IDPC
INTERNATIONAL DRUG POLICY CONSORTIUM
PROMOTING OBJECTIVE AND OPEN DEBATE OF DRUG POLICIES

IDPC POLICY PRINCIPLE NUMBER 5

THE UN SYSTEM SHOULD DEVELOP A MORE CO-ORDINATED APPROACH TO DRUG POLICY ISSUES

INTRODUCTION

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

IDPC members have a wide range of experience and expertise in the analysis of drug policies, and have contributed to policy debates at the national and international level. Several members have been involved in the creation or evaluation of drug policies and strategies in an official government or academic role. Following a review of currently available evidence, Consortium members have agreed to promote 5 fundamental drug policy principles in our advocacy work with governments and international agencies. These principles are summarised in a short position paper (http://www.idpc.info/docs/IDPC_5_Principles.pdf) that is available on the Consortium website (www.idpc.info).

This paper expands one of these five principles – that the UN structures that have developed over the past 50 years in response to global drug problems are insufficiently co-ordinated and do not reflect the complex and multi-faceted nature of the global challenge. A more cohesive and effective approach can be achieved by the implementation of cross system co-ordination that mirrors approaches taken at national government levels.

BACKGROUND

The current structures for dealing with drug policy at the United Nations are the product of the on going evolution of the system. With the agreement of successive conventions on drug control, it was necessary to create institutions that co-ordinated the implementation of these agreements and that policed member states' compliance with them. These specialist institutions have therefore unsurprisingly focused on the law enforcement aspects of drug policy and programmes. However, the cross-cutting nature of the drug issue ensures that these institutions should also retain relationships with other UN agencies. The key bodies currently involved with drug policy issues are the UN Office on Drugs and Crime (UNODC), and International Narcotics Control Board (INCB or Board). Operating at some distance on drug policy issues, but still very much within the sphere of these core institutions are the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme (UNDP). At national level, it is recognised that effective drug policies need to be co-ordinated across different disciplines – health, law enforcement, social and economic development and foreign affairs. In the UN system, this co-ordination is lacking. UN agencies with a significant interest in drug policy issues either steer clear of the subject, or defer to the priorities or positions of the UNODC, a relatively small specialist agency that, as mentioned above, has adopted a crime and law enforcement focus. This

state of affairs is becoming less defensible as the links between drug markets and development, peace building, public health and human rights are becoming clearer. It is vital then that synergy and consistency of approach to drug policy issues is developed across the aforementioned and other related agencies. Furthermore, resultant policy positions on the drug issue must work in harmony with broader UN principles and goals, especially in relation to human rights, as laid out in core instruments such as the UN Charter and the more recent UN Millennium Development Goals.

OVERVIEW OF UN BODIES ENGAGED WITH DRUG POLICY ISSUES.

A brief examination of the roles and activities of bodies within the UN system reveals that in working towards fulfilling their specific mandates, approaches towards the drug issue differ, and sometimes conflict in significant ways.

The INCB is the "independent and quasi-judicial"[1] control organ for the implementation of the drug control treaties. The Board was created under the 1961 Single Convention on Narcotic Drugs and established in 1968. It is technically independent of Governments, as well as of the UN, with its 13 individual members theoretically serving in their personal capacities. The WHO nominates a list of candidates from which three members of the INCB are chosen, with the remaining 10 selected from a list proposed by UN Member governments. Elected by the UN's Economic and Social Council (ECOSOC), the Board can call upon the expert advice of WHO. The INCB has the authority to assess worldwide scientific and medical requirements for controlled substances based on estimates from member states and subsequently allocates quotas among Parties in an attempt to prevent leakage of drugs from licit sources into the illicit market.[2] It also has the important job of monitoring compliance with the provisions of the drug control conventions. Areas of concern are noted in its Annual Report and can be raised at different levels from the individual state to the UN General Assembly. Recent years have seen the Board interpret the drug control conventions in an increasingly rigid manner. In many ways it now acts as a guardian or custodian that defends a narrow interpretation of the treaties rather than a watchdog that highlights current or potential areas of tension between national policy and the international legal framework. In so doing the INCB is increasingly overstepping its mandate, is quick to criticise member states that deviate from what it perceives to be their legal requirements or who are seen to be weakening the status quo, and does so without any consideration of UN policy developments in related areas.

