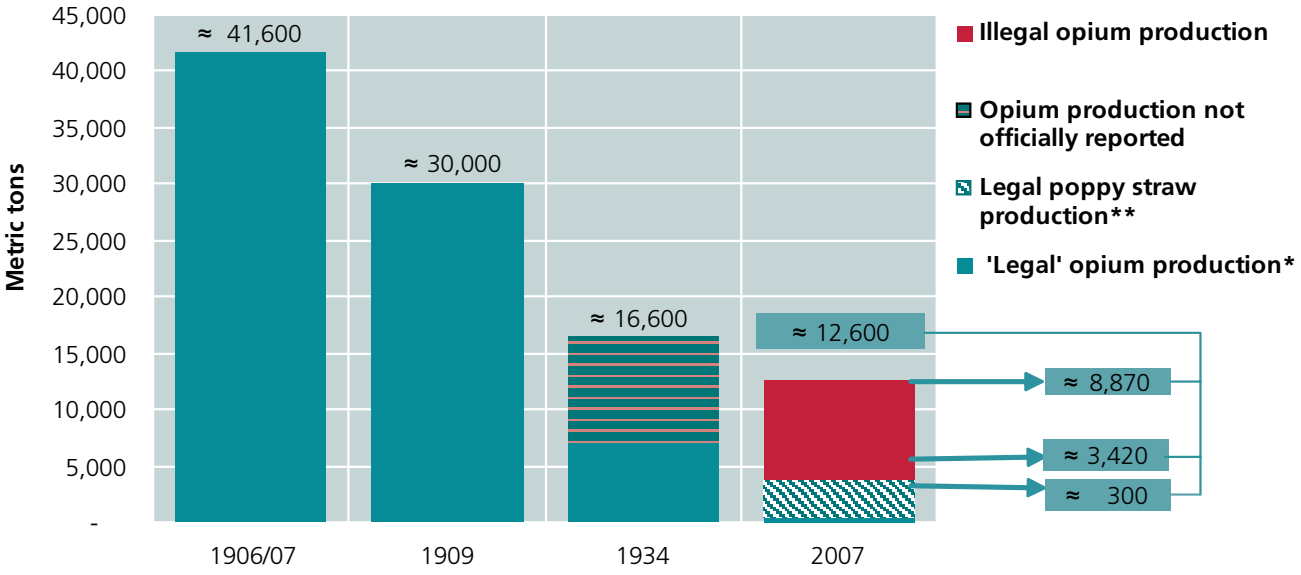
Today, there is a higher level of international consensus in this field than ever before. The pace of normative development that the international community experienced between 1961 and 1988 could not have been so rapid otherwise. Adherence to the conventions is now virtually universal. Ninety six percent of all countries (186 countries) are State Parties to the Single Convention on Narcotic Drugs of 1961. Ninety four percent (183 countries) are State Parties to the 1971 Convention

Fig. 24: Estimates of annual prevalence of opiate use, 1907/08 and 2006



Sources: UNODC calculations based on International Opium Commission, Shanghai, February 1909, UNODC, *World Drug Report 2008*.

Fig. 25: Global licit and illicit opium production, 1906/07 – 2007



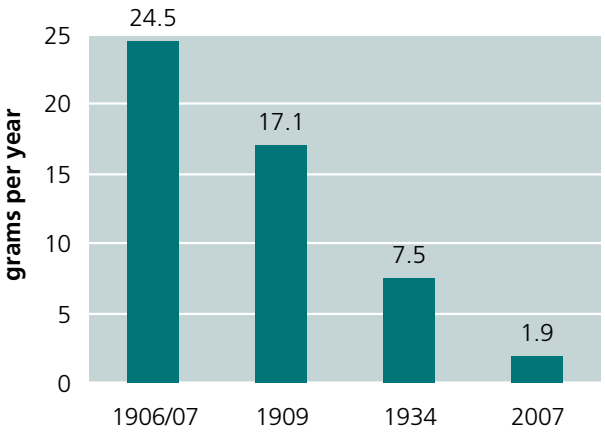
* Legal status of opium before 1912 must be differentiated from opium after 1964 (when Single Convention came into force)
** converted into opium equivalents
Sources: International Opium Commission, Shanghai, INCB, UNODC.

on Psychotropic Substances. About the same number (182 countries) are State Parties to the 1988 Convention. These are among the highest rates of adherence to any of the United Nations multilateral instruments.

