

# Drugs in the UN system: the unwritten history of the 1998 United Nations General Assembly Special Session on drugs

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## Abstract

The “international community” presented an apparent unanimity in its endorsement of prohibitive drug control at the United Nations General Assembly Special Session (UNGASS) on drugs in 1998. The reality is that there is a longstanding conflict within the UN system between nations wanting to maintain the prohibition regime and those hoping for a more pragmatic approach. The depth and course of this conflict can be traced through a myriad of documents and records of meetings published by the UN, revealing a previously unwritten history of events leading to the 1998 UNGASS meeting. These show the extent to which the hardliners have gone to maintain the status quo through rhetoric, denial, manipulation, selective presentation, misrepresentation and suppression of evidence, selective use of experts, threats to funding, and purging “defeatists” from the UN system. The UN has committed itself to a drug free world by 2008, even though the problem is worsening faster than its favoured remedy can be applied to solve it. However, some reformers and pragmatists have been challenging the system in their domestic policies. This may encourage a more realistic approach to illicit drugs and help to introduce more rational functioning to the UN system’s drug control organisations.

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## Introduction

Kofi Annan gave this toast at the UN 20th General Assembly Special Session on drugs held from 8 to 10 June 1998: “excellencies and friends, allow me to raise my glass in the hope that when we look back upon this meeting, we will remember it as a time when the test of our will became the testimony of our commitment. The time when we pledged to work together towards a family of nations free of drugs in the twenty-first century.” In a video address a few days before the meeting, he had said: “Our commitment is to make real progress towards eliminating drug crops by the year 2008. It is my hope that this session will go down in history as the time the international community found common ground to take on this task in earnest.” The president of the Special Session, Mr Udovenko (Ukraine), said in his opening

remarks: “The drug problem cannot be wished away by good intentions and the international community must be prepared for a long and gruelling fight.” And closing the summit he highlighted the sense of a “growing convergence of views” and a “spirit of togetherness”, hoping that the session would “go down in history as a truly watershed event” and concluding: “We have before us a well-designed strategy and we have a package of measures and goals to be achieved within precise time-frames” (A/S-20/PV.1–9).

The world is now looking back upon this event, at the mid-term review of the UNGASS, takes places on 16th and 17th April 2003 in Vienna. Will a review 5 years down the line confirm the optimism of Annan and Udovenko about a “watershed event”? Can we raise a toast to celebrate “real progress”? How much “common ground” was there in the first place? Will the delegates in April 2003 meet again in a ‘spirit of togetherness’? This paper reconstructs the unwritten history of the 1998 UNGASS and the troubled efforts to rationalise the drugs debate within the UN system.

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### A busy decade: 1991–2000

With the *International Conference on Drug Abuse and Illicit Trafficking*, held at Vienna in 1987, the adoption in 1988 of the Vienna Convention on Illicit Trafficking, the General Assembly devoting in 1990 a first Special Session to the drugs issue adopting a Global Programme of Action and branding 1991–2000 to become *the United Nations Decade Against Drug Abuse*, and the establishment in 1991 of the United Nations International Drug Control Programme (UNDCP), the stage was set for a new era in UN drug control efforts.

The Decade Against Drug Abuse became a very busy period for drug policy officials and lawmakers around the world. The first big step was the convening of a high-level 3 day meeting of the General Assembly in 1993 “to examine urgently the status of international cooperation” in drug control. There was hope that the “Fall of the Berlin Wall” and the end of the ideological divide would ease the search for common ground and improve international collaboration. Opening the meeting, the president said that the international community’s success in controlling drug abuse would “serve as a litmus test of its ability to respond to the complex problems of the post-cold-war era.” Could the international community effectively translate word into deed in the global campaign against illicit drugs? He believed that the answer to this question would show whether countries could “co-operate harmoniously for their common good” (A/48/PV. 37).

The harmony, however, was to be disturbed by the yet unresolved North–South divide, and by European experiments of harm reduction, both questioning the existing drug control framework.

### The Mexican voice

A Mexican letter to the Secretary General set the tone for the 1993 meeting. A number of key issues were listed. Given the fact that despite all efforts that had been made, consumption was increasing and criminal organisations were thriving and expanding, Mexico saw the event as an unprecedented opportunity for international reflection, which had become imperative because of the seriousness of the situation. It wanted more attention focussed on the demand side because “drug consumption is the driving force that generates drug production and trafficking, the reduction in demand becomes the radical—albeit long-term—solution of the problem.” Mexico believed that the “most effective means of reducing drug production and trafficking is the gradual reduction in current and future drug consumption.” Quite clearly the letter contained strong criticism about US counter-narcotics operations on Mexican territory and the US unilateral drug certification mechanism. It

pointed out that a *united* front against drug addiction and the drug traffic would prosper only if firmly founded on good faith, legal principles, political will, capacity for cooperation and a recognition of the unique identity of each country and unrestricted respect for its sovereign rights. It attacked “attempts to impose hegemony,” and “policies of mutual recrimination” and “assigning blame on the basis of Manichean geographical formulas, which solve nothing” (A/C.3/48/2).

Mexico further raised the need to review on the basis of WHO criteria the current classification of drugs “in order to reduce the illicit drug market”; thereby implying that they consider that for some substances controls can be lifted. The letter outlined which areas required urgent attention in order for the notion of a “balanced approach” to be taken seriously, most of which would re-appear on the UNGASS agenda 5 years down the line: demand reduction, money laundering, chemical precursors, synthetic drugs and more funding for alternative development.

### Inherent imbalances

The Mexican letter expressed the tensions between the US and Latin America over drugs and the classical demand–supply divide in the global drug control system, a result of the unbalanced political power relations under which the three conventions were negotiated. The 1961 Single Convention focused on “narcotic substances” and was largely an instrument to control coca and cocaine, opium and heroin, and cannabis. The main targets were plant-based drugs at that point in time largely cultivated in ‘Southern’ countries with a long history of traditional uses of the organic raw materials. The placement of several plants and their derivatives (but not chemical precursors used for processing) under the strictest schedules was done not on the basis of scientific studies, but under the assumption that narcotic drugs should be considered hazardous unless and until proven not to be (Sinha, 2001, p. 26). Yet during negotiations for the 1971 Convention on Psychotropic Substances, which was concerned mainly with substances manufactured synthetically by the pharmaceutical industry in the North, the burden of proof was completely reversed: “unless there was substantial proof that a substance was harmful, it should remain uncontrolled” (Sinha, 2001, p. 27). The 1988 Trafficking Convention obliged Parties to criminalise all aspects of illicit drug trafficking—cultivation, manufacture, distribution, sale, possession, money laundering, etc. and to “ensure that such illicit activities were dealt with as serious offences by each State’s judiciary and prosecutorial authorities” (E/CN.7/590: 48).