The UN Office on Drugs and Crime (UNODC) is the UN agency responsible for coordinating international drug control activities. It was established, under a different name, in 1997 by the UN Secretary-General to "enable the Organization to focus and enhance its capacity to address the interrelated issues of drug control, crime prevention and international terrorism in all its forms."[3] In fulfilling its mandate[4] "to assist Member States in their struggle" against these issues, the UNODC has a three pillar work programme. This consists of research and analytical work, normative work and field-based technical cooperation projects. To this end, the UNODC Drug Programme, formerly the United Nations International Drug Control Programme (UNDCP), runs alternative development projects, illicit crop monitoring and anti-money laundering programmes. As the lead agency for international drug control activities, the UNODC plays an important role in assisting Member States, particularly so-called "producer countries" and developing states, to adopt a variety of policies to effectively address a wide range of drug related problems. It also possesses unique potential for the compilation of global data sets, to track and investigate international trends in drug production, manufacture, trafficking and use and to act as a central hub for the dissemination of best practice in the formulation and implementation of drug policy. Despite this potential, the UNODC currently acts primarily in policy terms as a champion of enforcement-led approaches[5] and as the defender of existing structures and programmes.

Established in 1948, the objective of WHO is the attainment by all peoples of the highest possible level of health. According to its constitution, health is defined as a state of complete physical, mental and social well-being — not merely the absence of disease or infirmity.[6] It is in a role as expert advisor to the policy-making and monitoring bodies that WHO figures in the United Nations drug control system. The body is

responsible for evaluating the medical, scientific and public health aspects of psychoactive substances under the 1961 and 1971 conventions and, through its Expert Committee on Drug Dependence, provides advice and guidance to the UN's drug policymaking body, the Commission on Narcotic Drugs (CND), concerning the classification of drugs into one of the schedules of these treaties. Beyond providing a list of candidates for three seats on the INCB, WHO also has a mandate to work with the Board to ensure that member countries' drug control policies ensure the medical availability of narcotic drugs, particularly codeine and morphine, for pain control within the drug conventions. Consistent with its broad public health mission and concerns for evidence-based approaches to the problems associated with the harmful use of all psychoactive drugs, WHO has long supported the concept of harm reduction, or harm minimization, as an effective strategy for preventing the spread of to HIV/AIDS and other diseases.[7]

In 1995 the UN responded to the HIV epidemic by setting up UNAIDS, which is a collaborative effort now consisting of ten UN agencies,[8] including the UNODC, WHO and the UNDP. Today UNAIDS derives its mandate from the Declaration of Commitment on HIV/AIDS, a resolution adopted at the 2001 UN General Assembly Special Session on HIV/AIDS.[9] The goal of UNAIDS is to "catalyse, strengthen and orchestrate the unique expertise, resources, and networks of influence" that each of its co-sponsoring organizations offers in fields affected by, or with a potential impact on AIDS. The 2001 Declaration of Commitment recognizes the crucial role played by human rights, and describes prevention as "the mainstay of our response" to the pandemic.[10] Much like WHO, which originally had the lead UN responsibility on AIDS starting in 1986, UNAIDS also actively supports many harm reduction interventions, a position which has regularly led to conflict and inconsistency with the drug control-oriented UN agencies.

The UNDP is the UN's global development network advocating for economic development and connecting countries to knowledge, experiences and resources to help people build a better life. It also works to prevent the spread of HIV/AIDS and reduce its impact. As a development partner, and co-sponsor of UNAIDS, it helps countries put HIV/AIDS at the centre of national development and poverty reduction strategies; build national capacity to mobilize all levels of government and civil society for a coordinated and effective response to the epidemic; and protect the rights of people living with AIDS, women, and vulnerable populations. Because HIV/AIDS is a worldwide problem, UNDP supports these national efforts by offering knowledge, resources and best practices from around the world. In this capacity it supports and actively engages with harm reduction interventions such as needle exchange. It is also connected to the drug issue through involvement in alternative development programmes.

Several more UN agencies are involved in development programmes in drug producing areas. The Food and Agriculture Organisation (FAO) runs significant alternative development programmes especially in Afghanistan and Bolivia. The World Bank and the International Fund for Agricultural Development (IFAD) fund drug-related projects in for example Afghanistan and Lao PDR. All these agencies by nature and mandate take a developmental approach, aspiring to contribute to the development of sustainable economies and communities, without feeling directly responsible for achieving the actual elimination of coca and opium crops in their project areas.

