



NORWEGIAN MINISTRY
OF HEALTH AND CARE SERVICES

Memorandum

Norwegian drug policy in international fora

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1 Introduction

1.1 BACKGROUND

Drug problems affect a large number of people, their families and those around them. In addition to the many human tragedies and the social harm caused by substance abuse, drug problems also cause insecurity in many people's daily life. There are also major costs in the form of drug-related crime and the expense of enforcing the law, prevention interventions, and social and health services.

There are no simple answers to the drug problem. The causes are complex. There is an enormous illegal production of and international trade in narcotic substances. There are also individual and social conditions that lead some people to abuse both legal and illegal substances. These substances create addiction to varying degrees, and both short-term and long-term use can do irrevocable harm.

This memorandum has been devised to clarify the Norwegian position on their drug policy and to ensure that Norway maintains a clear and distinct voice in international contexts. The memorandum is also an answer to the need for a "reference work" for Norwegian foreign service missions and for Norwegian officials with assignments in international associations and meeting places. The memorandum may be used to ensure Norway's interests and its stated position in relevant and associated areas. See point 2.4 regarding relation to other policy areas.

The memorandum describes the Norwegian drug policy and explains the drug policy's basic assumptions, formulated goals and positions, as well as international agreements. Attached to this document are a more detailed description of narcotic substances (Appendix 1) and a summary of Norwegian participation in international fora (Appendix 2). A strategy to shed light on instruments and the choice of targeted actions is being prepared as a separate appendix.

The Ministry of Health and Care Services has an overall coordinating responsibility for drug policy, while several other ministries have a subsidiary responsibility. This memorandum and appendices have been prepared by the Ministry of Health and Care Services in close collaboration with the other ministries most involved – the Ministry of Finance, the Ministry of Justice and the Police and the Ministry of Foreign Affairs. The Directorate of Health, the Norwegian Medicines Agency, the Norwegian Institute for Alcohol and Drug Research, the Norwegian Institute of Public Health and voluntary bodies in Actis – the Norwegian Policy Network on Alcohol and Drugs – have also contributed.

This memorandum is primarily concerned with positions regarding international drug policy. The focus is on illegal drugs and misuse of medicines, not on alcohol misuse. Internationally, alcohol and drug policy areas are more often handled separately. However it is important to remember that Norwegian alcohol and drug policy is as far as possible carried out through a joint substance abuse policy.

1.2 CORE VALUES AND THE PRIMARY OBJECTIVE OF NORWEGIAN DRUG POLICY

The overriding objective of Norwegian alcohol and drug policy is to reduce the negative consequences of substance use for individuals and society.

Limiting the harm drugs cause to individuals and society requires a coordinated contribution in a holistic and balanced drugs policy. A holistic approach is important not only at the national but at the international level as well.

Norwegian drug policy is based on assumptions and values rooted in an approach balance between a humane and a restrictive policy approach:

- Drugs are and will remain illegal
- All persons with a drug addiction problem are entitled to a worthy life. They should be treated with respect by society and the care system.
- The level of the negative social and health consequences, including disease and accidents, corresponds to increased drug use. The objective is therefore to reduce the use of drugs.

The drug problem can be approached and described in several ways, each with different response implications. The so-called individual approach tends to emphasise the heavy consumption of drugs, often focused on heroin use. Related responses include motivation, harm reduction, treatment and rehabilitation. Alternatively, the problem can be regarded as primarily a control issue, and associated responses would then be of a legally repressive nature.

Norway's drug policy is grounded in the notion of solidarity with individuals and society's capacity for cohesion. Drug problems are

linked with social inequality, social trends, social exclusion and overcoming challenges at school and in the workplace. The basic dignity of all human beings must be respected, even in the most demanding situations. Drug policy shall be built on a foundation of solidarity with people affected by the negative consequences of drug use. At the same time, the prohibition on selling, possessing and using drugs will be maintained, and efforts will be targeted at preventing production, trafficking and sale.

