



Speech by Antonio Maria Costa, UNODC Executive Director, at the 14th  
Mayors' Conference of European Cities Against Drugs (ECAD),

Istanbul, 10 May 2007

Drug Control in an Urban Millennium

*Ladies and Gentlemen,*

It is a pleasure to be among a group of mayors with a strong social conscience. People think that dealing with drugs and thugs for the UN is a tough job. It can be. But it is nothing compared to running a major city. My congratulations to all of you for your work, not least for your commitment to keeping drugs out of your cities.

**The urban millennium**

The urban phenomenon of this century will be mega-cities, high-density metropolises with more than 10 million inhabitants. But even these urban giants will be dwarfed by meta-cities or hyper-cities - massive urban communities with more than 20 million inhabitants. That means by the year 2020 cities like Delhi, Dhaka, Jakarta, Lagos, Mexico City, Mumbai, New York and Sao Paulo will have more inhabitants than most European countries.

Big cities are magnets: for people from the countryside or small towns seeking jobs; businesses and financial services; culture; and information. Sadly, they are also magnets for drug dealers and traffickers, criminals and terrorists. Why? Because of demand for drugs - from rich and poor. And because of a pool of young, disaffected, unemployed people who may be vulnerable to drugs or see crime as the only way to make a living.

Therefore, one of the biggest challenges for mankind is to prevent drugs and crime from destroying our cities. We must ensure that our cities are places where we can lead fulfilling lives, in dignity, safety, happiness and hope. If we fail, there is a real danger that "failing" cities portrayed in movies and fiction will become all too real.

The warning signs are already there: walled neighbourhoods for the rich and nervous separated from sprawling slums full of the young, poor and angry; gun battles, looting and arson in the heart of famous cities; drug-related turf wars between armed gangs; corruption and collusion between the police and criminals. Such environments may even become breeding grounds for terrorists.

Let's work together to reverse these trends and build safer cities.

To contribute to that cause, I would like to focus on the role that cities can play in drug control. Since the title of this Conference is "Fighting Drugs from Different Angles", I intend to look at the issue from two angles - security and health.

Some might say that you have to choose between these two: either protect health through drug control, or ensure law and order by liberalizing drugs. I see no dichotomy. Indeed, to build healthier and safer cities we need to achieve a synthesis between the two. Governments can and must ensure health and security. This can best be achieved at the local level.

## Drugs and Security

Europe is fortunate not to have countries where vast regions are out of control of the central government - like, for example, in Afghanistan, Colombia and Myanmar. These are environments permissive to drug production and related crimes.

Still, there are parts of the Balkans and Caucasus where the writ of the central government is not obeyed, and where organized crime and drug trafficking flourish.

And there are parts of major European cities - albeit not as unsafe as some neighbourhoods on other continents - where even the police fear to go.

So despite your relative security, don't be complacent. You all no doubt face at least one of the following five drug-related security problems:

- violence and corruption associated with organized crime involved in drug trafficking (i.e. in some port cities, or cities along major trafficking routes);
- turf wars among drug dealers/gangs;
- unlawful, aggressive and violent behaviour by drug users;
- petty crime by addicts looking for ways to pay for their next fix;
- criminal activity related to drug production (i.e. indoor cannabis cultivation and synthetic drugs).

Coping with these threats is a high priority for inhabitants of your cities. No

one wants to live in fear of drugs and crime.

What can be done?

### **A Shared Responsibility**

The more the problem can be dealt with at the source, the better. I stress to national governments that they have a shared responsibility, either as drug producing or drug consuming countries. Rich countries - where most of the drugs are consumed - should help poorer countries of supply (like Afghanistan, Bolivia, Colombia or Morocco) to deal with the problem at the source, both through law enforcement and promoting alternative development for farmers. This is both cost-effective and lowers the risks to public health and security.

The same argument applies to cities. Most demand for drugs comes from urban centers, for example the growing appetite for cocaine in some major Western European cities or the steady demand for heroin in some Eastern European cities. So you have a leading role to play in drug control.

In a new twist, some cities are becoming sources of supply for illicit drugs. Coca and opium are grown far away and imported to Europe via long trafficking routes. But cannabis and synthetic drugs are being grown or cooked up just down the street.

While traditional European suppliers of cannabis like Morocco are slashing production, homegrown hash is becoming a booming industry. Using greenhouse technology and improved breeding techniques, cannabis producers are able to grow high yield and high potency cannabis on farms, in warehouses or even houses that have been completely transformed to maximize production.