There is no way to tell what the world would have been like in the absence of this control system, if issues like the Chinese opium problem had been left to progress unaddressed. If opiate use prevalence had remained the same as in the early years of the 20th century, the world would be facing some 90 million opiate users, rather than the 17 million it must care for today. Based on the latest estimates, less than 5% of the global population aged 15-64 dabbles with illicit drugs at least once each year, and only an estimated 0.6% of the planet's adult population are problem drug users. While the world is too complicated to attribute this containment exclusively to the process described above, there can be little doubt that the world is better equipped to deal with transnational drug problems due to the labours of the men and women who fought for so long to achieve global consensus on these issues.

Comparing the situation in 1906/07 with the situation in 2007 shows a clear net improvement with regard to the most dangerous class of drugs: the opiates. Global opium production (licit and illicit) declined by 78%, despite the massive increases of illicit opium production in Afghanistan over the last three decades. Including the production of poppy straw used for the manufacture of morphine, the decline still amounted to 70% over the 1906/07-2007 period. This is even more impressive if one takes into account that over the same period, the global population quadrupled, from 1.7 billion to 6.7 billion. While global production of opiates, expressed in opium equivalents, amounted to on average 24.5 grams per capita per year in 1906/07, it declined to 7.5 grams in 1934 and less than 1.9 grams by 2007. Thus data indicate that the harm related to abuse of opiates – which is still substantial – could have been some 13 times larger if the per capita production levels of the peak year of 1906/07 had been maintained over the subsequent century. Thus, with regard to the key drug group for which the international drug control systemwas created, major achievements can be seen.

Fig. 26: Global per capita production of opiates* (grams per year), 1906/07 - 2007



* Licit and illicit opium, morphine and heroin and poppy straw, transformed into opium equivalents, on a per capita basis
Sources: International Opium Commission, Shanghai, INCB, UNODC, United Nations.

Fig. 27: Global opium consumption 1907/08* and 2006

	1907-1908					2006 or latest year available				
	Population in mio	Opium users	in % of total population	Per capita consumption (grams per year)	Estimates of opiates available for local consumption in mt	Population in million	Potential No. of users today assuming unchanged prevalence rates	Latest current estimate of opiate users	in % of total population	Year of estimate
Singapore**	0.26	43,300	16.4%	325.0	55.8	4.38	718,700	160	0.004%	2006
Macao / Macao SAR of China	0.10	8,430	8.4%	148.0	14.8	0.48	40,300	4,100	0.87%	2003
Hong Kong / Hong Kong SAR of China	0.33	26,200	8.1%	142.0	46.0	7.13	575,000	10,400	0.15%	2006
China	400.00	21,529,699	5.4%	74.0	26,690.5	1,320.86	71,094,300	2,348,800	0.18%	2005
Formosa / Taiwan Prov. of China	3.04	113,165	3.7%	46.0	na	22.88	851,000	32,900	0.14%	2005
Persia / Iran	10.36	302,400	2.9%	15.0	151.0	70.27	2,051,100	1,333,300	1.90%	1999
Indochina (Vietnam, Laos, Cambodia)	14.65	250,000	1.7%	14.0	200.0	106.16	1,812,100	179,100	0.17%	2006
Siam / Thailand	7.20	110,000	1.5%	15.0	88.0	63.44	969,300	26,900	0.04%	2006
Burma / Myanmar	10.50	160,000	1.5%	6.6	69.7	48.38	737,200	130,900	0.27%	2007
Dutch East Indies / Indonesia	45.40	660,500	1.5%	3.9	raw 90.9; chandu 38	228.86	3,329,600	242,900	0.11%	2005
Philippines	7.64	63,400	0.8%	10.0	77.1	86.26	716,300	25,000	0.03%	2005
India	221.50	830,500	0.4%	1.9	422.3	1,151.75	4,318,400	3,091,200	0.27%	2001
Canada	6.10	24,200	0.4%	5.1	31.3	32.58	129,300	75,700	0.23%	2005
USA	87.01	206,000	0.2%	2.3	201.5	302.84	717,000	1,184,700	0.39%	2000
SUB-TOTAL	**814.08**	**24,327,800**	**3.0%**	**38.5**		**3,446.28**	**88,059,600**	**8,686,060**	**0.25%**	
Other countries	885.92	885,900	*** 0.1%	1.3		3,162.96	3,163,000	7,853,900	0.25%	
GLOBAL	**1,700.00**	**25,213,700**	**1.5%**	**19.1**		**6,609.24**	**91,222,600**	**16,540,000**	**0.25%**	
			Total consumption 1907/08 (average)			Potential total consumption, assuming unchanged per capita consumption data		Total consumption 2006/2007 (average)		
Total consumption of opiates (in mt of opium equivalents)			**32,500**			**114,000**		**< 12,600 ≈ 9,500**		

