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**Implementation of the United Nations System-Wide Action
Plan on Drug Abuse Control**

Report of the Secretary-General

Summary

In resolution 48/112, the General Assembly requested that the United Nations System-Wide Action Plan on Drug Abuse Control be reviewed and updated on a biennial basis. At its first regular session of 1995, the Administrative Committee on Coordination requested its Subcommittee on Drug Control to review, strengthen and render operational the System-Wide Action Plan. The new Plan was to be based on multi-agency sectoral and subsectoral plans of action, which would be incremental and eventually cover the whole scope of drug control concerns. The first version of the new Plan, comprising six such plans of action, was submitted to the Economic and Social Council and the General Assembly in 1996 (A/51/129-E/1996/53).

The present report contains background information, a status report on the first six plans of action, and two additional plans of action.

* A/53/50.

** E/1998/100.

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I. Background

1. The United Nations System-Wide Action Plan on Drug Abuse Control was first mandated in 1989 by the General Assembly in resolution 44/141. In 1993, the General Assembly, in resolution 48/112, requested that the System-Wide Action Plan be reviewed and updated on a biennial basis and that the Commission on Narcotic drugs pay particular attention to reviewing the implementation and follow-up of the Plan. In subsequent resolutions, the General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs called for the Plan to be strengthened and its presentation and usefulness improved.

2. In view of the difficulties encountered in efforts to develop a cohesive and useful plan over the years, the Administrative Committee on Coordination (ACC), at its first regular session of 1995, requested its Subcommittee on Drug Control to review, strengthen and render operational the United Nations System-Wide Action Plan on Drug Abuse Control through the elaboration of specific multi-agency sectoral and/or subsectoral plans of action for drug abuse control at the global, regional and subregional levels (ACC/1995/4). As a result, the ownership of the System-Wide Action Plan passed from the United Nations International Drug Control Programme (UNDCP) to the Subcommittee, thus making it a multi-agency exercise, and UNDCP, as the secretariat of the Subcommittee, was assigned the role of coordinating the elaboration of such plans of action and subsequent activities. The first version of the revised System-Wide Action Plan, which comprised six plans of action, was issued in 1996 in document A/51/129-E/1996/53.

3. In 1996, the Subcommittee subsequently identified four additional themes on which to elaborate plans of action and established the task forces to prepare them. Concern was expressed that the initial momentum might be diminishing, and it was stressed that the political will to make the System-Wide Action Plan work had to be fostered in all agencies. The Subcommittee also expressed concern that lack of adequate funding might hinder implementation of the plans included in the System-Wide Action Plan and agreed to update the existing plans to cater to fund-raising purposes. However, no action was subsequently taken to implement this decision.

4. Despite the enthusiasm with which the System-Wide Action Plan had been launched and acknowledgement that the process had itself contributed to enhancing inter-agency collaboration, by 1997 there was a consensus in the Subcommittee that, although the System-Wide Action Plan reflected the activities being carried out by the various agencies, it had little or no impact on such activities, and that

it therefore needed to be made more operations-oriented. The Subcommittee therefore decided to review the applicability of the System-Wide Action Plan to field level operations, and requested UNDCP to carry out an external evaluation of the System-Wide Action Plan process in 1998.

II. Status

A. First set of plans of action

5. The six original plans of action were prepared within the agreed time-frame with the active involvement of 10 agencies. The themes covered were:

- (a) Drug abuse prevention in the school environment;
- (b) Drug abuse prevention among children and youth in especially difficult circumstances;
- (c) Drug abuse prevention among rural youth;
- (d) Drug abuse prevention in the workplace;
- (e) Women and drug abuse: the gender dimension;
- (f) Assessment of drug abuse: data collection.

6. A monitoring exercise concerning the implementation of these plans has been initiated, but results are as yet incomplete owing to a delay in the response from some agencies. However, a general overview shows that the objectives of the plans have remained constant. The descriptions of the problems to be addressed also continue to apply in essence, having been adapted in some cases only to reflect new trends and mandates. In fact, system-wide concurrence on problem analysis and objectives has been very useful in promoting joint activities and in attracting new agency partners. The cases of the United Nations Children's Fund (UNICEF) and the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) are noteworthy in this respect.