Norwegian drug policy is thus based on the idea that a successful approach must be a balanced approach, in which considerations of reaction and prevention must be balanced against the needs of the individual for help, care, treatment and harm reduction. Too much emphasis on one aspect can have negative consequences for the other.

Norway will

- promote a restrictive drug policy which maintains a basic philanthropic approach, cares for the weakest and which is anchored in the UN human rights legislation.

2 The extent and nature of the drug problem



2.1 NEGATIVE CONSEQUENCES OF DRUG USE

Drugs have become cheaper and more easily available in recent years. This applies to most countries. Abuse and mortality in Norway are at their highest ever level. The drug problem is a major challenge for the world's population and threatens peace, security and health. Drugs are a particular threat to children and young people. The large financial profits from the production, smuggling and sale of drugs contribute to destabilisation and threaten security in many parts of the world.

That drugs are being grown, manufactured, sold and used has negative consequences far beyond the harm they cause to addicts. Substance abuse can have negative consequences for the individual user, family, third parties and society as a whole.

Most drugs can be addictive to a greater or lesser extent. The craving for drugs can dominate behaviour and become such a major part of the life of the individual that it impairs both their health and life situation. The medical definition of drug dependence is based on tests used in the health service (DMS IV and ICD 10). Those with substance dependence often also have mental disorders and consequential physical injury from substance abuse. The risk of damage to health is further increased when a variety of substances are abused, especially when drugs are combined with sedative prescription drugs or alcohol. Many of those who are dependent on drugs feel socially excluded. Rehabilitation is usually a long-term and extensive process with a high frequency of relapse.

Drug dependency also affects the family. The family's everyday life is often affected by the significant psychosocial and financial costs. The children of drug dependents are particu-

larly vulnerable, and substance use during pregnancy carries the risk of damaging the foetus.

Substance use affects others too, for example through road traffic accidents or other incidents. In Norway alone, more than a hundred people a year die because of driving under the influence of intoxicants (legal and illegal intoxicants taken together). Criminal violence caused by substance users leads to a considerable number of injuries every year.

Drug use causes considerable costs to society, in the form of crime and human suffering. This also applies internationally, through financial crime, corruption and money laundering, terror, arms dealing, war and disturbance. Crime is driven by the motive for gain and represents billions of US dollars yearly, \$322 billion, according to the UN World Drug Report, 2007.

The international illegal drugs trade, which is linked to crime and corruption, continues to threaten the security, stability and integrity of the countries involved. This has been reported by the UN Office on Drugs and Crime (UNODC/CND/2008/WG.1/2). Drugs trading and smuggling at sea continue to be a significant threat to border control in many countries. A problem in many vulnerable countries is the lack of specialised legislation, expertise, equipment and training. The improvement of control mechanisms in many countries cannot keep up with the development of equipment, competence and technology accessible to the criminals. The relationship between the distribution and sale of drugs and of weapons has not been properly investigated. Legal investigations into drugs trafficking often take place in isolation, without, for example, considering the relationship between the drugs and arms trades.

2.2 DRUGS

Drugs are substances that have an effect on the brain leading to intoxication. Drugs have their own individual effects, but they all share an intoxicating effect, often characterised by exhilaration, loss of concentration, loss of memory, lack of judgment and mood change.

Drugs may be illegal, such as heroin, cocaine, amphetamines and cannabis. There are also a number of medicines that affect the central nervous system in such a way that they are classified as drugs. The legal use of such prescription drugs can also lead to addiction, if a patient does not follow the doctor's instructions or if the prescription is not in line with established medical practice. Furthermore there is a substantial illegal market for prescription drugs. Such misuse of prescription drugs occurs either alone or in addition to illegal drug use. These drugs are taken as a supplement in order to either increase the effect or lessen the side effects of previous substance abuse. In this memorandum the terms drugs refer to both illegal drugs and the illegal use of legal prescription drugs.