* estimates based on production and aferage consumption per opium user, **2006 data from Singapore are registry data and and thus not directly comparably with data from other countries, *** UNODC estimate [0.I 90 (Col. 3)]
Sources: UNODC calculations based on International Opium Comission, Shanghai, February 1909.

This is not to say that the struggle is over. Technology and adaptive markets have generated new problems as quickly as old ones are dispatched. Cocaine was first synthesised only in 1860 and was marketed aggressively before international controls took effect, so it is no surprise its use has grown in the last century. There are also several new synthetic drugs on the market which did not exist a century ago, and their use is widespread. But the consumption and availability opiates, the single class of drug that caused humanity the most trouble and which continues to account for the bulk of treatment demand and most of the drug-related deaths worldwide, has been significantly reduced.

Global production of cocaine, the amphetamines and ecstasy have all stabilized during the past half dozen years. Cannabis production increased strongly until 2004 but is currently stabilising. Opium production has shown a steady downward trend in the Golden Triangle for almost a decade. The increase of opium production in Afghanistan is extremely problematic, but even in this case there could be the first signs of stabilization or even small decline in 2008. And, importantly, the massive increases of opium cultivation in the south of Afghanistan have not occurred parallel to an increase in global demand for opiates.

When it comes to global demand, the situation is more complex and harder to measure. Most countries – even a century after international drug control began – still lack reliable monitoring systems to estimate the extent of demand, or track changes in it over time. For countries that do have systems to monitor demand, the reported trends are encouraging. This is particularly the case for North America, which has had major achievements in stabilizing and/or reducing drug consumption over the last two decades – especially among the most vulnerable cohorts (age 14-20). The situation for Europe is mixed, with major achievements in stabilizing or reducing opiate consumption offset by rising levels of cocaine use. Cannabis use increased until a few years ago, but now shows some signs of stabilization or reduction in countries that had high levels of use, though it continues to increase in countries with lower prevalence rates. A similar pattern appears for the ATS.

Unfortunately, demand seems to be increasing slightly in developing regions, which is a product of these countries accessing more of everything the global market has to offer. This is the case for South America and Africa when it comes to cannabis and cocaine. It is also the case for South-West Asia and Central Asia as well as East and Southern Africa when it comes to heroin. Supply increases in Afghanistan seem to have been primarily responsible for this. In contrast, countries in South-East Asia generally report a downward trend in opiate abuse, which follows the massive production decline in the Golden Triangle over the last decade. In the case of ATS, the trend is mixed and harder to quantify. The problem is most acute in South-East Asia. Some reports indicate a general increase over the last few years, while others point to a stable or declining trend.

The trends described above have also shown that UNGASS goals have not been entirely achieved, and there is a consequent need to 'finish the job' on heroin and cocaine, a job which the international community began a century ago and to which the international community re-committed itself in 1998. The *Political Declaration* adopted at UNGASS committed States Members: "*…to developing strategies with a view to eliminating or reducing significantly the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2008*."

This objective has not yet been achieved. It is still distant, but the international community is further on the path, at least with coca and opium, than it was in 1998. The overwhelming majority of the world's illicit opium production (92%) has been contained to a single country, Afghanistan. In that country, the lion's share is grown in a handful of provinces. While one cannot deny the difficulty of stabilising Afghanistan, solving most of the world's opium supply problem today means addressing production in just five provinces of a single country, a country where drug production is tied to political instability.