7. Activities for which funding had originally been available have for the most part either already been completed or are still ongoing. Status reports on those activities that have been deferred or cancelled indicate that this has mostly been due to a lack of resources. In only some cases have other reasons, such as civil unrest in a given country or the subsuming of activities into others, been given.

B. The process

8. While the dedication of some agencies to the principles of inter-agency collaboration has been manifested through the

process of elaborating the new System-Wide Action Plan to date, it is also clear that the lack of participation by potential key agencies in both the Subcommittee and the System-Wide Action Plan has significantly reduced the system-wide nature of the exercise and the product. It is recognized that there are inherent difficulties in trying to link disparate planning tools and approval and practices in different entities. It would also appear that, despite the increasing priority being assigned to inter-agency coordination by the intergovernmental bodies, the same level of priority is not reflected in the level of resources available for these activities.

9. As mentioned in paragraph 4 above, in view of perceived inadequacies in the System-Wide Action Plan, the ACC Subcommittee on Drug Control requested UNDCP to undertake an external evaluation of the process in 1998. The results of the evaluation will be submitted to the Subcommittee at its sixth session, which is to be held in September 1998. A strategy for the future direction of the System-Wide Action Plan will then be elaborated, also taking into account the implications of the ongoing reform of the United Nations system, the priorities of Member States and the level of resources available for the exercise.

C. Second set of plans of action

10. The following two additional plans of action have been prepared since the previous report was submitted to the General Assembly and the Economic and Social Council (A/51/129-E/1996/53) and are to be seen as an integral part of the System-Wide Action Plan, together with the previous six:

- (a) Drugs, imprisonment and alternative sentencing;
- (b) Drug abuse and trafficking in conflict and post-conflict situations.

III. Additional plans of action

A. Drugs, imprisonment and alternative sentencing

11. The United Nations Interregional Crime and Justice Research Institute (UNICRI) and the Centre for International Crime Prevention (CICP) (formerly the Crime Prevention and Criminal Justice Division) of the United Nations Secretariat acted jointly as task force manager in the preparation of the plan of action on drugs, imprisonment and alternative

sentencing, in collaboration with UNDCP and the World Health Organization (WHO).

1. Statement of the problem

12. For many years, the international community has been debating the complex relationship between drug abuse and criminal behaviour and the ways of reducing, if not eliminating, negative consequences. Policy makers, scientists and researchers have identified different aspects of the problem: socio-economic factors (e.g., illegal market production, national and international trafficking, organized crime); systemic behaviour (e.g., lifestyles and violent behaviour of the addicts); and psychopharmacological effects of the drugs (e.g., aggressiveness, paranoia). In addition to drug law offences, a series of common crimes, both against the person and against property, are committed as direct or indirect consequences of drug abuse and trafficking.

13. The criminal justice system (police, prosecution, courts and correctional system) has to identify, prosecute, punish and rehabilitate:

- (a) Drug users who commit minor drug law offences (usually possession and sale of small quantities of an illicit substance);
- (b) Drug users who commit common offences, usually because of psychoactive effects of drugs (e.g., predatory crimes, violent crimes, traffic offences);
- (c) Drug users who commit offences such as theft in order to support their drug habit;
- (d) Offenders who are involved in the production, smuggling and distribution of drugs at a low level;
- (e) Offenders who commit major drug law offences (e.g., control of manufacture, smuggling) and, in most cases, other crimes (e.g., violent crimes, financial crimes, such as money laundering, corruption) in order to safeguard their trafficking networks and their assets.

14. In considering the sentences for these different offenders, the principle that the sanction must be commensurate with the seriousness of the crime should be emphasized. Types of sentences and correctional treatment vary from country to country, even in the same region, as well as according to the type of offence committed and the health condition of the offender (drug user or abstinent). In many countries, the reaction against the continuous growth in the illicit drug market has resulted in the stiffening of penalties for drug selling and possession, including imprisonment. The ever-increasing number of persons arrested for drug offences and drug-related offences has led to an overloading of many

criminal justice systems, resulting in congestion and delay of all types of cases. The problem is even more serious in countries where the practice is to remand those charged with drug offences in custody and/or impose prison sentences for minor drug offences. In many cases, these practices have been leading to prison overcrowding.