The obligation set by the 1988 Vienna Convention to criminalise also possession for personal consumption was the first—highly controversial—intrusion into the vision that demand control should be left to the wisdom of national legislation. The whole control system built around the conventions was directed at suppressing illicit supply, while demand-side policies were basically seen as a domestic issue. When it was questioned whether there should be a specific—fourth—convention on demand reduction, the International Narcotics Control Board (INCB) recommended against it, unconvinced that specific, universally binding treaty provisions on demand reduction could be agreed upon, or that such a treaty would be an appropriate means of dealing with such an issue. The Board saw demand reduction as a national task that in some countries might have to be carried out with international support. It added that “demand reduction programmes should be developed at the national and local levels, based on knowledge of the real drug abuse situation, and taking into consideration the cultural, political, economic and legal environment” (E/INCB/1994/1/Supp. 1: 6).

### Questioning prohibition

It was the inherent imbalance in the global drug control system, which Mexico, voicing the frustrations of several Latin American producing countries, wanted to have corrected. Adding to this came the widespread realisation that besides being out-of-balance the drug control efforts had so far proven to be disturbingly ineffective, giving rise to doubts about the prohibitionist fundament of the system. The other document that greatly influenced the proceedings of the 1993 General Assembly meeting was the INCB report for 1992 in which the Board for the first time commented extensively on the legalisation debate, triggered by their conclusion that the Dutch cannabis policy was in violation of the Conventions (Polak & Lap, 1994). The Commission on Narcotic Drugs (CND) had also devoted time at its 1993 session to discussing the INCB report and supported the Board’s conclusion that steps towards acceptance of non-medical use of drugs would undermine the international drug control system and jeopardise the implementation of the existing international drug control treaties. These, it said, “constitute the cornerstone of that system” (EE/1993/29: par.44).

The then Executive Director of the UNDCP, Giorgio Giacomelli, read a statement from the Secretary General Boutros Boutros-Ghali to the 1993 General Assembly meeting, urging Member States to bear two aspects in mind: “On the one hand, the speed with which the scourge spreads, with all of its consequences for society

and criminality; and on the other hand, the fact that civil society is showing increasing impatience, leading to simplistic or defeatist solutions. More than ever, resolute action is needed at the level of the very planet itself” (A/48/PV.37: 4). A clear, new divide was thus emerging over the way ahead.

### Making the system bite

This divide became increasingly apparent during the 3 days, with several delegates stressing the need to “restate commitment”, “reinforce” and “strengthen” the current system. In the words of the UK delegate, Mr Richardson: “We have the machinery; we need now to make it work better. In particular, we need a more solid international front in support of the 1988 United Nations Convention. This is an instrument with teeth, and we need to make it bite.” Any questioning of effectiveness was seen “defeatism” or “surrender”. As Mr Bengt Westerberg of Sweden put it:

“An increase in illicit narcotics can be noted at all levels—cultivation, processing, trafficking and consumption. Some people are giving up the battle, claiming that the narcotics problem is insurmountable. They refer to the fact that we have been unable to solve the problem within the framework of existing legislation... We must not surrender to the head-in-the-sand policy advocated by the supporters of legalisation.”

Mr Antonino Murmura, the Under-Secretary of State for Italy, supported him:

“I must express my concerns over the growing trend towards legalising drugs and the fatalistic attitude that the war against drugs is a “lost cause”. I believe these attitudes could be very dangerous because they may weaken our commitment against narcotic drugs trafficking... Therefore this should not be for us the moment for discouragement and disengagement, but rather it should be the moment to renew and enhance our determination in this war.”

### Opening the debate

However, other delegates used terms like “review”, “overall evaluation”, “try new strategies”, and “redefine our actions”. No one pleaded for legalisation, but several defended a non-repressive approach to consumption, such as Mr Torben Lund, Minister of Health of Denmark, who said: “I believe that we have reached the

point where we must realise that there is a need for new approaches to the drug problem. . . There may be a need to shift the focus of our efforts from law enforcement to prevention and treatment.”

The need for open-minded debate was also stressed by Mr Baltasar Garzón Real, who was later to attain worldwide recognition for his judicial fights with the Spanish GAL anti-Basque death-squads, the Galician drug cartels, Chilean dictator Pinochet and the ETA-linked political party Batasuna. In 1993 he represented the Spanish National Drug Plan and declared:

“The time has come to pause and meditate on the solutions that should be adopted. I intend to advocate, in my country, the opening of a general debate to evaluate what has been achieved and to think about the future. We should come to this debate without any preconceived ideas or immovable dogmas. We must be open to the exchange of ideas. A similar process of reflection, within and from the United Nations, would be appropriate. This proposal is based on the conviction that the United Nations is the most appropriate forum and the optimum sounding board for an exchange of ideas and for the adoption of decisions on new lines of action that would help us achieve our objectives.”

The 1993 event thus marked the ‘coming-out’ of the European trend—supported by Australia and Canada—now firmly consolidated under the harm reduction banner. At the conclusion of the debate, on 28th October 1993, resolution 48/12—drafted by Mexico—was adopted under which the General Assembly was to request the CND to monitor and evaluate the implementation of national and international drug control instruments, so as to identify areas of progress and weakness, and recommend to the high-level segment of the Economic and Social Council (ECOSOC) in 1995 “appropriate adjustments of drug control activities whenever required”. It was also to consider convening an ad-hoc expert group to contribute to the examination of the issues and identify “concrete action-oriented recommendations” (A/RES/48/12: art. 9 & 11).

Several initiatives followed, but their course clearly established the political limits of the search for “appropriate adjustments” of the drug control system. Peru and Bolivia renewed diplomatic efforts to defend their traditional coca use. The WHO continued attempts to conquer ground within the UN system for a harm reduction philosophy and initiated several scientific studies. Discussions were opened about the need to review the classification of coca and cannabis products under the Conventions. Proposals were tabled to examine costs and benefits of Harm Reduction and decriminalisation strategies. And Mexico started in 1994

to rally support for a global summit of reflection, which eventually led to the 1998 UNGASS.

### **INCB on cannabis and coca**

As a follow-up to the General Assembly resolution, UNDCP convened an intergovernmental ad-hoc advisory group to recommend “appropriate adjustments”. The group was advised by Dr Hamid Ghodse, president of the INCB, on the effectiveness of the international drug control treaties (E/CN.7/1995/14). In a position paper presented by Dr Ghodse, the INCB declared: “It does not appear necessary to substantially amend the international drug control treaties at this stage, but some technical adjustments are needed in order to update some of their provisions” and some “shortcomings should be eliminated” (E/INCB/1994/1: par. 21,b,c).