For the coca bush, cultivation was reduced by 18% between 2000 and 2007, and is confined to just three countries, which was not the case in the days when the international market was unregulated. About half of world coca cultivation happens in one country, Colombia, in which cultivation dropped by nearly 40% between 2000 and 2007. As in Afghanistan, most of the production is taking place in areas affected by insurgency, so addressing drug production is linked to attaining political stability in these vulnerable countries.

With cannabis, the UNGASS objective is more difficult to assess, because the problem is even less well quantified than the other illicit drug markets. Cannabis can be grown with minimal effort almost anywhere, so it is impossible to contain to a set number of countries and monitor in a way similar to the opiates and the coca bush. In addition, public and official opinion is confused about cannabis. In the Single Convention, the drug is treated the same as cocaine and the opiates. At national level, this is seldom the case, and many countries vacillate in the degree of control they exercise over cannabis. Cannabis-related policies may change in a single country over time as political power changes hands, a problem generally not experienced with other sorts of drugs. As a consequence, cannabis remains the most widely produced and the most openly used illicit drug in the world.

With the ATS, the international community has moved further since UNGASS, with production and consumption appearing to be stable since 2000, although, as with the other drugs, the data are less clear in the developing world. Supply control methods, tried and tested with the botanical drugs, do not work well with the ATS because there is no botanical raw material to target, and no geographical distance between areas of production and of consumption. Precursor control is the only effective way of controlling ATS supply. There is doubtless progress here, but the threat of displacement continues to offset the gains of a control regime that is less than two decades old.

Despite the caveats noted above, there is enough evidence to show that the drug problem has been contained. Containment of a problem is not, of course, the same thing as its solution. The drug problem is still with us. The fundamental objective of the Conventions – restricting the use of psychoactive substances under international control to medical and scientific use – has not yet been achieved. Some of the more ambitious targets set at UNGASS in 1998 remain elusive. In addition, looking back over the last century, one can see that the control system and its application have had several unintended consequences.

The *first* unintended consequence is the creation of a criminal black market. There is no shortage of criminals interested in competing in a market in which hundredfold increases in price from production to retail are not uncommon.

The *second* unintended consequence is what one might call "policy displacement". The expanding criminal black market demands a commensurate law enforcement response, requiring more resources. But resources are finite. Public health, which is the driving concern behind drug control, also needs resources, and may have been forced to take the back seat in the past.

The *third* unintended consequence is geographical displacement. It is often called the balloon effect because squeezing (by tighter controls) in one place produces a swelling (namely, an increase) in another place, though the net effect may be an overall reduction. Success in controlling the supply of illicit opium in China in the middle of the 20th century, for example, displaced the problem to the Golden Triangle. Later successes in Thailand displaced the problem to Myanmar. A similar process unfolded in South West Asia from the 1970s onward. Supply control successes in Turkey, Iran and Pakistan eventually displaced the problem to Afghanistan. Cocaine production trends in the Andean countries show a similar dynamic: as supply was reduced in Peru and Bolivia, in the second half of the 1990s it displaced to Colombia.

The *fourth* unintended consequence is what one might call substance displacement. If the use of one drug was controlled, by reducing either supply or demand, suppliers and users moved on to another drug with similar psychoactive effects, but less stringent controls. For example, cocaine is easier to control than the amphetamines: with the former, there is a considerable geographical distance between the raw material (the coca bush in the Andean countries) and the consumer (in North America or Europe). The latter can actually be produced in the user's neighbourhood or, literally, in his kitchen. So it is with the retail market: cocaine has to be bought from a street dealer, while various forms of ATS (ATS) can be bought online from an internet pharmacy. The increasing popularity of synthetic drugs over the last few decades can be better understood in this light. Substance displacement can, of course, also move in the opposite direction. In the past couple of years, cocaine has been displacing amphetamine in Europe because of greater availability and higher status. Substance displacement also happens with precursor chemicals, where the same kinds of dynamics apply.