Although rarely included within discussions of drug control at the international level, the seven UN human rights treaty bodies[11] also have a role to play in promoting the right to health of all persons, ensuring a comprehensive approach to HIV/AIDS prevention and treatment, and guarding against the human rights abuses inflicted against people who use drugs under the auspices of drug control regimes. In addition to the treaty bodies, several UN Special Rapporteurs have mandates that could include drug control and related issues.[12] Although increasingly vocal on HIV/AIDS issues in recent years, the treaty bodies have been loathe to comment on human rights issues related to drug use, and have typically focused instead on sexual transmission. However, there have been recent indications of change in this regard, with some treaty bodies beginning to comment directly on issues related to drug control and harm reduction.[13]

SYSTEM WIDE INCONSISTENCIES AND TENSIONS

At the time of the establishment of the UNDCP in the early 1990s, the General Assembly "requested the Secretary-General to coordinate at the inter-agency level the development of a United Nations system-wide action plan on drug abuse control, aimed at the full implementation of all existing mandates of intergovernmental bodies throughout the United Nations system."[14] For that purpose the Subcommittee on Drug Control was established under the Administrative Committee on Coordination (ACC). The resulting SWAP (system-wide action plan) "yielded few, if any, results" according to an evaluation a decade later and "failed to develop into a mechanism for inter-agency cooperation within the United Nations".[15] The identified shortcomings in the functioning of the ACC Subcommittee were not properly addressed –it simply ceased to exist- allowing inconsistencies within the UN system to grow.

Indeed, while there is a considerable degree of substantive agreement on drug policy between UN agencies, significant inconsistencies and tensions remain. The degree of inconsistency is fluid as both the politics and science surrounding drug policy issues alter over time. Nonetheless, it is possible to identify ongoing differences in approach between, on the one hand, the law enforcement orientation of the UNODC and the INCB's rigidly zero-tolerance interpretation of the conventions and, on the other hand, the health and development orientation and wider interpretation of the conventions of other bodies.

The use of particular terminology is a useful initial indicator of the policy perspectives of individual bodies within the drug control framework. For example, with its significant emphasis on the law enforcement side of drug control, the UNODC adheres closely to the letter of conventions in public statements and documentation. Its typical employment of the term drug "abuse" reflects the INCB's view that the ingestion of any psychoactive substance contrary to the provisions of the conventions should not be trivialized or lead to any "contradicting or undermining of what is expressed in the treaties."[16] Conversely, agencies with dominant public health and development mandates, such as WHO and UNAIDS, or development agendas, including the UNDP, the International Labour Organization (ILO), and the World Bank, routinely talk about substance use or drug use, implicitly acknowledging that some forms of drug use are not inherently dangerous or deviant.

Such differences in terminology take on a more practical significance when applied specifically to the issue of harm reduction. Inconsistencies in language and, where applicable, policy positions within the system can make the implementation of some harm reduction interventions at the national level problematic. Currently, the majority of bodies with an interest in the drug issue within the UN (UNAIDS, UNDP, WHO, World Bank, United Nations Population Fund,) use the term and engage with the concept as a matter of course. While this is the case, the two core drug control bodies do not. Concerned with the potential impact on donor contributions, especially from the US, the UNODC tries to avoid the term and remains vague on its position on harm reduction. In 2002, for example, its Legal Affairs Section noted that the UNDCP had "yet to adopt an official position on harm reduction." Indicating the degree of incoherence present within the system, in the same year the Associate Director of UNAIDS noted, "The United Nations fully endorses the fundamental principles of harm reduction."[17] Since then the UNODC has become a co-sponsor of UNAIDS, and takes the lead on planning responses to HIV transmission through injecting drug use, which further complicates its position. For example, while UNDP, UNFPA, WHO and UNAIDS openly support Needle Syringe Programmes in developing countries and in "countries in transition", UNODC provides more discrete backing at the regional level. The INCB, moreover, consistently frames harm reduction in a negative way, drawing attention to potential conflicts with drug control objectives. For example, despite legal advice to the contrary, the Board continues to regard drug consumption rooms to be in violation of the drug control conventions. Inconsistencies between bodies may increase if application of the harm reduction concept is broadened to include supply side issues. This is far from impossible with, for example, a recent UNDP Human Development Report on Colombia urging for the philosophy to be applied to the production as well as the consumption side of the drug problem in order to allow conflict resolution efforts to move forward.[18]