Because “modern, more sophisticated horticultural technologies have been used to develop new, highly potent varieties of cannabis” the INCB suggested:

“...the classification of cannabis products in the 1961 Convention, namely, cannabis resin and cannabis, has become outdated and misleading. Thus, cannabis leaf, regardless of its THC content, is not controlled under that Convention. Therefore the Board recommends that consideration should be given to strengthening the provisions of the 1961 Convention regarding the control of cannabis, taking into account the current situation, inter alia, by extending control to cannabis leaf, which in many cases contains more THC than cannabis resin. For that purpose it might be necessary to consider a revision of the classification of the cannabis plant and cannabis products in the 1961 Convention, ensuring that there is a correlation with the potency of the plants and the products” (E/INCB/1994/1/Supp. 1: 10/11).

With coca leaf the Board argued there was “a need to clarify ambiguities”. One of the objectives of the 1961 Convention had been to “abolish” the chewing of coca leaf within 25 years, that is by 1989—the Convention entered into force in December 1964. Similar missed target dates had been set for other plant-based substances: “quasi-medical use of opium must be abolished within 15 years” and “use of cannabis for other than medical and scientific purposes must be discontinued as soon as possible but in any case within 25 years” (*Single Convention on Narcotic Drugs, 1961*: art. 49). None of these objectives had been achieved. Moreover, the INCB claimed there was an error in the treaty text because it made no provision for another traditional non-medical use of coca leaf, the drinking of coca tea (*mate de coca*).

“Thus, *mate de coca*, which is considered harmless and legal in several countries in South America, is an illegal activity under the provisions of both the 1961 Convention and the 1988 Convention, though that was not the intention of the plenipotentiary conferences that adopted those conventions” (E/INCB/1994/1/Supp. 1: 11).

The Board called for a reassessment of the way the 1961 Convention temporarily permitted such traditional drug use and called for a scientific review by WHO of the value and risks of coca chewing and *mate de coca*. It seemed sure of the likely results: “The Board is confident that the CND, on the basis of scientific evaluation, will resolve such long-standing ambiguities, which have been undermining the conventions” (E/INCB/1994/1/Supp. 1: 11).

### The Advisory Group

The ten participants of the ad-hoc advisory group were carefully chosen. Miguel Ruiz-Cabañas, then at the Mexican embassy in Washington, who later became head of Anti-Narcotic Matters at the Mexican Foreign Ministry, represented Mexico. The other countries were the USA, India, Argentina, the Russian Federation, Sweden, Poland, Japan, Egypt and Nigeria, the latter represented by Philip O. Emafo, then working as a consultant for UNDCP, who in 2002 became president of the INCB. No one from a country known for a more liberal approach was invited. The group met twice at Vienna in the second half of 1994. It supported the INCB and commended its 1992 report which, it said, provided substantial arguments “to counter the strong movement aimed at showing that the international drug control regime, based on the application of the international drug control treaties, had failed and that legalisation was the only solution” (UNDCP/1994/AG.7: par.5). One participant demanded efforts to defuse the “harm-reduction” issue, which was considered highly divisive. “Harm Reduction was perceived as the Trojan Horse of those factions championing the cause of legalisation” (UNDCP/1994/AG.7: par.60).

However, “a more detailed study of the implications of decriminalisation and of harm reduction campaigns, as suggested by the advisory group, might well produce new perspectives leading to unexpected solutions” (E/CN.7/1995/14: par.45). In his report to the CND, in which suggestions from the INCB and the advisory group were woven together, the Executive Director then recommended a two-pronged approach. First, UNDCP should provide “concrete and sound arguments against legalisation of the non-medical use of drugs”, and should collaborate with WHO in preparing reports on the physical and mental health consequences of the abuse of particularly dangerous drugs. Second, UNDCP

should “undertake a study on the implications of decriminalisation and of harm reduction campaigns” in countries in which these policies had been adopted. The Commission would then give guidance on subsequent action (E/CN.7/1995/14: par.52).

The advisory group supported the idea of convening a second International Conference on Drug Abuse and Illicit Trafficking, like the one in 1987. “Such a meeting would provide an opportunity, inter alia, to evaluate Government achievement to date in the field of drug abuse control, and the possibility of adopting a declaration of principles on demand reduction. It was felt that the meeting would be an appropriate forum for both Governments and UNDCP to reaffirm principles and positions on legalisation, decriminalisation, harm reduction and other relevant issues” (UNDCP/1994/AG.7: par.79). Mr Giorgio Giacomelli, the UNDCP Executive Director, took this recommendation over in his report to the CND, rephrasing that the event should not only “reaffirm” but also “examine” such positions (E/CN.7/1995/14: par.35).

The group acknowledged that demand reduction strategies might be desirable “within a framework of public health care that embraces other harmful substances, including volatile solvents, anabolic steroids, alcohol and tobacco.” They recalled a statement made at the opening of the 1994 CND session by Mr Giacomelli, that it was

“...increasingly difficult to justify the continued distinction among substances solely according to their legal status and social acceptability. Insofar as nicotine-addiction, alcoholism, and the abuse of solvents and inhalants may represent greater threats to health than the abuse of some substances presently under international control, pragmatism would lead to the conclusion that pursuing disparate strategies to minimise their impact is ultimately artificial, irrational and uneconomical” (UNDCP, 1994).

On what it saw as shortcomings and inconsistencies in the conventions, the advisory group concurred with the INCB about amending them. This led the Executive Director to point out that a simplified procedure already built into the Conventions could be used to accomplish this. The procedure allows for any country that is party to the Conventions to submit an amendment to the UN Secretary General for circulation to all other parties. The amendment would come into force automatically if no country objected to it within 18 months of circulation (E/CN.7/1995/14: par.13). However, he believed that this would not succeed in the case of all suggested proposals. He therefore recommended that the CND should ask the UNDCP, in cooperation with the INCB, to convene a “group of experts to review the adequacy

of existing definitions in the 1961 and 1971 conventions, with particular reference to various cannabis and coca leaf products” (E/CN.7/1995/14: par.46c). Another suggestion was for UNDCP to establish an appropriate forum, such as an expert group or task force, to monitor progress and evaluate the effectiveness of alternative development programmes.