The volume of drugs being produced and put on the market is huge and worldwide. This applies to most types of drugs and drugs most common drugs. The most common drugs are cannabis, opioids (such as heroin and morphine) and psychotropic stimulants (such as amphetamine, methamphetamine and ecstasy). Individual substances and precursors are discussed in more detail in Appendix 1.

2.3 SPREAD

Drugs and the types of drugs that are used, differ according to cycles. These cycles, or trends, are largely international, but not identical in time and expression in all countries.

There is no simple answer as to how and why such trends arise and develop. The problem is common to large parts of the global society and international collaboration is necessary to monitor and explain the phenomenon. The solution must be sought in an international context.

2.3.1 Domestic

The illegal drugs being sold and used in Norway are almost exclusively transported and illegally imported from another country of origin. Limiting the use of drugs and the negative consequences to which they lead is therefore subject to both national and international determination and must be solved in collaboration between producer and consumer countries.

As elsewhere in the western world, cannabis, primarily hashish, is the drug most young people report having used. The use of cannabis and other drugs remained stable among 15- to 20-year-olds, during the first half of the 1990s. Use then increased in the years up to the millennium. In recent years there has been a slight drop. On the other hand, the proportion of young adults (21–30) who report having used various substances is much more frequent than before and the trend is rising. Surveys show that as many as a third of 21- to 30-year-olds in Norway have used cannabis. In Oslo that figure is nearer 50 per cent and experimenting with amphetamine and cocaine has become more common. In older age groups, taken as a whole, the use of illegal drugs other than cannabis is still not widespread. The National Institute for Drug and Alcohol Research (SIRUS) estimates in its annual report for 2008 that there are between 8,200 and 12,500 injecting drugs users in Norway. According to official documentation, the figure has been fairly stable in recent years.

2.3.2 International

Drugs cross many national borders before they reach their destination. The same applies to the various precursors making up part of this traffic. Along the trafficking routes we can often see that the drug problem in all its forms is increasing: use and dependency, organised crime, oppression and corruption. It is therefore reasonable to suppose that, where availability of supply is greatest, the abuse problems will also increase. This often affects relatively poor countries. Drugs find their way to countries with growing economies and a population in the position to buy them - such as Norway and most other Western European countries. On a global basis about

25 million people are serious substance abusers, and the incidence of HIV/AIDS and hepatitis among these groups is increasingly worrying in a number of countries. Global use is illustrated in figure 10 in the UN Office on Drugs and Crime (UNODC) annual report for 2007.

For unclear reasons, the production and sale of heroin and cocaine have received much more attention than cannabis. This is despite the fact that cannabis is the most widely used substance and is believed to generate the most money and the largest illegal economy. According to the EMCDDA annual report for

ILLEGAL DRUG USE AT THE GLOBAL LEVEL (2006/2007)

Total world population:
6,475 million people

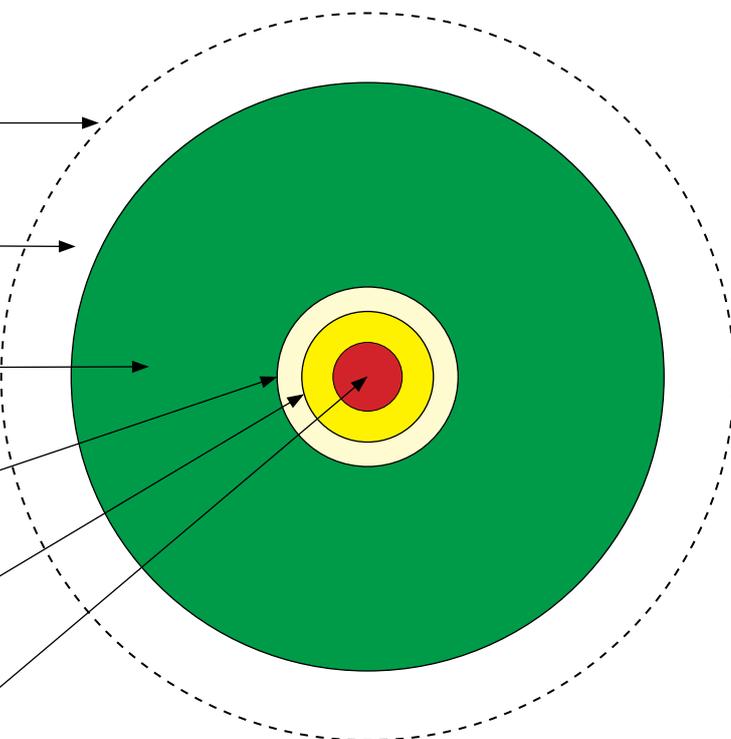
World population age:
15-64: 4,272 million