The *fifth* unintended consequence is the way the authorities perceive and deal with the users of illicit drugs. A system appears to have been created in which those who fall into the web of addiction find themselves excluded and marginalized from the social mainstream, tainted with a moral stigma, and often unable to find treatment even when motivated to seek it.

These unintended consequences constitute some of the international community's most challenging problems. In order to address them, the multilateral system needs to be re-invigorated and, in a sense, modernized. The three currently valid drug conventions were developed over three decades, from the 1960s to the 1980s. The foundation of the whole system is the 1961 Convention: it came into effect in 1964, nearly half a century ago. The authority of the nation state has diminished and today the term *international* covers much more than just the multi-state system. Globalization of commerce, finance, information, travel, communications, and all kinds of services and consumer patterns accelerates daily. These changed circumstances will therefore have to be considered in answering any question about implementation of the international drug control system in the 21st century.

Building on the recent past, forward progress is possible if at least three objectives are advanced:

- the basic principles must be reaffirmed;
- the performance of the drug control system must be improved;
- the unintended consequences must be confronted, contained, and addressed.

Public health, the first principle of drug control, has

receded from that position, over-shadowed by the concern with public security. Probably the most important reason why public health has receded back-stage is that the power of the international conventions has not always been harnessed to give it unequivocal support. This is because the Single Convention left the issues surrounding the demand for narcotic drugs to individual States to deal with in their own specific cultural contexts, an approach that was reasonable at the time. The Single Convention was formulated at the height of the era of decolonization and new states were being built. The membership of the UN more than doubled from 60 States Members in 1950 to 127 in 1970. This sensitivity to cultural context is not surprising. There was also a scientific reason for not detailing provisions on the treatment of drug addicts in the 1961 Convention: to allow for the possibility of scientific and medical progress. Finally, many of the modern public health challenges of drug abuse were not yet manifest when the early Conventions were drafted. The HIV virus and the Hepatitis C virus were both identified in the 1980s, after the 1961 and the 1971 Conventions were drawn up and came into effect.

The unintended consequence of all this was that demand for illicit drugs and related public health issues did not get the international focus and attention they would have if they had been detailed in the Single Convention. If the treatment of public health issues had been more specific, national institutions advocating prevention and treatment would have gained more legitimacy and resources. States did, of course, deal with public health in their own contexts, but there was little sense of the international community moving in one direction. The need for international cooperation was consequently less apparent. The international community had to wait until 1998 and the *Guiding Principles of Demand Reduction* before a clear global agenda was described. Powerful as these *Guiding Principles* may be, adherence to them is less stringent than it is to an international convention. While the need for a balanced approach was recognised at least as far back as the International Conference on Drug Abuse and Illicit Trafficking (June 1987), the emphasis on law enforcement to the detriment of public heath remains an issue to be addressed.

Improving the performance of the system is about getting several things right simultaneously:

- *First*, enforce the laws;
- *Secondly*, prevent the behaviour (drug use);
- *Thirdly*, treat and rehabilitate those who are neither deterred (by the laws) nor prevented (by prevention education) from entering into drug use; and
- *Fourthly*, mitigate the negative consequences of drugs, for both the addicts and society at large – including the countries caught in the crossfire of drug trafficking and related crimes.

None of these four things is revolutionary, all of them have been suggested before. What appears to have been missing, however, is appreciating the need to do them simultaneously, and the empirical evidence on which to base efforts.

With regard to undoing unintended consequences, focus should be kept on areas where there is sufficient international consensus to go forward in refining the control system and making it more 'fit for purpose'. There appear to be three areas: crime prevention, harm reduction and human rights.

There is a huge corpus of knowledge in the world, accumulated over centuries, in crime prevention and criminal justice. Since its very inception, the United Nations has been active in the development and promotion of international standards and norms for crime prevention and criminal justice. Eleven World Crime Congresses over the last half century have been instrumental is benchmarking humanity's progress towards a more humanitarian, caring and democratic way of administering justice. This knowledge and expertise must be harnessed and applied to control the criminal market for drugs. Doing this, in a multilateral framework, has become easier due to the passage of five binding legal instruments brokered by UNODC and adopted between 2000 and 2003: the UN Convention against Transnational Organized Crime, its three supplementary protocols (on Trafficking in Persons, Smuggling of Migrants and Illicit Manufacturing and Trading in Firearms), and the UN Convention against Corruption. Institutionally, the support structure for this multilateral machinery was put in better order by merging drugs and crime in the UNODC in 2002. The need to treat drug trafficking, organized crime, corruption and terrorism as linked phenomena is increasingly recognized and has moved up high on international priority concerns.