CND Member States were then invited to comment on these recommendations in writing. Their comments were summarised in a second report from the Executive Director to the Commission 1 year later (E/CN.7/1996/3). Australia, Austria, Belgium, Brazil, Colombia, Peru, South Africa and the United Kingdom sent in written replies. Peru stated that there “was a need to re-examine traditional ways of addressing drug control issues,” and that an international conference therefore “should be forward-looking and promote innovative solutions instead of being overly influenced by traditional ways of addressing the problem.” Peru and South Africa endorsed the proposal to convene an expert group on coca and cannabis and a similar forum to evaluate alternative development programmes. South Africa and Australia supported the idea to undertake a study on the implications of decriminalisation and harm reduction policies, with the provision by Australia that if such programmes were to be assessed, “other models of drug abuse programmes should also be evaluated and that any assessment of drug abuse programmes, including harm reduction programmes, should be balanced and open-minded.” As far as the second part of the two-pronged plan was concerned, with its call for “sound arguments against legalisation”, Australia felt that such research “would need to be impartial and address both sides of the legalisation argument to allow for a balanced and open debate”. The second report asked the Commission to decide at its next session whether or not UNDCP should convene an expert group on alternative development, one on the status of “various cannabis and coca leaf products”, and whether it should research the issue of legalisation “taking into account arguments put forward by proponents and opponents”.

### End station CND 1995/1996

According to Robin Room, who analysed the general debate of the 1995 CND session: “The most notorious dissenter from the dominant rhetoric is the Netherlands. In the context of the CND, the role the Netherlands has taken on is roughly that of the small boy in the tale of the emperor’s clothes: the role of knowledgeable truth-teller.” As an example he quotes the Dutch representative, saying: “The whole situation is correctly characterised in terms of ‘giant criminogenic multiplier effects’... Implementation of the 1988 Convention will deepen our knowledge. But it will not turn the tide”

(Room, 1999). Although almost all delegates shared an acknowledgement that the situation was getting worse every year, few dared to attribute this to flaws in the strategy, or to question the conventions and openly defend the need to search for alternative approaches. The dominant rhetoric was to simply redouble the efforts and increase cooperation: “The global situation looks grim, and calls for concerted action rather than resignation,” said the Norwegian delegate. Uruguay warned about the dangers of allowing dissent to be expressed at all: “We have deep concern at the voices raised for liberalising drug consumption... The UN from its high position must be clear. Any doubt, hesitation, or unjustified review of the validity of goals will only undermine our commitment... Our goals are noble and inflexible. We cannot be successful if there are discordant voices. We cannot retreat, we must be steadfast in our goals” (Room, 1999).

The discordant voices, however, were not silenced. As well as the Netherlands, Interpol also questioned whether progress could be ever achieved by continuing on the same path. Summing up the 1995 general debate, “I am reminded of the film title, ‘Same Time Next Year’—as the years go by, there is no real improvement in the situation... Next year we hope for serious progress, but we can not report it today.” Australia kept advocating a more open discussion: “When some states are questioning the effectiveness of the treaties, and there are suggestions of simplistic solutions like legalisation, we need to consider the possibility of alternative measures to punishment, and exchange recommendations at the Commission. Alternative strategies should continue to be analysed. We are not advocating any particular change, but saying, do not dismiss innovative approaches that do not conform to current paradigms... Do not avoid sensitive issues like harm reduction which the Commission must address.” Bolivia noted that “it was impossible to continue on the present road”, and called for a World Summit to “seek out the reasons for the impotence of the present system of control” (Room, 1999).

At its next session in April 1996, the CND had to decide what to do about the recommendations of the advisory group, the INCB and the written comments from Member States. One by one the proposals that could have opened the debate and paved the way to regime changes, were blocked:

“While there was some support for convening an expert group meeting to review the adequacy of existing definitions in the 1961 and 1971 conventions, with particular reference to various cannabis and coca leaf products...” the opinion was expressed that no expert group meetings should be convened on issues that were within the

competence of the International Narcotics Control Board” (E/1996/27: Supp. 7, par.16).

In other words, there would be no review for cannabis and coca.

The suggestion to study decriminalisation and harm reduction was blocked in another way:

“Any move towards the legalisation of the non-medical use of drugs was strongly opposed. Such a move would not only contravene the provisions of the international drug control treaties, but would also represent a serious setback for international cooperation in drug control. Whereas there was some support for UNDCP research on the issue of legalisation of the non-medical use of drugs, it was stated that such research might send wrong signals to proponents of legalisation” (E/1996/27: Supp. 7, par.21).

This was only “stated”, not concluded, but it meant there was no consensus and therefore such a study could not be undertaken.

Finally, the proposal to convene an international conference like the one in 1987 where amendments to conventions could have been adopted, was blocked on the grounds that it would be “cost-intensive” at a time when “the UN was experiencing the worst financial crisis since its foundation. However, the Commission concluded that many of the objectives of a conference could also be achieved by convening a special session of the General Assembly” (E/1996/27: Supp. 7, par.18). The financial argument is regularly used in the UN system to abort plans while avoiding the need to give content arguments. The financial crisis referred to was largely caused by the fact that the US had stopped paying its dues and owed the UN billions of dollars. The CND thus adopted a resolution (E/CN.7/1996/L.16) recommending what became the 1998 UNGASS. Its objective: to “lead to renewed commitment by Governments to the fight against drug abuse and illicit trafficking, and also strengthen the implementation of the international drug control instrument” (E/1996/27: Supp. 7, par.17). The language was of re-affirmation; the words “evaluate”, “examine”, “scientific review”, “identify weakness”, “appropriate adjustments” or “develop new strategies” failed to survive this CND session and make in into the final resolution.

### **ECOSOC high-level Meeting 1996**

Before this could be considered by the General Assembly, it had to pass through the ECOSOC under whose authority the CND operates as one of its functional bodies. ECOSOC devoted a 3-day high-level

segment of its business to the outcome of the CND meeting (EE/1996/SR.10–15). Mr Schroeder, then president of the INCB made his point clear in the opening session: “Governments should keep in mind that experiments in the field of harm reduction currently taking place in several developed countries could be misused by those advocating the legalisation of drugs. . . In the view of the Board, legitimisation of the non-medical use of drugs of abuse under the rubric of ‘harm minimisation’ could not be justified.”

Australia was not intimidated. Its delegate replied that harm minimisation measures were the key to his country’s strategy. They were being introduced, without necessarily awaiting the elimination of drug misuse. While a harm minimisation strategy might not be appropriate for all countries, it had produced significant successes in reducing the social, economic and health-related harms in Australia. The special session of the General Assembly scheduled for 1998 would provide “an excellent opportunity to determine whether any improvements were needed in established structures, with a view to making them even more effective in the work of the international community to combat narcotic drugs.”