15. Greater use of treatment and alternative sentences for minor offenders would ease the burden placed upon the criminal justice system and possibly result in more effective administration of justice and allow often scarce resources to be devoted to preventing and controlling major drug trafficking. Treatment should also be available for serious offenders in conjunction with custodial sentences. Drug abusing offenders who have committed petty crimes may be subjected to diversion schemes or sentenced to alternative convictions (e.g., probation, community service orders) that often include a treatment programme. The comparison between the effectiveness of compulsory and voluntary treatment has been the subject of several evaluation studies and is still a matter of sometimes bitter debate. When considering treatment and rehabilitation, Governments need to balance a number of considerations, including law enforcement goals, the treatment needs of the offenders and other humanitarian requirements, and the protection of the human rights of both the offenders and the victims and the members of the community.

16. A particularly frightening phenomenon is the increasing number of juveniles, in several cases pre-adolescent children, particularly from inner cities, who are involved with criminal groups in the sale of illicit drugs. Specific strategies for their rehabilitation and social reintegration should be devised. Special attention should also be paid to the specific needs of female drug users and dealers.

17. As mentioned above, in the case of imprisonment, drug-abusing and drug-law offenders represent a large percentage of many prison populations (figures vary greatly, ranging from 5 to 90 per cent, as reported by Member States to UNDCP). Penitentiary systems are faced with a huge range of problems which go far beyond the already dramatic prison overcrowding. The presence of major drug offenders linked to criminal organizations requires measures of maximum security and poses a threat to the well-being of other inmates, as well as possibly generating risks of corruption among the correctional personnel. Occasional and small-scale couriers and sellers are often foreigners – in some cases, clandestine immigrants – with deeply different cultural, religious and social backgrounds from the national inmates. The prison system faces new challenges to meet their needs and avoid the risk of discrimination and abuse by other prisoners and even prison staff. Further, drug-abusing inmates need health

treatment and rehabilitation provided by specialized personnel. In some cases, special sections have been created within the correctional facilities, while, in other cases, drug-abusing inmates live with other prisoners. Again, the special needs of juveniles and females, such as separate accommodation, should be borne in mind.

18. Specific programmes may include drug detoxification or maintenance programmes, counselling, group therapy and occupational therapy. In addition to drug treatment, drug-abusing inmates require specific pre-release psychological and vocational programmes. Their reintegration into society is hindered by the double labelling of ex-offender and ex-drug addict, as well as by the objective loss of life skills and educational and professional abilities linked to drug dependence. Moreover, many of these inmates serve short sentences and cannot complete an effective treatment programme. There is a need for post-release assistance programmes, in order to guarantee their rehabilitation and support their social reintegration.

19. The penitentiary systems face two other serious problems linked to the presence of drug-abusing inmates:

(a) The abuse of drugs, particularly intravenous abuse, within prisons. Drugs reach the inmates by various means (manufactured in the facilities, handed over by visitors or by corrupt staff);

(b) The risk of transmission of the HIV/AIDS infection. Intravenous drug users constitute a group at high risk and their presence in a correctional setting requires close monitoring of their health and the health of other inmates who live in contact with them.

20. Finally, depending on relevant criminal provisions, inmates may try to conceal their addiction or, on the contrary, feign addition. Many countries adopt compulsory drug testing policies, others consider compulsory testing an infringement of the rights of inmates. Correctional systems need comprehensive and flexible policies to respond to the challenge of guaranteeing the internal security and well-being of general prison populations as well as providing special populations with the appropriate treatment, while respecting the rights of inmates. Correctional personnel must be trained in the management of drug-abusing offenders and supported in resisting threats and corruption.

21. The scope and dimension of the issue requires a global response from the United Nations system through various means of action:

- (a) Collection and analysis of data;
- (b) Preparation of guidelines for correctional systems;

(c) Elaboration of resource materials for correctional intervention strategies and programmes;

(d) Design and implementation of model training programmes targeted at correctional personnel;

(e) Design and implementation of model programmes for the treatment, rehabilitation and social reintegration of drug-abusing offenders and drug-law offenders;

(f) Design and implementation of primary prevention programmes targeted at general prison populations;

(g) Provision of technical advisory services;

(h) Evaluation of the effectiveness of the programmes.