In terms of supply-side policy, there is a more cohesive approach among the key bodies involved, namely

the UNODC, UNDP, FAO and ILO, in relation to the important 1998 UNGASS Action plan on Eradication and Alternative Development. Consensus exists on the suitability of a balanced approach to supply reduction, but there are differences on the specific issue of crop eradication. Although the UNODC has never supported forced eradication and is now moving away from crop eradication as a discrete policy, it has been central to its supply reduction programme for decades. The FAO and UNDP are silent on crop eradication, however. Neither have a mandate for enforcement work and the development ethos of both bodies means that they lean towards incentives and partnerships. This inevitably places them at odds with the invasive nature of crop eradication interventions. Forced eradication is generally regarded as an activity that exacerbates rural poverty and therefore runs counter to their primary mandate of poverty reduction. The World Food Programme (WFP) finds itself in an uncomfortable position when they are called in to provide emergency food aid in Afghanistan and Myanmar (Burma) after forced eradication or the implementation of an opium ban. WFP does distribute food where it turns into a humanitarian drama as happened in the Wa region in Myanmar (Burma), but is reluctant to respond too easily to what it regards as a created emergency that could have been avoided.

Such a lack of consistency between UN bodies on some areas of drug policy is in many ways compounded by points of tension with the broader principles and goals of the UN itself. The extent of and justification for identifying these tensions inevitably vary depending upon perspective and treaty interpretation. Nonetheless, the increasing popularity of the concept of harm reduction among the majority of member states and UN bodies engaged with drug policy heightens the issue of system wide cohesion.

Although to a certain extent interrelated, tensions between UN bodies and the Organization's broader principles as laid out in core documents can be categorized as follows:

- *Sovereignty* - Despite technicalities concerning its place within the UN system, for example its Annual Report is independent of any other UN body, the INCB's recent criticism of national drug policy in countries like the UK and Canada, appears to have come close to conflicting with the UN's position of non-intervention "in matters that are essentially within the jurisdiction of any state." (UN Charter, Article 2, paragraph 7.) INCB criticism of national policy is also problematic with regard to sovereignty because it can effectively deter some states from even exploring the latitude within the current treaty system; a domestic policy option that, regardless of the Board's frequent protestations to the contrary, is not definitively outlawed by the conventions.

- *Human Rights* - The UN is the body tasked by the international community with promoting and expanding global human rights protections. It is also responsible for promoting and enforcing the international narcotics control regime, which can sometimes lead to the denial of human rights to people who use drugs. Where these two mandates come into conflict, prohibition has all too often been allowed to trump human rights, or at least take human rights off the agenda. For example, reference to the *Universal Declaration on Human Rights* is a standard element in the preambles of many UN treaties, yet mention of the *Declaration* is conspicuously absent from the three narcotics control conventions. This calls into question the UN's commitment to promoting and fulfilling human rights guarantees of people who use drugs, and challenges the UN human rights system to take positions that are at odds with the policies and practices that derive from the narcotics control paradigm.

- *The promotion of solutions to international economic, social, health and related problems* - The predominance of a law-enforcement orientation within some parts of the UN drug control system can, at many levels, be seen to be increasingly out of step with the UN's far reaching purpose of promoting solutions to international economic, social, health and related problems as addressed in the UN Charter.[19] It is also possible to identify areas of tension with provisions concerning health within The International Covenant on Economic, Social and Cultural Rights of 1976. On the supply-side, questions can be raised for example with regard to the practical relationship between some policies in Latin America and broader UN goals. It should be reiterated that no UN agency

has ever been directly involved in forced crop eradication efforts. Nonetheless, growing evidence suggests that the inclusion of a dominant forced eradication component within strategies broadly supported by the UNODC has a counterproductive impact upon efforts to reduce poverty.[20] These inconsistencies, not only between bodies themselves but also between those bodies and broader principles and goals of the UN, are likely to be become more apparent when the focus of harm reduction is widened to include the application of its principles to supply-side issues. On health issues, a major inconsistency exists for example in the INCB's hard line position on harm reduction strategies in countries facing drug injection related epidemics. This position arguably inhibits the application, and in some instances even discussion, of evidence based policies within sovereign nations. Consequently, the implications of such a position appear to run counter to the UN's Millennium Development Goals concerning halting and beginning to reverse the spread of HIV/AIDS by 2015.

RECOMMENDATIONS: Improving Coordination And Cohesion Within The UN System.