None-drug using population age:
15-64: 4,064 million (95.1%)

Annual prevalence of drug use:
208 million (4.8%)

Monthly prevalence of drug use:
112 million (2.6%)

Problem drug use (age 15:64):
26 million people (0.6%)



Extent of drug use (annual prevalence) estimates 2006/07 (or latest year available)*

2008, the use of cannabis has increased in practically all European countries during the 1990s and early 2000s. While it now appears that use is somewhat decreasing, the level of use is still high in the historic context. In recent years we have also improved our insight into the long-term consequences that widespread use of this substance represents for public health. Increasingly people are reporting a need for treatment of cannabis-related problems. Finding effective measures to combat cannabis use is still a key question in Europe.

2.4 RELATION TO OTHER POLICY AREAS

Norwegian drugs policy is anchored in the social sector. The aim is to prevent, treat and limit the harm caused by use. The drugs problem is complex; it affects numerous areas and challenges at various levels. The problem cannot be solved by social and health policy instruments alone. Coordination involving affected ministries and other concerned authorities is therefore vital.

Drugs policy has many implications of relevance to health and social policy, criminal justice policy, communication policy such as trafficking, control and foreign policy.

The branches of international crime with their uncontrolled money supply stems from serious international drug-related crime. In the EU area alone, the drugs trade generates millions of Euros a year (OECD annual report on crime 2001). Drugs policy cannot be viewed in isolation, but must be seen in relation to the fight against corruption, money laundering, arms dealing and terrorism. Even though it is difficult to find connections between the flow of money and associated business transactions relating to drugs, there is no doubt that money from drug trafficking is used for terror, conflict and war. An example is money laundering, intended to hide the illegal ori-

gins of money or other items that are – or come from – criminal acts. A successful money laundering process is when the profits can be used without suspicion.

Drugs policy relates to major questions such as human rights and aid policy. Aid which facilitates alternative development by reducing cultivation brings about crop substitution and consequently less harm to substance abusers. Norwegian aid to Afghanistan will hopefully influence the amount of heroin available to Norwegian addicts and thus the extent of the damage and injury being caused to them. Furthermore, reduced demand and production will in its turn affect the basis for organised crime and the financing of terror.

Illegal dealing or possession of drugs brings about heavy penalties. Often no distinction is made between harder or softer drugs or between smuggling and possession. Over 60 countries in the world practice the death penalty. Norway is against the death penalty in any context. The death penalty is considered to be in contradiction with the principle of humanity and respect for the individual. Norway considers it very worrying that the number of people being executed continues to increase, in spite of the fact that less countries practice the death penalty.

Norway will continue to work to ensure that the authorities' conduct and interrogation methods in all countries follow accepted norms. Furthermore, Norway will work actively to promote good witness protection programmes, which safeguard witnesses as well as the police and the prosecuting authority.

The drugs policy also has significance for the prevention of, and the treatment of people with, HIV and AIDS. Sharing needles represents a great risk of spreading the HIV virus.