The Netherlands defended its pragmatic domestic approach to cannabis. With present strategies neither realistic nor effective, solutions to the drug problem could only be found through a process of trial and error. The Dutch government had tried several different and often innovative approaches, some of which had produced durable results. “Special attention was given to reducing the use of hard drugs, as the damage they caused was far more serious than that caused by the use of cannabis. By separating the market for users of soft drugs from that of hard drugs, the number of cannabis users who turned to hard drugs was remarkably low. The basic principle of separating the markets had been clearly successful and the government did not prosecute in cases of possession of small amounts of cannabis for personal consumption.”

Portugal declared that governments must be open to public debate in the search for adequate solutions, particularly when there were doubts about the effectiveness of some measures. Switzerland’s observer said that while much had been done by the international community to combat the drug menace, these efforts had achieved mixed results. “The international community should not allow itself to be discouraged by setbacks, but should take the opportunity to critically evaluate future strategies; it should do so in a spirit of open-mindedness, ready to learn from the experiences of others and prepared to experiment where necessary.”

But these views were exceptions. Overall, the meeting confirmed the dominant rhetoric. ECOSOC approved the CND report, including the recommendation to convene a Special Session of the General Assembly in

1998. The UN Secretary General subsequently submitted a report to the General Assembly on the possible outcome of such a special session, fully purged of re-assessing language. “The special session could reiterate the importance of the international drug control treaties... and could reaffirm their relevance and adequacy.” It would also help “to achieve universal adherence and implementation by the end of the millennium.” The session “could result in a reaffirmation by Governments of the political importance of drug control and in renewed commitment”. It could contribute to “globalisation and harmonisation of the various bilateral and regional approaches” (A/51/469). Preparations for the 1998 UNGASS could begin, a responsibility handed back to the CND in a series of preparatory committees, or ‘PrepCom’s’, in Vienna.

### WHO: ‘Six Horsemen ride out’

There was still one tail of this episode in UN drug control history, however, that had not been cut off by the CND. The World Health Organization (WHO) has a particular role in the making of UN drug policy, which is relatively separate from the triangle UNDCP–INCB–CND, the core of the drug control system. Its role is restricted to recommending in which schedule under the 1961 and 1971 conventions particular substances should be categorised, on the basis of health considerations, a task for which the WHO convenes every 2 years an Expert Committee on Drug Dependence. From the beginning the WHO has been at odds with the established drug control system, never finding a rationale to live with the existent illicit–licit distinction. The rationale of its mandate to look purely at health impacts, leads the WHO to consequently refer to “psychoactive substances, including alcohol and tobacco” the latter two being a far bigger headache to them than the illicit drugs placed under the schedules of the drug control conventions. Their own statistics show, for example, that all illicit drugs taken together are estimated to cause 0.6% of lost “Disability-Adjusted Life Years”, compared with 6.1% caused by alcohol and tobacco (WHO, 2001).

At the beginning of the Decade Against Drug Abuse, in 1990, the WHO had established its Programme on Substance Abuse (PSA), appointing six staff members to strengthen WHO’s contribution to the field. The *British Journal of Addiction* applauded the decision with an editorial under the title “Six Horsemen ride out: WHO initiates a new PSA”. One of the commentators in the journal welcomed the PSA, “because now attention can be directed to correcting the balance, formerly too heavily weighted on the side of supply reduction and drug laws enforcement, whose practitioners have often reminded one, in the intensity of their belief in the

‘wickedness’, not only of traffickers but of the chemicals themselves, of those honest brokers (dispensers) of justice who condemned so many innocent old women to death as witches” (Haworth, 1991). He referred to the historical document *Discoverie of Witchcraft*, published in 1584 in protest against the rising tide of the persecution of innocents by a superstitious clergy, a book condemned to be burned by King James I of England. Haworth saw an important function for the PSA in producing scientific facts to bring common sense to the drugs issue, which “I hope no-one would wish to burn”. Subsequent events suggest that he was somewhat optimistic.

The enthusiastic PSA team decided to expand the mandate of the Expert Committee to cover a broader range of issues related to demand reduction. The 1992 Expert Committee therefore met with a dual mandate. Ten substances had to be reviewed for scheduling, but the experts were also asked “to look at the various strategies and approaches for reducing substance use and its harmful consequences” (WHO, 1993: 1).

After debating the practice of traditional coca chewing in the Andes and Khat use in Africa, the committee “recommended studies looking towards possible changes in international control provisions concerning these traditional patterns of use” (WHO, 1993: 20). The Committee also concluded in its report that the “primary goal of national demand reduction programmes should be to minimise the harm associated with the use of alcohol, tobacco and other psychoactive drugs... The Committee recommended that, for maximum effectiveness, national policies should be oriented to explicitly defined ‘harm minimisation’ goals, with both short-term and long-term objectives” (WHO, 1993: 35–36). According to Robin Room, one of the experts participating in the meeting, this conclusion was reached “not without some grumbling”, mentioning two colleague committee members, Hamid Ghodse, then INCB president, and Philip O. Emafo, also a member of the above mentioned 1994 Advisory Group and nowadays president of the Board. But in the end they went along with the report, which “adopted a relatively wide-ranging view of harm reduction, so that, for instance, regulation of the supply was seen as among the potential harm reduction strategies” (Room, 1997).

### The WHO Cocaine Project

In 1992, the PSA launched the “WHO/UNICRI Cocaine Project” involving a group of well-known academic researchers and funded by the Italian government. Italy is the home of UNICRI, the United Nations Interregional Crime and Justice Research Institute. Research plans were developed partly as a response to the World Ministerial Drug Summit, held in London in



April 1990, the aim of which was to formulate demand reduction policies and “combat the cocaine threat”. According to a WHO press release in March 1995, the Cocaine Project was the largest global study on cocaine use ever undertaken. Information was collected from 22 cities in 19 countries about how cocaine and other coca leaf derivatives were used, who used them, what effects they had on the users and the community, and how governments had responded to the cocaine problem. From the coca leaf chewers of the Andes to the crack smokers of New York and Lagos, from cocaine injectors in Sao Paulo and San Francisco to cocaine sniffers in Sydney and Cairo, all aspects of the problem were tackled. The press release also made clear: “The sometimes unexpected conclusions of the study do not represent an official position of WHO” (WHO, 1995).

A Briefing Kit summarising the results of the study was circulated at the March 1995 CND meeting (WHO/UNICRI, 1995). Among the conclusions:

“Most participating countries agree that occasional cocaine use does not typically lead to severe or even minor physical or social problems.”...“In all participating countries, health problems from the use of legal substances, particularly alcohol and tobacco, are greater than health problems from cocaine use.”...“Use of coca leaves appears to have no negative health effects and has positive, therapeutic, sacred and social functions for indigenous Andean populations”...“WHO/PSA should investigate the therapeutic benefits of coca leaf.”

