

Drug crime and criminalisation threaten progress on MDGs

International drug crime and the policies intended to tackle it are both threats to progress on health, human rights, and the Millennium Development Goals. Kelly Morris reports.

In preparation for the UN Millennium Development Goal (MDG) Summit, secretary-general Ban Ki-moon declared on this year's International Day against Drug Abuse and Illicit Trafficking that "we must recognise the major impediment to development posed by drug abuse and illicit trafficking", and urged that: "our work to achieve the MDGs and fight drugs must go hand-in-hand".

Antonio Maria Costa, executive-director of the UN Office on Drugs and Crime (UNODC), told *The Lancet* that if the many cross-cutting, multidimensional issues about drugs and crime are not addressed, many MDGs will not be met in various countries. The effect of the illicit drug trade, which constitutes the major part of global organised crime "is high on the international agenda", Costa notes, and a fundamental concern is the "vicious cycle" of drug production and trafficking, poverty, and instability. "22 of the 34 countries least likely to achieve the MDGs are in the midst—or emerging from—conflicts, located in regions that are magnets for crime and violence."

In the report *The Globalization of Organized Crime*, UNODC notes that cocaine trafficking from Central America through west Africa, and heroin corridors from Afghanistan through central and west Asia are linked with violence, corruption, and increased local drug-use problems. Central and west Asia are experiencing an "increasing presence of insurgents and terrorists funded mainly by the drug trade", Costa explains, while in west Africa, drug cartel soldiers are paid in drugs, which tend to be sold locally. Thus, addiction is spreading to developing countries, and there are fears that this will further threaten health-related MDGs, especially in Africa, he says.

To respond, Ban spoke of the need to promote development in regions where drug crops are grown, and increase efforts against corruption and organised crime. Costa urges that "the MDGs are the most effective antidote to crime, while crime prevention helps to reach the MDGs". But voices from many quarters, including more than 17 000 signatories of the Vienna Declaration,

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say that drug prohibition and drug policies based around criminal justice efforts are not only failing to achieve their goals, but are also a major driving force behind the crime and violence that threaten health, human rights, and development. The central issue for Robin Room, Turning Point Alcohol and Drug Centre (Fitzroy, VIC, Australia), is that UN policy defines the problems in terms of crime and not public health. Ban's message, he says, "is basically a call to redouble a policy which has failed practically, and which in my view is immoral".

"MDG and drug problems do need to be addressed together", comments Wayne Hall, professor of public health policy, University of Queensland, Herston, Australia. But, he says, "we know that crop substitution programmes and military operations against illicit producers in source countries have had limited impact on drug supply". Room continues that "the drug-war strategy of source-country containment has failed, and is likely to continue to fail. If we could forget about drug crop eradication and crop substitution, and get on with workable strategies for development, that would

be all to the good". But if development strategies are "held hostage to drug war considerations, that would be a very bad outcome". Hall asserts that "demand reduction via treatment and more intelligent law enforcement approaches is probably a better response in developed countries that are the destination for these drugs".

The illicit drug trade is estimated at US\$320 billion—driven by a market mostly based in richer countries supplied by and through poorer countries. Evan Wood, first author of the Vienna Declaration (International Centre for Science in Drug Policy, Vancouver, BC, Canada), told *The Lancet* "the enrichment of organised crime, corruption, and violent conflict stem directly from drug prohibition", and, he says, development goals are unlikely to be reached without a new approach.

The overarching adverse effect of drug prohibition is policy displacement, Wood says. "If nations continue to put such incredible resources into drug law enforcement and incarceration of petty drug offenders, this simply cripples development efforts by draining opportunities for evidence-based

The printed journal includes an image merely for illustration

Pakistani officials display 84 kg of heroin intercepted on route to India

modalities to meaningfully reduce drug-related harms.” \$2.5 trillion has been spent in the USA in the past 40 years on the war on drugs, which Wood says is an approach that “basically prohibits innovation” in methods of reducing drug-related harms.

In addition, punitive policies towards drug users are linked strongly with human rights violations and adverse public health consequences, especially the spread of HIV/AIDS. Hall cites as examples the high rates of imprisonment for drug use and possession; widespread use of compulsory treatment (often enforced detoxification and forced labour rather than recognised treatment); and prohibitions on harm-reduction measures such as needle and syringe programmes and opioid agonist maintenance treatment.