3 Drugs policy work

Globally it is estimated that about 10 per cent of all those infected have become infected in this way. If we exclude Africa south of the Sahara, sharing needles is probably the cause of 30–40 per cent of all HIV infection. Injecting drug use is causing a rapid increase in the HIV epidemic in Eastern Europe and Central Asia. In many countries, injecting drug users are closely connected with prostitution. The Ministry of Foreign Affairs' memorandum on HIV and AIDS (November 2006) emphasises in particular the work directed at specific vulnerable groups, by combating stigmatisation and discrimination of those groups in a way that reduces their exposure to HIV and ensures them better access to basic services.

Norway will

- Strengthen international efforts to promote democratisation and institutionbuilding in countries where drugrelated crime has a major impact on the economy
- prevent, identify, and raise awareness about and combat serious crossborder crime, including drugrelated crime, the relation to international terrorism as well as illegal arms dealing
- work to strengthen action against money laundering
- work to ensure that the authorities' actions and interrogation methods in all countries follow accepted norms
- work to end capital punishment in any context
- work to promote good witness protection programmes
- pursue and strengthen efforts to promote health in poor countries, including through a stronger commitment to the work against HIV / AIDS

3.1 NORWAY'S ROLE IN INTERNATIONAL DRUG POLICY WORK

Substance abuse arose as a problem among young people in the mid 1960s. Since that time, Norway has conducted a restrictive drug policy. Possession, use and dealing drugs are prohibited. Illegal import and dealing can, in the most serious cases, carry the strongest penalties of the law. Nevertheless great emphasis has been placed on balancing the restrictive control measures with other preventive, help and treatment measures.

The bases on which drugs policy is established are largely set by the international community. In a globalised world, we must work internationally to ensure the possibility of conducting the policy we wish. What happens internationally affects Norway's ability to carry out effective public health strategies aimed at the general public. Norway has a long tradition of active participation in international collaboration on drugs, in order to exchange information and obtain good, comparable data and also to influence international drug policy.

One of Norway's goals is to limit drug-related harm at a global level. Norway will contribute to improving the health situation in Norway's immediate area as well as in other parts of the world. It is the goal of Norway's international health collaboration to meet international health challenges by developing schemes for effective prevention and combating illness.

Norway's international commitment occurs chiefly through the UN, the Council of Europe, EU/EEA, the EU's Northern Dimension, the Nordic Council of Ministers and other Nordic collaboration. Norway primarily channels its financial aid to the international collaboration on drugs through multilateral organisations and participates in their governing bodies. We shall work towards the

effectiveness of international bodies of significance for drug problems and for better coordination between them. This is important to safeguard Norwegian policy and to contribute to good solutions in other parts of the world. We must all ensure that the most effective solutions are chosen – efforts must be made where the impact is greatest.

NGO's do an important job in the area of drugs. The Government intends to facilitate voluntary work and enabling volunteers to collaborate in networks and contribute to international processes that have an impact on the area of drugs.

Norway will

- work to ensure strong, binding and long-term international collaboration on drugs by exchanging and sharing information and experience

3.2 CONTROL MECHANISMS

3.2.1 *Norwegian narcotics legislation*

The intention of Norwegian narcotics legislation is to control legal use and combat illegal use of narcotics. In law, the term narcotics is used for those substances that have at any time been defined as narcotics by legislation. All use, possession, dealing and other forms of illegal handling of narcotic substances and prescription drugs may render offenders liable to prosecution in Norway (cf. Act No. 132 of 4 December 1992 132 relating to medicinal products (Medicinal Products Act) sections 24 and 31 and Act No. 10 of 22 May 1902 General Civil Penal Code (the Penal Code) sections 162 and 317).

The Medicinal Products Act provides the legal basis for determining which substances should be regarded as narcotics on a narcotics list. The substances and drugs (plants,

parts of plants) coming under the UN conventions on narcotics are included on this list.