“Most authorities agree that it is unrealistic to expect to eradicate the use of cocaine and other drugs. However, if substance use will continue, harm from that drug use need not be inevitable. In most participating countries, a minority of people start using cocaine or related products, use casually for a short or long period, and suffer little or no negative consequences, even after years of use. This suggests it is possible to reduce, if not entirely eliminate, harmful cocaine use.”

“The largest future issue is whether international organisations, such as WHO and the United Nations Drug Control Programme, and national governments will continue to focus on supply reduction approaches such as crop destruction and substitution and law enforcement efforts in the face of mounting criticism and cynicism about the effectiveness of these approaches. Countries such as Australia, Bolivia, Canada and Colombia are now interested in examining a range of options to legalise and decriminalise the personal use and possession of cocaine and other related products.

There needs to be more assessment of the adverse effects of current policies and strategies and development of innovative approaches.”... “Current national and local approaches which over-emphasise punitive drug control measures may actually contribute to the development of health-related problems.”

Almost as soon as the Briefing Kit started to circulate in the UN corridors, USA officials used their full weight to prevent the release of the study. “The United States government has been surprised to note that the package seemed to make a case for the positive uses of cocaine,” was the response of Neil Boyer, the USA’s representative to 48th meeting of the World Health Assembly in Geneva. He said that the WHO PSA was “headed in the wrong direction” and “undermined the efforts of the international community to stamp out the illegal cultivation and production of coca”. He denounced “evidence of WHO’s support for harm reduction programmes and previous WHO association with organisations that supported the legalisation of drugs. “Then came a clear threat: “If WHO activities relating to drugs fail to reinforce proven drug-control approaches, funds for the relevant programmes should be curtailed” (WHA48/1995/REC/3).

Patricia Erickson, a University of Toronto professor who was among the researchers, defended the integrity of the study:

“The original panel consisted of a number of people who had done cocaine research that had been scientifically vetted, funded, published and peer-reviewed—all the usual standards. Of course, many of the findings have gone totally against the image of cocaine as this evil drug that enslaves people. This is 1920s mythology. Sure, cocaine can get people in trouble and there are reasons to be concerned about it, but we found that people who otherwise are working and doing other things could use it recreationally. The study was not aimed at making cocaine look bad but getting a sense of the whole spectrum of how it was used in other countries” (Taylor Martin, 2001).

Peer review is an essential and normal part of procedures for any study carried out or supported by WHO. At the 48th Assembly meeting, Mr Boyer expressed a wish to the Cabinet of the Director General, Mr Piel, “that some way could be found for a peer review of the study to be undertaken by people recognised as genuine experts in research, and in conformity with WHO’s rigid research procedures” (WHA48/1995/REC/3). While the coordinator of the Cocaine Project, Mario Argandoña, had argued to Hans Emblad, head of PSA, to refrain from bringing any

version of the report into the drug control arena until the peer review procedures had been completed, Mr Emblad thought it necessary to inform the 1995 CND meeting on the interesting results of the research, which led to the US intervention.

The project secretariat circulated several lists with names of potential reviewers, which went to and fro for more than 2 years. No one could agree who should do the job and thus no final decision was ever made on the project. Though some researchers managed to publish parts of their studies, large parts of the findings of the WHO/UNICRI Cocaine Project were never published. Three years of work, producing hundreds of pages of valuable facts and insights about coca and cocaine by more than 40 researchers and consultants were, in effect, “burned”.

### The WHO Cannabis Project

The PSA started the WHO Project on Health Implications of Cannabis Use in 1993. The last WHO report on cannabis had been published 12 years before and, in response to “many requests” for an updated study, WHO convened a group of scientific experts on the subject (WHO/MSA/PSA/97.4: 1). One of research topics agreed upon was to make a “Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis, Nicotine and Opiate Use.” In August 1995 the report was released, concluding that: “On existing patterns of use, cannabis poses a much less serious public health problem than is currently posed by alcohol and tobacco in Western societies” (Hall, Room, & Bondy, 1995).

According to one of the researchers, some WHO officials “went nuts” when they saw the report (New Scientist, 1998). In a press release, the WHO defended its decision to delete the comparative conclusion from the final report, saying there had been “no attempt to hide any information, and the decision not to include such a comparison in the final report was based on scientific judgment and had nothing to do with political pressure” (WHO, 1998). The final version of the report, published in 1997, said of the controversial issue of comparing cannabis with alcohol and tobacco:

“The group of experts who prepared the review of the current knowledge about cannabis in 1995 included a section in the draft report which attempted to compare what is known about the health effects of cannabis to the health hazards of a variety of licit and illicit drugs with psychoactive effects such as alcohol, tobacco and opiates. However, the reliability and public health significance of such comparisons are doubtful... The quantitative risks of cannabis use are largely

unknown in the absence of reliable epidemiological studies, and therefore such comparisons tend to be more speculative than scientific” (WHO/MSA/PSA/97.4: 29).

### 1997 World Drug Report

By the end of 1996, the most controversial views and recommendations of the previous few years had been effectively neutralised, so the ‘zero tolerance’ lobby must have been displeased to see some of them resurge in the official UN World Drug Report published in 1997. The report, prepared under auspices of the UNDCP, in many regards reflected the more open climate of the pre-UNGASS period and stands alongside the attempts to rationalise the debate undertaken by the WHO/PSA.

On the cannabis controversy, for example, the report says:

“It is indisputable that, in certain kinds of individuals and at certain levels of use, cannabis causes problems for physical and mental health such as short-term memory loss, loss of concentration, impaired motor function and bronchial and pulmonary complications... On the other hand, consumption does not show the same patterns of long-term habitual or dependent use as does cigarette smoking, and no drug-related mortalities have been directly attributed to the cumulative effects of cannabis.” It concludes that “(a) within the range of illicit drugs, it appears the least harmful and (b) for a variety of reasons, perhaps linked to its status as a prohibited drug, the social and health costs resulting from use have been less harmful to date than those of cigarettes or alcohol” (UNDCP, 1997).

A full chapter was devoted to the “Regulation—Legalisation Debate” (UNDCP, 1997: pp. 184–201) written in the spirit—as mentioned on the back cover—of going “beyond the rhetoric normally surrounding the issue”:

“In recent years there has been increasing criticism that the resources poured into the ‘war on drugs’ have been badly spent; and that the international drug control regime, instead of contributing to the health and welfare of nations, may have aggravated the situation... Amidst perceptions of an impasse in the drug policy field, numerous pressure groups have emerged, calling for changes to international drug control through the relaxation of prohibition—for example, through modifications to the existing drug control Conventions—

and through a new emphasis on measures to reduce the harm associated with illicit drug use. Because these groups are eclectic in back-ground and include academics, politicians, medical scientists, economists and influential opinion leaders, for the most part motivated by serious and well-founded concerns, they represent a serious challenge to the current philosophy of drug control.”