22. The United Nations can also facilitate international cooperation in criminal matters, including by assisting in the transfer of prisoners to their country of origin to facilitate the prosecution of drug traffickers, the transfer of criminal proceedings, and other forms of mutual assistance which enhance joint efforts against drug trafficking, such as joint efforts to trace, freeze and confiscate the proceeds of drug-related crime.

2. Objectives

23. The rehabilitation and social reintegration of drug offenders and drug-abusing offenders is a fundamental tool in the prevention and control of illicit drug abuse and traffic. The increasingly critical conditions of many correctional systems in terms of overcrowding, internal security and risks to the health of inmates produce heavy consequences in economic, social and health terms that affect the entire community. The United Nations system must establish a number of interrelated activities aimed at developing strategic alliances with the maximum number of Member States and other organizations and reaching the following main objectives:

(a) To provide advice on legislation enacting an appropriate range of penalties for drug offences and drug-related offences of varying degrees of seriousness;

(b) To plan and implement appropriate policies for the sentencing, treatment and rehabilitation of drug-abusing offenders;

(c) To plan and implement appropriate policies and programmes for the professional qualification of correctional personnel charged with the management and treatment of the various profiles of drug offenders and drug-abusing offenders;

(d) To plan and implement appropriate policies and programmes for the social reintegration of ex-drug offenders and ex-drug-abusing offenders.

24. The United Nations system is currently involved in only a few programmes related to this problem; consideration should be given by both United Nations bodies and Member States to the need to increase action in this area.

B. Drug abuse and trafficking in conflict and post-conflict situations

25. UNDCP acted as task force manager for the preparation of the plan of action on drug abuse and trafficking in conflict and post-conflict situations, in collaboration with the then Department for Development Support and Management Services (now part of the Department of Economic and Social Affairs) of the Secretariat.

1. Statement of the issue or problem to be addressed

(a) Inter-agency environment

26. Apart from the general thrust of United Nations priorities in peacekeeping and peacemaking, a number of initiatives have recently been aiming at post-conflict reconstruction and rehabilitation. For the United Nations system as a whole, study on the role of the United Nations system in post-conflict recovery, carried out by the Consultative Committee on Programme and Operational Questions (CCPOQ), is perhaps the most relevant. The need for multisectoral joint planning and programming is highlighted, and the elaboration of an integrated framework strategy is recommended for fund-raising purposes as well as for operational activities. The study is conclusive in terms of inter-agency cooperation, insisting that it go beyond the United Nations system and include national authorities, non-governmental organizations, the Bretton Woods institutions and donors.

27. A conclusion reached by an international colloquium on post-conflict reconstruction strategies, held in June 1995, was that integration of action rather than coordination in its traditional sense must be the overriding aim of all concerned. In order to enhance the system's capability to operationalize the relief-to-development continuum, CCPOQ also recognized the need to identify the system's capacity, comparative advantage and division of labour among relief and development partners.

28. The subject of post-conflict recovery, including the impact of armed conflict on children, was on the agenda of

the first regular session of 1997 of ACC. The CCPOQ study mentioned above provided ACC with the following agreed fundamental principles for United Nations system action in post-conflict recovery:

(a) That the overarching goal is incremental improvement in the conditions of suffering human beings, bearing in mind the need for rapid, immediate and significant action in certain cases;

(b) That domestic commitment, fiscal and non-fiscal resources hold primacy of place in crisis responses, but should not be an excuse for lack of international support;

(c) That political negotiations must embrace economic and social considerations that build confidence at local and national levels;

(d) That foundations for reconciliation include a national consensus on accounting for past actions, a functioning justice system and adequate international monitoring;

(e) That protection of human rights, land, property and investment derive from a legal framework and an adequate security system;

(f) That building capacity at the local, community and national levels will reap huge future benefits;

(g) That a secure environment is unlikely to be created without disarmament efforts that are linked to job creation;

(h) That reintegration is entirely dependent on the availability of basic services and productive opportunities and attention to issues of reconciliation and resolution of conflict; and that strategies that save lives must be harmonized with strategies that build and protect livelihoods.