As we have shown, significant consistency issues regarding drug policy currently exist within the UN system. Furthermore, it seems likely that cross-system tensions will increase as some bodies continue to engage with the concept of harm reduction and seek to apply it within a broader context, while the drug control bodies continue with policies that prioritise law enforcement actions against producers and users. Such inconsistency, and therefore uncertainty and conflict in political leadership and programme design, can not be allowed to continue in such an important area of global policy. In order to move some way towards improving system wide coordination and policy cohesion, we propose the following:

- The UNODC should become more like a co-ordinating body that, apart from its normative functions, facilitates the coherence of a UN system-wide approach to drug policy. This is the function increasingly provided by co-ordinating mechanisms within national governments, in which the specialist agency acts as a mechanism for resolving policy conflicts and agreeing co-ordinated strategy, functions as a centre of excellence that collates and disseminates data and best practices in supply reduction, demand reduction and reducing the harmful consequences, and provides (through the CND) a forum in which member states can debate drug policy challenges in an open and objective manner. As a report by the Washington Office on Latin America noted in 2004, the UNODC needs to shift away from a "politicized zero tolerance position towards becoming a more neutral centre of expertise able to moderate between different views on drug policy and its present day application."[21] All of these developments will depend on a commitment from all member states to confront the very real challenges currently faced in international drug policy, with a willingness to debate and develop effective solutions, rather than remaining stuck in outdated and polarised positions. Any significant expansion of UNODC research capacity and strengthening of evaluation mechanisms would also require a willingness on the part of donors to provide sustained funds for this purpose. Such investment would be more likely if the UNODC itself extended its engagement with donors beyond merely seeking to secure financial contributions, and increased cooperation and communication at all programme stages and with other agencies.[22]

- The INCB should revert to previous interpretations of its role within the drug control framework and act as a watchdog and not a guardian of the conventions.[23] In this capacity, the Board should highlight points of tension between national government positions and the conventions and encourage the CND to address these issues rather than defend non-universal interpretations of some parts of the treaties. It should use its mandate to help governments understand the range of policies and practices that would be appropriate to their implementation of directives coming from the UN system as a whole and review and broaden its membership criteria to help with this process. The Board, within its Annual Reports, other documents and private communications, should also emphasise all treaty commitments, including those relating to health and treatment issues, and not focus solely on those provisions concerning drug control issues. In addition, as

has been pointed out in a recent report from the Canadian HIV/AIDS Legal Network and the Open Society Institute,[24] the INCB needs to develop more transparent and collaborative ways of working that are appropriate to a UN quasi-judicial body.

- WHO and UNAIDS should obtain more prominent mandates, comparable to those of the INCB and the UNODC, in identifying and responding to the threats to public health that are linked to drug use and addiction. Input into the system from WHO should be extended beyond advice on scheduling given to the CND by its Expert Committee on Drug Dependence. A formal mechanism needs to be put in place whereby both WHO and UNAIDS can proactively feed research and expert opinion concerning drug related matters into the CND policymaking process. Any moves to raise the profile of the health agenda within the system is particularly timely. Despite recent statements by the UNODC's Executive Director, that the body is now positioned "at the intersection of health and law enforcement initiatives" increased funding and commitment to crime and terrorism issues threaten to overshadow non-law enforcement oriented policies.

- Bodies such as the UNDP, FAO, the World Bank, and the various UN Human Rights bodies should be more involved with the drug policy decision making process to ensure that action against drug cultivation, distribution and use is consistent with their concerns and priorities regarding human rights and development standards as laid down in the UN Charter and Millennium Goals.

- In situations of war and immediate post-conflict periods the UN should ensure careful coordination between its own agencies and nations states to prevent drug control efforts from hampering peace building and reconstruction. Drugs and conflict are intimately intertwined in not only Colombia, Afghanistan and Burma, but also in the rest of the Andean region, Brazil and Mexico. Here and in many other places drugs economies, as well as certain drug control efforts, fuel social tensions and violence. Eradication, but also law enforcement (interdiction, prosecution, extradition) with a political, tribal or ethnic bias, can easily trigger tensions and complicate trust building and peace negotiations. More flexibility in the implementation of the UN drug control treaties is, therefore, recommended in such circumstances and UN drug control agencies need to be much more conflict-sensitive in their messages.