Though clearly not supporting a legalisation agenda, the chapter does de-construct several prejudices dominant in the debate and tries to de-polarise. “The regulation debate has been diverted from its proper course by over-emphasis on its extremes, the “zero tolerance” lobby on the one hand and the legalisers on the other.” Drawing attention to the wide range of policy options in between, the World Drug Report concluded: “Laws—and even the international Conventions—are not written in stone; they can be changed when the democratic will of nations so wishes it.”

### **Strengthen the UN machinery**

The first of many conflicts in the run-up to UNGASS took place in Vienna at the very first ‘PrepCom’ meeting in March 1997. Under the agenda item ‘Implementation of the International Drug Control Treaties’ a resolution was tabled by Australia, Mexico, South Africa, Sweden and Thailand, on “strengthening the United Nations machinery for international drug control.” The draft resolution recognised that there were extraordinary and unrelentingly high levels of illicit use, cultivation, production and distribution of narcotic drugs and psychotropic substances and of illicit drug trafficking. These necessitated a comprehensive review of current international drug control machinery in place. The Secretary-General was asked to “convene a small group of independent experts to undertake a comprehensive review of how the efforts against illicit drugs have evolved within the United Nations system, with the aim of identifying measures to strengthen future international cooperation against illicit drugs” (E/CN.7/1997/L.6/Rev.1).

The US and the United Kingdom objected to the word “independent”, so the final version referred to “a small group of experts, selected after appropriate consultations, inter alia, with Governments”. The final version further clarified that the “strengthening of the UN machinery” should be carried out “within the scope of the existing international drug control treaties”. One year later—in March 1998—UN Secretary-General Kofi Annan appointed a group of “thirteen high-level experts”. In fact, the committee consisted of the full chairing bureau of the PrepCom itself, plus some other national delegates (UNIS/NAR/627). After their first

meeting, in April, the group compiled a progress report for the UNGASS and after two more meetings presented their final findings to the CND session in March 1999 (E/CN.7/1999/5).

As a side remark the group concluded that:

“While assessing the adequacy of the treaties fell outside the scope of its mandate, there were several critical issues affecting the international drug control regime that needed to be dealt with as a matter of priority. One such issue was the capacity of the Commission to fulfil its treaty functions. The Expert Group noted that the Commission had not yet dealt with some topical drug control issues that had been widely covered in the media, including the implementation of projects on the prescription of heroin to drug addicts and the changing perception and increased tolerance of drug abuse in societies.”

In spite of their tight mandate and in absence of more independent outsiders, the 13 members did point to several inadequacies in the functioning of the UN system. For example, it agreed that the United Nations System-wide Action Plan on Drug Abuse Control had failed to meet its objectives, as highlighted in a recent unfavourable evaluation. It recommended more inter-agency collaboration, between UNDCP, UNDP and UNAIDS. As for the functioning of the CND, the group found that: “In recent years, the trend had been for the Commission to move from a technical entity towards a more political one. . . Critical and emerging drug control issues were also not being adequately dealt with, due in part to the manner in which the agenda of the Commission was structured. The situation was undermining the role of the Commission as the principal United Nations policy-making body on drug control.” As a result, subsequent years have seen more inter-sessional meetings, stronger coordination between UNDCP donor and recipient countries, and the inclusion in the regular CND session of “Thematic Debates” in order to have more focused and substantive discussions on key policy issues.

### **UNGASS: the compromise**

The PrepCom in March 1997 had to decide about which country should hold the Presidency. Having played a key role in the lead-up to the Special Session, Mexico wanted the position and its candidacy was supported by the GRULAC group of Latin American and Caribbean countries. However, the USA, was concerned about Mexico’s recent critical tone. It seized upon the resignation, just 1 month previously, of General Gutiérrez Rebollo the Mexican “anti-drug

czar” over allegations that he had protected Amado Carrillo Fuentes, the most powerful Mexican drug baron (Fazio, 1997). Alleging widespread corruption in Mexican counter-drug agencies, the USA blocked Mexico’s candidacy. It took hours of hard bargaining behind-the-scenes to compromise on a Portuguese presidency.

Mexico still played a strong role in the preparations for UNGASS, chairing the intergovernmental group that elaborated the draft for the “Guiding Principles of Demand Reduction”, one of the key documents on the UNGASS agenda. Mexico also submitted draft texts on money laundering and precursor issues. Mexico’s aim, according to its ambassador to the UN in Vienna, was to help adjust the international drug control regime so that demand reduction could play a greater role in “bringing into balance the strategy that previously over emphasised one side of the problem” (Lajous Vargas, 1998).

It was also hoped that the UNGASS should mark the end of the “era of finger-pointing”. As Colombian president Ernesto Samper pointed out in his address to the Special Session: “No one is so free of sin as to be able to cast the first stone.” Both Mexico and Colombia stressed that the old dichotomy between traditional producer and consumer countries should give way to the principle of “shared responsibility” as the cornerstone of international drug control, acknowledging not only the imbalances of the past, but also the fact that the traditional dividing lines had become more blurred over time. After several difficult negotiations, especially on the demand reduction and precursor issues, the UNGASS outcomes eventually reflected this atmosphere, at least in spirit. Many documents approved do emphasise the responsibility of the “North” to, among other things, reduce demand, regulate the trade in chemical precursors, control the production of amphetamines type stimulants, and address the money laundering issue.

The main threat to achieving this new balance arose from a proposal put forward by Pino Arlacchi, appointed in the midst of the preparatory process—September 1997—as the new Executive Director of the UNDCP. His SCOPE-plan, the ‘Strategy for Coca and Opium Poppy Elimination by 2008’ called for wiping out illicit crops in Colombia, Bolivia, Peru, Burma, Laos, Vietnam, Afghanistan and Pakistan, the eight countries where coca and opium production is concentrated (Blickman, 1998). SCOPE brought back the rhetoric of a “drug free world” through total elimination of drug-linked crops and would have shifted the burden of responsibility back to the opium and coca producing countries.

The plan was never endorsed, but provided the impetus for the adoption in the UNGASS Political Declaration of its most controversial article 19 which

calls for, “eliminating or significantly reducing the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2008” (A/RES/S-20/2). Only after fierce debate it was agreed that the same year was also to be the target date for “eliminating or significantly reducing the illicit manufacture, marketing and trafficking of psychotropic substances, including synthetic drugs, and the diversion of precursors” as well as for “achieving significant and measurable results in the field of demand reduction”. These are the pledges that are on the agenda of the April 2003 mid-term review “to evaluate progress made and obstacles encountered” halfway to the 2008 deadline.