The recent UNODC discussion paper, *From Coercion to Cohesion*, details evidence-based and ethical treatment as an alternative to criminal justice. But the health damage and human-rights abuses surrounding current drug controls are much wider, and include the intergenerational effects of incarceration, “which no one is speaking about”, says Wood. Another is the report of law enforcement supported financially by Europe and the UNODC, leading to executions for drug offences, released by the International Harm Reduction Association (IHRA).

What is needed as a priority, says Wood, is acknowledgment by the UN of the failure and unintended consequences of the global drug control system and the evaluation and investigation of alternatives. In recent months, similar calls have come from increasingly diverse sources. Mexico’s president Felipe Calderón became the latest Latin American leader to call for a debate on drugs legalisation as part of a review on tackling security issues, although Calderón personally opposes legalisation. Official figures estimate 28 000 killings in the past 4 years due to drug-related violence in Mexico. In the US, Drug Czar Gil Kerlikowske declared:

“The term ‘War on Drugs’ is outdated and drug addiction is a complex problem. We do not like to use the term ‘war’ because it gives you limited tools”. And, the outgoing president of the UK Royal College of Physicians, Ian Gilmore, announced his personal backing for calls to reconsider drug laws with a view to decriminalising use, which, he wrote, “could drastically reduce crime and improve health”.

Costa, who ended an unprecedented two terms as UNODC executive director in August, has repeatedly emphasised a perspective to drug control that focuses on the rights to health, development, and security. He reported his convictions to the Commission on Narcotic Drugs earlier this year in a personal note: *Drug control, crime prevention and criminal justice: a Human Rights perspective*. Tackling prevention and treatment of drug-use problems is the first priority, says Costa, since law enforcement activities will not halt illicit activities if underlying markets remain unaddressed. Member states spend much more on containing supply rather than demand reduction, he explains, but International Drug Control Conventions give states the flexibility to adopt approaches to treatment of users based on health and human rights.

On taking up office as the new UNODC executive director, Yuri Fedotov of the Russian Federation spoke of advancing the UNODC agenda “to give public health and human rights the pride of place they deserve in drug control, crime prevention, and criminal justice”. In his opening address, Fedotov said he will shortly launch a major consultation with member states and other partners to chart UNODC’s future course of action, but emphasised international legal instruments and the current criminal justice system as his initial thoughts for the positioning and priorities of UNODC.

In a statement to the media, Fedotov noted that “drug dependence is a health disorder, and drug users need humane and effective treatment—not punishment”, adding that drug

treatment should also promote the prevention of HIV. However, the IHRA has criticised the appointment of a Russian official, given the negative impact of Russia’s drug control regime, which continues to ban the use of methadone, despite estimates by UNAIDS that one in 100 Russian adults are now infected with HIV largely because of a heroin use epidemic.

In November, in a potential test for one alternative to prohibition, the US state of California will vote on whether to regulate and tax cannabis, going beyond the decriminalisation policy that operates in some European countries. In September, at the British Science Festival, cannabinoid expert Roger Pertwee (University of Aberdeen and GW Pharmaceuticals, UK) called for a UK expert group to discuss licensing the recreational use of cannabis, perhaps in a manner akin to driving licences. Wood says that regulation can mean various approaches but ideally involves strict control by governments in a medical model, the aim being to break the current cycle of violence and corruption by channelling money away from organised crime groups “and into the hands of those who do not have a vested interest in marketing drugs to young people”.

Legalisation concerns Costa, because it is mainly called for by the rich but “will open the floodgates of a public health disaster in the third world”, he says. Wood counters that the disaster has already arrived in places like Mexico and Afghanistan and that “continuing to ignore this reality will simply cripple development efforts”. Instead, he says that “health models and drug law reform are not incompatible with reducing both drug use and crime. If the UN system continues to ignore the failure of the ‘War on Drugs’, countries should break ranks with the UN system and seek to apply and evaluate evidence-based health models in the same way we would tackle any other health and social problem.”

Kelly Morris