- The UN should reconsider the establishment of an inter-agency coordination committee on drug control. Charged with overseeing policy and strategic planning, this could be chaired by the UNODC and include high-level representation from all other UN agencies involved in some way with the drug issue. Since the failed attempt to achieve inter-agency coordination in the 1990s, General Assembly Special Sessions have taken place on drugs and AIDS, the Millennium Goals have been established and a new UN reform attempt is underway including the 'delivering as one' principle. In the light of the unacceptable level of inconsistencies described above, this merits a renewed attempt to harmonise a UN vision of how to deal with illicit drugs in the context of health promotion, HIV prevention, poverty reduction, human rights protection and peace building.[25]

[1] http://www.incb.org/incb/index.html
[2] http://www.incb.org/incb/mandate.html
[3] http://www.unodc.org/pdf/ed_guidelines_mediumterm.pdf
[4] http://www.unodc.org/pdf/unodc_terms_reference.pdf
[5] A notable exception to this trend is the UNODC HIV/AIDS programme.
[6] http://www.who.int/governance/eb/constitution/en/index.html
[7] See for example Expert Committee 28, 1993
[8] These are the Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), World Bank.
[9] Declaration of Commitment on HIV/AIDS, 2001. http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html
[10] As Paragraph 16 puts it: "Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and

that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination…" Paragraph 23 continues this theme, affirming that "effective prevention, care and treatment strategies will require…increased availability of and non-discriminatory access to…sterile injecting equipment…" Paragraph 52 sets out the objective to "ensure…expanded access to essential commodities, including male and female condoms and sterile injecting equipment… (and) harm reduction efforts related to drug use…"

[11] Human Rights Committee; Committee on Economic, Social and Cultural Rights; Committee on the Rights of the Child; Committee Against Torture; Committee for the Elimination of Discrimination Against Women; Committee for the Elimination of Racial Discrimination; Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families.

[12] Special Rapportueur on the Right to the Highest Attainable Standard of Health; Special Rapporteur on Extrajudicial, Summary or Arbitrary Executions; Special Rapporteur on Violence Against Women; Special Rapporteur on Torture

[13] The Human Right's Committee's 2005 *Concluding Observations on Thailand* expressed concern over the government's extrajudicial killing campaign against people who use drugs (at paras. 10, 24), and stated definitively for the first time that capital punishment for drug offences is in violation of the *International Covenant on Civil and Political Rights* (at para. 14). Human Rights Committee 'Concluding Observations: Thailand' (8 July 2005) UN Doc No CCPR/CO/84/THA. The Committee on Economic, Social and Cultural Right's 2006 *Concluding Observations on Tajikistan* recommended that country establish "time-bound targets for extending the provision of free testing services, free treatment for HIV and harm reduction services to all parts of the country." (at para. 70) Committee on Economic, Social and Cultural Rights 'Concluding Observations: Tajikistan' (24 November 2006) UN Doc No E/C.12/TJK/CO/1.

[14] E/CN.7/1999/5. *Strengthening the United Nations Machinery for Drug Control,* Note by the Secretary-General, 7 December 1998.

[15] Ibid.

[16] Foreword to INCB Report 2001.

[17] Daniel Wolfe and Kasia Malinowska-Sempruch, *Illicit Drug Policies and the Global HIV Epidemic: Effects of UN and National Government Approaches,* IHRD/OSI, New York, 2004, pp. 30-31. For a discussion on debates within the UN system on harm reduction and HIV/AIDS also see Mike Trace, Diane Riley and Gerry Stimson, *UNAIDS and the Prevention of HIV infection through Injecting Drug Use,* Beckley Foundation Drug Policy Programme, Briefing Paper 9, September 2005, http://www.internationaldrugpolicy.net/reports/BeckleyFoundation_BriefingPaper_09.pdf

[18] Martin Jelsma and Pien Metaal, *Cracks in the Vienna Consensus*: The UN Drug Control Debate, Washington Office on Latin America Briefing Series, January 2004.

[19] For example in the Preamble, Article 1, paragraph 3, and Article 55, paragraph [b].

[20] See Martin Jelsma and Pien Metaal, op. cit.

[21] Ibid.

[22] See Beckley Foundation Drug Policy Programme Report 11 - http://www.internationaldrugpolicy.net/reports/Beckley_Report11.pdf

[23] See Beckley Foundation Drug Policy Programme Report 7 - http://www.internationaldrugpolicy.net/reports/BeckleyFoundation_Report_07.pdf

[24] Joanne Csete and Daniel Wolfe, *Closed To Reason: The International Narcotics Control Board and HIV/AIDS, Canadian HIV/AIDS* Legal Network and OSI, 2007.

[25] The UN System Chief Executives Board for Coordination (CEB) has now taken the lead in coordinating system-wide activities and guiding inter-agency collaborative arrangements. Several UN system networks have been set up replacing the former ACC subcommittee structure. This includes -but only on paper- a United Nations System Network for Demand Reduction, Drug Control and Crime Prevention (IANDRDCCP). The High-Level Committee on Programmes (HLCP) of the CEB would be the appropriate forum to address shortcomings in system-wide coherence. See http://ia.unsystemceb.org/