The concept of "harm reduction" is often made into an unnecessarily controversial issue as if there were a contradiction between prevention and treatment on one hand, and reducing the adverse health and social consequences of drug use on the other hand. This is a false dichotomy. These policies are complementary.

Improving the performance of the drug control system, it was noted above, requires four things simultaneously: enforcement of the laws; prevention of drug-related behaviour; treatment of those who are neither deterred or prevented from entering into illicit drug use; and mitigation of the negative consequences of drugs, both for those who are caught in the web of addiction, as well as for society at large. The last of those four is what is normally called 'harm reduction'. There cannot be anything wrong with it provided it is done along with the

other three things: enforcement, prevention and treatment. If "harm reduction" is done exclusively, namely without the other three components, it will make a mockery of any control system, send the wrong message and only perpetuate drug use.

The 1961 Single Convention put it unequivocally:

……Parties shall give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social integration of the persons involved.

As early as 1993, the International Narcotics Control Board pronounced that harm reduction programs can be part of a comprehensive demand reduction strategy, but they should not be carried out at the expense of – or considered substitutes for other important policies (such as prevention) to reduce the demand for illicit drugs. Yet, for all of this clarity, an unhelpful debate has raged on, lost in the need to find certainty between the polarities of 'zero tolerance' and 'harm reduction'.

The production, trafficking and consumption of illicit drugs can only be understood properly if they are seen in their many different dimensions: the political, the social, the economic and the cultural. The drugs issue thus intersects many different domains: law, criminal justice, human rights, development, international humanitarian law, public health and the environment, to name but a few. In each of these domains, the United Nations has standards, norms, conventions and protocols. Their status varies, ranging from "soft" to "hard" law, from non-binding standards to obligatory conventions. While it is not always easy to establish a hierarchy between these different instruments, it is clear that the constituting document of the Organization, the *Charter of the United Nations*, takes priority over all other instruments. Article 103 of the Charter states:

…In the event of conflict between the obligations of the Members of the United Nations under the present Charter and their obligations under any other international agreement, their obligations under the present Charter shall prevail.

In the context of drug control, this means that the drug Conventions must be implemented in line with the obligations inscribed in the Charter. Among those obligations are the commitments of signatories to protect human rights and fundamental freedoms.

The protection of human rights is further enshrined in another foundational document of the United Nations, the *Universal Declaration of Human Rights,* which is now 60 years old. In Article 25 of the *Universal Declaration*, health is listed as a basic human right. It stands to reason, then, that drug control, and the implementation of the drug Conventions, must proceed with due regard to health and human rights. The former was discussed at length above in the context of public health and the drug control system. The issue of human rights, the protection of which is a growing international movement, is now also becoming salient in the implementation of certain drug control measures. The use of the death penalty (among others for drug offences) presently divides the membership of the United Nations. The recent General Assembly moratorium on the application of capital punishment is a way forward, but the gaps between international standards and the law of individual nations need to be bridged by means of negotiation and the promotion of good practice in this difficult area.

Conclusion

The international drug control system is an extremely valuable piece of political capital, enjoying virtually universal adherence. It has succeeded in containing the illicit drug problem across the span of a whole century, as well as over the last decade. Yet it has not solved the problem it was created to resolve. The ways in which the drug control system has been implemented have had several unintended consequences: the criminal black market, policy displacement, geographical displacement, substance displacement and the marginalization of users. Moving forward into the next decade, and making the drug control system more 'fit for purpose', would appear to need a triple commitment: reaffirming the basic principles (multilateralism and the protection of public health); improving the performance of the control system (by doing enforcement, prevention, treatment and harm reduction simultaneously); and mitigating the unintended consequences.

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