

OSCE Conference: Enhancement Of Mechanisms To Cope With Increasing Spread Of Illicit Drugs Amongst Young People

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Opening remarks delivered by
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Excellencies,
Distinguished delegates,
Dear OSCE colleagues,
Ladies and gentlemen,

Evidence supports our understanding that substance abuse, without appropriate and humane prevention, treatment and rehabilitation measures, is a threat to individuals and healthy communities, with the potential, in many countries, to compromise public security and also to deny sustainable development opportunities to millions of people. It is estimated that 1 out of 20 people, between the ages of 15 and 64, used an illicit drug in 2013.

Scientists are currently telling us that the reasons behind drug use are multifaceted, and that the factors that make some individuals more vulnerable to drug use lie, for example, in individual genetic and temperamental traits; in the quality of care individuals receive during the critical early years of their lives; and, in the quality of parenting and schooling in general. Other contributing factors, for example, are the easy access to illicit substances, poverty, violence, discrimination and other environmental factors, putting at risk the safe and healthy development of children and youth.

All these reasons are beyond individual control, or individual choice. Early exposure to unfavorable conditions and risk factors can have a negative impact on the entire development process. Noting that whilst substance use is a developmental problem, its **highest risk** is during the teenage years, which is also when the initiation to substances usually happens.

In other words, in as much as substance abuse is perceived as a security threat, in many instances substance use initiation also could also be perceived as a consequence of a compromised security threat at the individual level, as well as at the social, public, developmental and economic levels.

Early initiation, and intense use, during teenage years increases the risk of substance use-related problems later in life. For example, when using cannabis in adolescence, the likelihood to become addicted almost doubles compared to use of cannabis in adulthood. Early initiation and use during teenage years is also associated with a wide array of health consequences, including problems in psychosocial development, mental health and cognitive performance. That is also why delaying initiation, in addition to preventing it, is an important public health objective. In fact, a wide range of evidence-based prevention techniques already exist; they are at our collective disposal to achieve our goal.

Whilst the prevention of drug use is critical, the policy of offering treatment and rehabilitation to all those wishing to receive it is equally important. Such services also benefit societies at large and can bring considerable savings in terms of future health, social care and crime-related costs, and increasing the productivity in work life. Such drug treatment services should be integrated and comprehensive, as well as include services that reduce the harm of drugs.

Integrated services also means bringing together the different concerned ministries, actors and counterparts implicated. This includes, for instance, law enforcement agencies, that should play a more pro-active role and implement a health-centred approach to people who use drugs, including the facilitation of referrals to the health care system, or facilitating the work of all organisations, including CSOs and grass-roots NGOs, devoted to providing health services, including harm reduction.

Arbitrary arrests, detention, imprisonment and unfair targeting of people who use drugs is certainly not unheard of in many places. But we now have scientific evidence that such actions are not efficient in dealing with the drug problem. To achieve more effective results, it is increasingly clear that what is required is building bridges, enhancing expert capacities and creating a healthy space for dialogue among all involved, including drug users.

In this context, for us at UNODC, in both Headquarters and in our 74 field offices, it is always important to focus on the **human dimension** of the drug problem: to focus on the men, women and children affected in diverse ways by drug use and dependence, including all its negative health and social consequences. And so UNODC promotes a **health-centered, rights-based approach**, rooted in the three international drug control conventions, and misses no opportunity to emphasize the value of evidence-based prevention and treatment. The objective of a health-oriented approach is to support the healthy and safe development of children and youth, ensuring that they will grow safely into adulthood, becoming productive members of society.

In order to support Member States in implementing quality prevention and treatment that is based on evidence, UNODC has published the **International Standards on Drug Use Prevention**. These Standards, endorsed by Member States, summarize all the currently available evidence on what is effective for preventing substance use.

Currently, UNODC is also in the process of creating *international standards for the treatment of drug use disorders*. Moreover, in 2013, UNODC revisited its HIV strategy and it became clear that intensifying our work in this area was of great importance to reach global targets. So far, in addition to developing technical guidance documents, UNODC rolled-out joint trainings on HIV for law enforcement agencies in 18 countries. We hope to continue on this path. In 2014, UNODC also developed a training manual for police academies, to build Law Enforcement capacity and to enhance their role as part of countries' multi-sectoral national HIV responses. We are committed to extending our assistance to countries willing to build law enforcement bodies that are knowledgeable, responsive and willing to become agents of change for more cohesion in the community.

In this context, both the messages of UNODC and of OSCE resonate extremely well. OSCE's message is clear: security is a comprehensive term that starts at home and at the individual level, but also expands to the community, the society and the economy. Accordingly, the areas for UNODC-OSCE cooperation are multiple.

For instance, the Post-2015 Development Agenda, hopefully to be approved by world leaders in a few days by the UNGA in New York, clarifies that economic crimes, weak governance and inequity are at the very heart of the development agenda, and not peripheral to it. These are shared problems, which rely on a shared sense of responsibility, if we wish to develop workable and sustainable solutions. In the post-2015 agenda, we have a great opportunity to address some of the key global issues facing the world today in a truly transformative manner. We should overcome traditional divides, and recognise that all countries have common challenges, such as transnational organized crime; as well as opportunities, such as cross-border cooperation, and more effective health and justice sectors to achieve sustainable communities. These challenges are tightly connected to the threat of drug trafficking, and its subsequent abuse.

UNODC and OSCE have been cooperating in a variety of areas within our mandates in Central Asia (including border management, precursor control and other law enforcement fields) and in South Eastern Europe (including terrorism prevention and human trafficking). UNODC is also actively involved in a dialogue with the Serbian Chairmanship of the OSCE this year, and has taken part in the Belgrade events, including on security sector reform and police work. As part of our integrated efforts, UNODC has launched the UN Task Force on Drugs and Organized Crime within the UN Country Team in Serbia, and we plan to roll it out in other countries of the region.

We are keen to strengthen and expand the collaboration with OSCE under our MOU, specifically aimed at helping people to forge safer and healthier communities, for the benefit of all, but starting with our youth. The increasing spread of illicit drugs amongst young people can and must be addressed through education, human-centred policies, and evidence-based prevention, treatment, care and rehabilitation services.

Thank you.