29. CCPOQ also agreed on the necessity of formulating jointly four generic products for effective crisis response:

(a) The political negotiating strategy that should be based on the effect of the crisis on the suffering of human beings and include agreement on objectives for governance, participation, the rule of law and the economic and social prospects of reconciliation and recovery;

(b) The analysis of the in-country environment that should present an examination of the principal characteristics of the prevailing environment from the collective perspective of in-country international partners;

(c) The strategic framework that should present collective quantitative and qualitative understandings of problems and set the economic and social context for establishing priorities and making choices based on the

country's potential to stand on its own, thereby creating a vision of future prospects;

(d) The response programme that should bring harmony to the planning, programming, financing and implementation processes in all interventions, thereby providing a joint work programme that integrates predictable domestic, fiscal, non-fiscal and other resources with catalytic external financial and other technical assistance support.

30. The plan of action on drug abuse and trafficking in conflict and post-conflict situations should be seen as part of the above context, feeding both into it and from it, insofar as drug control issues are concerned. While the importance of a totally integrated approach is recognized, it goes beyond the scope of this exercise to include other agencies or organizations outside the United Nations system, unless they are included as partners in individual activities.

(b) Drug control

31. Even at the pre-conflict stage, evidence of drug abuse or trafficking can provide an early warning signal. If these signals continue to be valid when the conflict erupts, it can be assumed that drugs are implicated within the conflict situation. In such a situation, it is therefore a priority to address the drug issue immediately. Where possible, parties to conflicts should be requested to comply with the international drug control conventions, especially with regard to drug abuse and trafficking.

32. In situations of conflict, the state of emergency tends to dictate the response of the international community. Armed conflicts, especially if prolonged, thoroughly disrupt the social fabric: livelihoods, families and communities, infrastructures, institutions and services. With these components of life no longer existent, despair can easily set in. Children and young people are especially vulnerable to drug abuse under such circumstances. In cases where conflict has long been part of daily life and where it is possible to obtain drugs, many people become dependent on tranquillizers and cannot function without them. Combatants are under pressure and may take, or even be administered, psychoactive drugs in order to boost their fighting spirit or enable them to endure their role. Again, this is particularly so in the case of young and child soldiers.

33. The end of the conflict, by whatever means, constitutes a hiatus for most of those concerned. On the personal side, the traumatic experiences of the recent past coupled with the search for a new at least personal, if not social, ethnic or cultural, identity can easily contribute to drug abuse by both the civilian population and demobilized soldiers. The

treatment and rehabilitation of drug abusers should therefore be integrated into reconstruction programmes where required.

34. Disrupted social and economic conditions also lead to a potential growth in crime, including drug trafficking. National institutions, if functioning at all, are usually too weak to cope with such situations, which can escalate at an alarming pace if ignored. Conflict situations are particularly conducive to smuggling, which may be carried out by organized criminals. Resulting black market trading can undermine reconstruction and even intimidate authorities into corruption. Neither is it unusual for at least one of the parties involved to be financing the conflict through drug money. This can lead to national economic dependence on such financing, which is difficult to redress once peace has been restored – if peace can be restored under such circumstances. Furthermore, reliance on drug money during conflict situations creates a changed ethic which, once peace returns, may well continue in the form of corruption. In certain circumstances, assistance might be conditional on compliance with the international drug treaties. This would be determined on a case-by-case basis, especially as regards illicit cultivation.

35. Unless drug control is part and parcel of post-conflict efforts towards rehabilitation and reconstruction, a major obstacle to such efforts is overlooked and this obstacle will impede progress in the development of political, economic and social stability. It is therefore essential that real and potential drug-control problems be investigated as a matter of routine in any conflict or post-conflict situation which is being addressed by the United Nations system.

2. Objectives

36. The objectives identified are as follows:

(a) To develop a knowledge base and information on best practices in order to provide a basic schema for input to international programmes;

(b) To put drug control firmly on the agendas of relief and reconstruction agencies, sensitizing them to recognize danger signals regarding drug abuse and trafficking;

(c) To encourage partnerships between the United Nations system and other relief and development agencies, non-governmental organizations, the international financial institutions and, in the post-conflict situation, the private sector;

(d) To channel technical cooperation, at the earliest possible stage, towards national capacity-building to counter the illicit cultivation of narcotic crops, trafficking and drug abuse. This would include the provision of legislative

assistance, alternative development measures and law enforcement training, and the development of appropriate prevention, treatment and rehabilitation programmes.