The narcotics list is determined by the Norwegian Medicine's Agency cf. regulation of 30 June 1978 No. 8 on narcotics etc. section 3. In addition to the substances on the UN's list, the Medicines Agency can add other substances to the narcotics list if they may have similar damaging effects as substances already included. For example khat is regulated as an illegal drug in Norway, but is not on the international narcotics list. Use of khat is being seen increasingly often in Norway and Norway is considering working towards having khat included on the UN's narcotics list.

A large number of the substances that are defined as narcotics in the regulation are included as active ingredients in prescription drugs and therefore have completely legal applications. In addition to defining what are considered to be narcotics in Norway, the narcotics regulation also has provisions regarding (legal) international trade in narcotics etc.

The Medicines Agency has been given the authority to issue the necessary permits and certificates when companies import or export prescription drugs and other products that, according to the regulation, are considered narcotics etc. Narcotics etc. may not be taken across the Norwegian border unless permission has been obtained from the Medicines Agency. Carrying narcotic prescription drugs for personal use on foreign travel is also regulated by the regulation.

3.2.2 *International control mechanisms*

The three UN drug control conventions on the prohibition and control of narcotic substances, which Norway has ratified and undertaken to observe, are the foundation of international control of narcotics.

- The Single Convention on Narcotic Drugs of 30 March 1954 chiefly covers substances that are natural products or made from them. The convention came into force in 1954 and has since been amended by the protocol of 1972.
- The Convention on Psychotropic Substances of 21 February 1971 (the Psychotropic Convention) establishes an international control system for psychotropic substances.
 - The convention came about as a result of the rapidly increasing abuse of synthetic, addictive prescription drugs in the 1960s and came into force in 1976.
- The Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 20 December 1988 controls illegal transport and dealing and extends the control system to also apply to dealing in the basic substances that are used in the manufacture of narcotics (precursors), and came into force in 1990.

The UN International Narcotics Control Board (INCB) monitors the three narcotics conventions and publishes annual reports on how countries are implementing the conventions. The INCB's annual reports give a summary of trends in the global narcotics situation.

The universal declaration on human rights was adopted on 10 December 1948 and its goal is to ensure respect for human rights. Article 25 is concerned with the right to adequate social services in the event of lack of livelihood in circumstances beyond the individual's control. Everyone has a right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services. Motherhood and childhood are entitled to special care and assistance. All children, whether

born in or out of marriage, shall enjoy the same social protection.

Norway ratified the 23 September 2003 convention against transnational organised crime, with its three protocols about a) trafficking in persons, b) smuggling of migrants and c) firearms. The purpose of the convention and its protocols is to promote international collaboration for preventing and combating organised crime. The convention and protocols are followed up every other year with conferences of member nations with the aim of improving the member nations' work in following and implementing the content of the convention. The convention with its protocols provides the basis for the work of preventing organised narcotics crime and strengthens international collaboration to combat it.

3.2.3 *Other relevant conventions*

Other conventions under which Norway has obligations, including the UN Convention on Social and Economic Rights of 1966, also include safeguards for the individual's right to health and to social and economic rights. The obligations under these conventions are entirely relevant to the debate on harm reduction.

On 20 November 1989, the UN General Assembly adopted the first international human rights convention to give children a special legal status. The Convention on the Rights of the Child, is quite clear that children are not mini humans with mini rights. Children should be respected and protected in the same way as adults. In other words, children and adults have the same rights. This means that all international UN conventions and regional and national legislation should protect children in the same way as adults. The Children's Convention, article 33 states that children have the right to be protected from illegal use, sale, and production of drugs.

The Council of Europe was established in 1949 and was founded with the intention to develop throughout Europe common and democratic principles parliamentary democracy and constitutional government based on the European Convention on Human Rights and other reference texts on the protection of individuals.

The council devises joint agreements for its 47 member states with the intention of coordinating the social and legal lines of action. The Council of Europe's social charter sets out rights and freedoms and establishes a supervisory mechanism guaranteeing their respect by the States parties.