During the Special Session only a few delegates continued to express doubts about the carefully negotiated and fragile consensus. Raymond Kendall, Secretary-General of Interpol, said: “Although law enforcement is the *raison d’être* of Interpol, we do not consider it as a panacea for all ills associated with the drug problem.” He stressed the need for a new policy that would, above all, influence the factors that led to the appearance and development of so-called deviant behaviours. This would have to confront risk-reducing programmes seriously and conscientiously, from a necessary public-health perspective. He added: “A new policy should not naively confuse reality with any type of demagogic faith, but be based on objective information and multidisciplinary research.” Similarly, Hans van Mierlo, Minister for Foreign Affairs of the Netherlands emphasised the need for new evidence-based strategies: “The next step should be to evaluate the results of our past efforts in order to find out what works and what does not. In discussing new strategies, let us not get trapped in the ideological disputes of the past. Let us instead base our discussions on facts and on the practical experiences we have gained over the years” (A/S-20/PV.1–9).

In the years since the UNGASS, however, little space was to be found in that direction. The WHO/PSA programme was largely dismantled, it was merged again in 2000 with the Mental Health Department from which it had been separated in 1990. UNDCP Executive Director Pino Arlacchi heavily censored the second World Drug Report 2000. The section that was meant to follow-up the 1997 chapter on the regulation debate was scrapped altogether. The coordinator, Francisco Thoumi, left the agency in protest. “Arlacchi was very concerned because the original draft did not reflect his vision of the world drug situation. In particular, he argued that it was too pessimistic and that it failed to show the great advances in the fight on drugs that had taken place recently. He frequently argued that the world drug problem was on the verge of being solved and that there were only three countries that were real problems: Colombia, Afghanistan and Myanmar” (Thoumi, 2002). Quite a few other UNDCP staff were

forced to leave or resigned over differences with Arlacchi. There was a purge—not to say a witch-hunt—to cleanse the UN drug control system of suspected “defeatist” elements that might further disrupt the “spirit of togetherness”.

## Conclusions

The consensus-driven functioning of the UN drug control machinery has led to strange results. “There is something very special about illicit drugs. If they do not always make the drug user behave irrationally, they certainly cause many non-users to behave that way” (Grinspoon and Bakalar, 1993). In private, “most authorities agree that it is unrealistic to expect to eradicate drugs” and that the present regime is ineffective. But as soon as they sit down in the conference halls in Vienna and New York, they shift into consensus-mode and the majority of officials are swept along in a ritual of rhetoric while the minority prefers to keep as low a profile as possible. Thus, after a decade of high-level meetings during which it is widely acknowledged that “the problem advanced faster than the remedy”, any initiative to “seek out the reasons for the impotence of the present system of control” is neutralised. The scientific results of UN-sponsored research have been deliberately neglected and every recommendation for “appropriate adjustments” is thrown in the wind. After all this, the international community concluded in 1998 they could still do in 10 years what they had been unable to accomplish in the 25 years they agreed to in the 1961 Convention.

The INCB had already announced it in its 1994 paper: “The international community has expressed a desire not to reopen all debates but to build on those commonly defined strategies and broad principles and to seek ways to further strengthen measures for drug control” (E/INCB/1994/1/Supp. 1: 8). It does not really matter if the strategy does not show results, as long as the international community pledges more commitment “we just hope for serious progress next year, though we can not report it today”. “Any doubt, hesitation, or unjustified review of the validity of goals will only undermine our commitment.” The many calls—coming from the very same “international community”—to “critically evaluate strategies in a spirit of open-mindedness, ready to learn from experiences and prepared to experiment where necessary” have been countered with Manichean cold-war-like accusations of treason to “our noble cause”.

No wonder that “civil society is showing increasing impatience”, as the Secretary General rightly observed. The April 2003 review of the UNGASS outcomes will become indeed, as the UNGASS president predicted, a “litmus test for the international community of its

ability to respond to the complex problems of the post-cold-war era.” To pass the test, it may be wise to retake some of the initiatives from the pre-UNGASS period and put them back on the agenda. Circumstances have changed considerably since then; this could lead now to different outcomes:

(1) Five years down the line it is clear that, still with the renewed political commitment of UNGASS, no progress has been made in terms of levels of consumption and production. The Ministers in April 2003 would make fools of themselves if they simply restated that in 2008 they will have “eliminated or significantly reduced” the cultivation of coca, poppy and cannabis, and the production of synthetic drugs.

(2) The UN Office on Drugs and Crime (ODC) is undergoing a reform process under the new Executive Director Antonio Costa, enabling the agency to step away from the crisis years and censorship under his predecessor. This may result in more space for UNDCP, operating under the ODC umbrella, to exercise its function as a “centre of expertise” stimulating the global drug policy debate.

(3) In the Action Plan developed to implement the UNGASS Guiding Principles on Demand Reduction, countries committed themselves to offer “the full spectrum of services, including reducing the adverse health and social consequences of drug abuse” (A/RES/54/132). The global AIDS drama has emphasised the need for risk reduction measures to confront the spread of the virus linked to intravenous drug use. The Declaration of Commitment on HIV/AIDS adopted at the UNGASS June 2001 specifically calls on nations to ensure, by 2005, expanded access to clean needles and to promote “harm reduction efforts related to drug use” (A/RES/S-26/2: art 52). This renders it impossible and irresponsible to further avoid an open discussion about the harm reduction concept at the level of the CND.

(4) Several countries have relaxed their cannabis laws and more open-minded debates are taking place across Europe and in Canada about the possibility of decriminalisation or legalisation. This policy climate raise again at UN level the long-standing doubts about the cannabis, as well as coca leaf-related inconsistencies of the treaties. As was noted as long ago as 1971, cannabis “does not belong—and, objectively never did belong—in the provisions of a treaty whose stated purpose is to prevent ‘addiction to narcotic drugs’. The inclusion of cannabis in a narcotics treaty was a mistake, based on the erroneous scientific and medical information generally available to the delegates when the treaty was drafted” (Leinwand, 1971).

Though the history described in this paper has shown the limitations of the rational functioning of the UN drug control machinery, these new developments together may set the stage for a group of like-minded

countries to break the impasse. Foreign Minister George Papandreou announced an initiative in that direction by the Greek EU presidency: “A first step in seeking new ways to approach drugs, should consist of a thorough evaluation of the international drug treaties. We must verify their effectiveness, shortcomings must be brought into the open and proposals must be tabled to find new ways for formulating and applying drug policies” (Papandreou, 2002).

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