Amphetamine-type stimulants are also being produced in large quantities in Europe, either in superlabs or in smaller do-it-yourself type operations. Short supply routes for cannabis and ATS are new challenges for your police forces.

Because drug control is a shared responsibility, success depends on cooperation.

That includes:

- Information sharing and cooperation on intelligence-led investigations among agencies and between cities, both nationally and internationally;
- Early warning (e.g. my letter to mayors warning of the down-stream effects of a bumper opium crop in Afghanistan in 2006);
- Urban planning that reduces the vulnerability of certain neighbourhoods to drugs and crime (look at what has been achieved in Palermo, Medellin, and

New York City to create safer cities);

- Effective drug prevention and treatment to reduce demand.

I will expand on this last point because drug prevention and treatment are the keys to drug control.

## Drugs and Health

Drug abuse can be prevented. But there are no short cuts. It takes a society-wide effort and a holistic approach. Prevention and treatment are as much social issues as questions of law enforcement, particularly among people who - because of their personal, family, social and economic backgrounds - may be vulnerable to drug abuse.

To help young people make the right choices in life, it is important that they get a good start in life, and good guidance at home. Cities should support programmes to strengthen families, improve parenting skills, and reduce anti-social behaviour among youth.

Schools can help by teaching life-skills and discussing with young people the effects of drug use.

Specialists can help develop social and problem-solving skills - problematic families and children with behavioural problems should be engaged.

Health officials, the media, and community groups - and here I would like to highlight the role played by the Lions Club - can educate people about the dangers of drugs - to family life; careers; and health.

Young people can reach out to their peers. For example, every year a group of young people from Japan raises money - a lot of money - to support projects designed to help young people around the world stay away from drugs. This is a great initiative.

Community groups can provide young people with after-school activities like sport and the arts that enable them to spend their time in a fun, challenging and constructive way. For example, my Office is working with the Qatar National Olympic Committee to develop a Global Sport Fund to give kids from disadvantaged backgrounds better prospects in life by taking part in team sports. I urge you to make the green spaces, sport facilities and playgrounds in your communities places where young people can feel safe and have fun, rather than feel threatened by drug dealers or delinquents.

The media should be involved, for example to explain the dangers of drug abuse rather than glamourizing the drug habits of celebrities. I applaud the brave stance taken by the British paper *The Independent* on Sunday. Ten years ago it launched a campaign to decriminalize cannabis. This past March - based on mounting evidence of the increased potency and health risks of cannabis - it publicly apologized for that stance, and now calls for greater prevention and treatment to deal with a drug that is clearly bad for your health. This is a call that should be echoed by us all - and I appreciate your resolute stand on this issue.

As you see, drug control is too important to be left to drug experts alone. It is a community-wide responsibility. You have a major responsibility because you are closest to the problem - at street level - and are the first to suffer the consequences.

This is a fact that the mayors of two of Italy's biggest cities have recently acknowledged. The mayors of Milan and Turin - one conservative, one left-wing - have independently come to the same conclusion: the drug problem in their cities needs to be treated seriously. In both cases they have decided to take steps to improve prevention and treatment. This shows that drug control can be apolitical - that public health and security transcend ideological differences.

Another important lesson - learned for example from Sweden's successful drug control policy over the past thirty years - is that drug policies should be coherent, evidence-based, and long-term (not changing with every government), and backed up by sufficient funding and the support of civil society.

Conversely, states - or even cities - that fail to invest the necessary political and financial resources into drug control and show a lax attitude get the drug problem that they deserve.

So what can be done, for example to improve treatment?

Drug addicts are often considered a nuisance - loitering around train stations, in the Underground, or in parks. Those are the ones that are most obvious. But there are others whose addiction is more discreet - even unknown to friends and co-workers. Drugs do not discriminate according to social status. All people fighting drug addiction need help.

Substance addiction is treatable. The challenge is to bring substance abusers to treatment. Unfortunately, in far too many cities - even in Europe - there is:

- poor investment in treatment centers;

- low accessibility;
- lack of outreach;
- no evidence-based strategies and poor clinical quality;
- no differentiated and targeted treatment strategies and settings, e.g. centers geared to treat heroin addiction are not equipped to deal with the growing number of people seeking treatment for addiction to cocaine, amphetamine-type stimulants or cannabis;
- lack of involvement of medical doctors and psychiatrists;

The result is often ideology-based interventions, punishment instead of treatment, band-aids instead of cures, and an over reliance on well-meaning but under-funded NGOs.