The social charter guarantees rights and freedoms which concern all individuals in their daily existence and was first completed for ratification in 1961. The basic rights set out in the Charter are as follows: housing, health, education, employment, social and legal protection, free movement of persons and non discrimination. The revised social charter was adopted in 1996. It includes significant improvements, especially with regard to women's rights.

3.2.4 Measures to reduce demand and supply
Reducing the availability of drugs at the national level is important from a public health perspective. The extent of drug use is determined by, and is the result of, the population's overall demand for and access to drugs.

The basis of Norwegian drugs policy is that reduction of the population's overall use of drugs reduces the extent of harm. Measures to achieve this include preventing experimentation with and recruitment to drugs use and helping those who use drugs to stop or restrict their consumption through treatment, harm reduction and rehabilitation. Limiting demand is first and foremost a national task, but interna-

tional collaboration is necessary to ensure that good methods are developed and come into use.

Reducing supply and availability is a much more international concern and is achieved by control and seizure and by promoting alternative development through effective programmes.

It is also the case that good measures for reducing demand indirectly affect the supply side. Successfully reducing demand in the consumer countries has an effect on cultivation and production in the producer countries. In this way a basis is created for alternative development and stabilisation. There is a clear expectation on the part of the producer countries that the consumer countries should contribute through credible measures to reduce demand.

As a consumer country, Norway is interested in contributing to limiting production and supply. We know that drug production and drug dealing lead to poverty, corruption, crime and violence in the producer countries, such as Afghanistan, which currently accounts for a good 90 per cent of the world's opium production. Norway participates in the international work of improving the living conditions of the population of Afghanistan, so as to reduce the extensive poverty, but also to reduce the production of opium.

Norway will

- work to fund the warfare against the drug problem in collaboration with producer countries (supply), transit countries (those that form part of smuggling routes) and consumer countries (demand), following the principle of shared responsibility

3.3 DEMAND REDUCTION MEASURES

3.3.1 *Prevention, treatment, rehabilitation and harm reduction*

The causes of drug dependence are complex. The combination of psychosocial and biological factors is reflected in the challenge of providing good prevention, treatment and rehabilitation.

3.3.2 *Prevention*

The extent of the negative social and health consequences, including disease and accidents, increases parallel to the increase in consumption of drugs. It is therefore a goal to reduce the population's total use of drugs. Prevention is a prerequisite for a successful drug policy that hinders recruitment to abuse.

In Norway we emphasise measures to prevent the recruitment of children and young people into substance abuse, and especially into social environments with substance abuse. It is essential to focus on inter-departmental and inter-disciplinary collaboration and formal and informal education and information, in order to strengthen preventive measures aimed at children and young people.

The most effective are universal prevention strategies aimed at the entire population, by the means of regulations and control. We know from alcohol policy that regulatory measures intended for the population, such as age limits, limiting permitted hours for sale and the monopoly scheme, have a documented effect on consumption.

A public health perspective must be supplemented with selective measures focusing on particularly vulnerable groups. Prevention also includes measures aimed at people who have already caused themselves harm, to limit and if possible reverse this harm. Such indicative measures must also be included in an effective prevention policy.

Norway will

- work to ensure a public health perspective and knowledge-based strategies form the basis of drug prevention policy

3.3.3 *Treatment and rehabilitation*

Treatment and rehabilitation are the cornerstones of drug policy. All people with an addiction have the right to a worthy life and to be met with respect by the treatment system, cf. human rights. Drug users should not be discriminated against or stigmatised because of their substance abuse. Individual and human rights considerations call for a well-constructed treatment and rehabilitation system. A well-established treatment system will affect demand, since those who receive treatment and rehabilitation will reduce the demand for drugs. Treatment is also therefore a vital and necessary contributing factor in reducing demand. In Norway, people with drug problems have the same statutory right to treatment as people with other health problems.