This must change. To bring people back into society there must be:

- more attention devoted to early detection;
- more outreach to facilitate entry into treatment and prevent people from becoming marginalized;
- greater intervention to prevent the spread of disease (particularly HIV and hepatitis) through drug use;
- a more integrated approach (in terms of being sequenced and comprehensive, and in terms of being integrated into mainstream public health and social services);
- greater attention to treating all forms of addiction;
- engagement from families, employers, criminal justice, and the community.

Ladies and Gentlemen,

Let's treat treatment seriously.

- Do you know how many addicts are in your cities, and what they are addicted to?
- Does your city have a demand reduction strategy?
- Is it based on scientific evidence?
- Does it track and respond to changing drug trends?
- Do addicts know where to go for help?
- Do they get long-term treatment that reduces the risk of relapse?
- Are treatment services integrated with other health services?

If you can answer "yes" to most of these questions than my Office needs to hear from you so that your city can become a mentor for others.

### 3 "T"s: Testing, Treatment and Twinning

I suggest an approach based on three "T"s: **testing, treatment, and twinning.**

First, drug testing. No one wants to be killed or maimed by a drunk driver. So society accepts police controls to check if someone has been drinking. Is this an encroachment on privacy, even civil liberties? Maybe if you are sitting in your garage. But my freedom to get behind the wheel of a car while under the influence of alcohol ends when my actions encroach on someone else's freedoms - and even threaten their life. For example, in my country, Italy, more than half of all fatal accidents are attributed to drivers under the influence of psychoactive substances, including alcohol.

Slowly, public opinion is waking up to the fact that some people are driving cars, public transport, operating heavy machinery or even flying airplanes while on drugs. I applaud efforts by the United States, the United Kingdom, Australia, and some EU countries to introduce drug testing to curb drug abuse on the road, in sensitive industries, and in situations where substance abuse may hurt oneself and others. Road testing works for alcohol; it will work for drugs.

Second, treatment. For the past two years, UNODC has been building an international network of drug dependence treatment and rehabilitation resources centres called TREATNET. It aims to identify and develop best practice, share information, and build capacity. At the moment there are 20 participating resource centres world-wide, of which four are in Europe.

I want to see 100 times more centres in this network, starting with one in every European city represented here. Too expensive? Think of the cost of drug addiction - human and financial. Studies suggest that treatment is actually cost effective - both in terms of enriching society and improving productivity.

I therefore urge you to identify well-run drug treatment and rehabilitation centres in your cities, and link them up to the TREATNET. If you don't have enough such centers, I urge you to upgrade old ones or open new ones. It is an investment in the public health and security of your cities from which you will reap dividends several times over. If you need technical assistance to build capacity, my Office can try to help.

Third, twinning. Cities can help other cities. Many of your cities have learned important lessons about drug control and have experts, either in law enforcement or health services, who are familiar with the challenges of community-based prevention and treatment.

Why not reach out to a city on another continent and invite their drug control experts for an exchange programme? For a few weeks a year, a task force from Mumbai or Nairobi could spend time with officials in Istanbul or Stockholm, learning about how you tackle drugs and crime in your cities. I am sure that you would find plenty of volunteers from your police and medical services to spend a few weeks in Abuja, Jakarta or Cairo as mentors - maybe even in Kabul or Baghdad. I encourage you to develop such a twinning project. Again, my Office can facilitate.

Indeed, why not combine the two ideas and sponsor a treatment centre in a twin city? This would be a clear demonstration of assuming a shared responsibility.

While you are at it, why not encourage your fellow mayors from around the world to follow your example and organize themselves into African, Asian, or North American cities against drugs - all linking up as World Cities Against Drugs. That would certainly improve networking and the sharing of information.

### **Civic Leadership, Public Support**

In conclusion, we all have a shared responsibility to fight drugs and protect those who are vulnerable to them. We may approach this challenge from different angles, for example from the perspective of public security or public health. Success depends on working towards the common goal of making our cities healthier and safer.

Because you are close to the action, you have a leading role. While there are international treaties on drug control, these are only pieces of paper unless they are enforced. Grass roots campaigns make control regimes even more effective. Look at the non-smoking lobby that is making restaurants, bars and public places in your cities smoke-free. The same kind of public pressure is forcing some of you to take action on other licit drugs, for example the growing problem of binge drinking among young people.

Your civic leadership and your ability to harness public support - in addition to enforcing the law and providing treatment - can make the social immune system of your cities less vulnerable to the threat posed by drugs.

Thank you for your commitment to this cause, and keep up the good work.