In addition to sufficient treatment capacity, every effort should be made to ensure the best possible quality and that measures implemented should be knowledge-based. Many interventions are characterised by ideology, good intentions and morality, and their effects are often not documented. Extensive research and exchange of information and experience are necessary.

The treatment offered should be diverse, including both treatment without medical assistance and drug-assisted rehabilitation. In many countries, medical treatment and rehabilitation is controversial and is not offered. Beneficial effects of medical treatment have been documented, but we do not have sufficient knowledge about side effects. In re-

cent years an increase has been recorded in the number of deaths due to poisoning that can be related to the use of methadone. It is not clear how many of these deaths relate to people undergoing treatment or to methadone acquired by other means.

Treatment without medication is important and reflects the idea that people develop in relation to other people and within psychosocial conditions. Dependence problems cannot be reduced to biological and pharmacological conditions.

Those who are addicted to drugs often have dual problems. Treatment for dependency is often not sufficient. Psychosocial follow-up is necessary in order to achieve the goal of social inclusion. This demands a complex initiative relating to a number of conditions. This may include provision of housing, education and training, appropriate work and the establishment of new networks and leisure activities. All this regardless of whether the goal for the individual in question is to be drug free or to undergo maintenance treatment.

Norway will

- work to ensure that all countries offer people with a drug dependency adequate treatment and rehabilitation respecting their human rights

3.3.4 Harm reduction

What primarily distinguishes harm-reducing measures from other measures is the attempt to reduce the damaging consequences of substance abuse without the user necessarily stopping the drug use. Some examples of harm-reducing measures for injecting substance abusers would be the distribution of needles, drug injection rooms, housing provision and providing meals. Harm reduction

emphasizes the need for pragmatism in dealing with substance abusers, instead of focusing on ideal demands and goals that will be unattainable for many. On the other hand this does not mean that we should give up our ideal goals of abstinence. It rather means that we should recognise that the road to a drug free life often goes via a number of smaller objectives. Harm-reduction measures may thus signal the society's respect for the user and his or her various health problems. This in turn can have a positive effect on the user's motivation to do something about the abuse/dependency itself. The person with a drug dependency is offered help, but abstinence must not be a precondition of receiving help.

The idea is to limit the additional harm that substance abuse incurs for the user, for public health and for the general picture of disease. It is important to ensure that harm-reduction measures are well established and effectively integrated with other measures. It is important to avoid abstinence and harm-reduction measures become two separate mindsets and forms of treatment.

Harm reduction measures such as drug injection rooms and needle exchange programs are much discussed and are prohibited in many countries. The UN narcotics control body (INCB) is of the opinion that drug injection rooms are not in line with the UN drug control conventions. Injection rooms are permitted in Norway on permanent basis.

In many countries volunteers are used to motivate injecting substance abusers to use clean equipment and not share needles. These volunteers often give out needles to those who need them, but many have been arrested because possession of hypodermic needles is illegal. In this way, harm reduction work among the drug dependent is stopped. Given that many people find it impossible

to remain drug free, and because constant development is going on in medical-based treatment and rehabilitation, abstinence at the individual level is no longer a matter of course. Harm-reduction measures, such as medically assisted rehabilitation and low-threshold health initiatives, are therefore being included in the drugs policies of more and more countries.

An international debate is going on about harm reduction and harm-reducing measures, especially in connection with the issue of abstinence as an overall goal. The reason for this is largely the problem of relapse and also developments in the field of medication-based treatment and rehabilitation. There is also disagreement over whether harm reduction gives users dignity, responsibility and autonomy.

Norway is not in agreement with countries that promote harm reduction as a goal in itself and not as a subsidiary goal. Neither can we join with those who exclude harm reduction, arguing that it promotes the use of drugs. The ideal of abstinence does not exclude harm reduction. On the contrary, harm reduction can be the first step on the path to abstinence. Thus sobriety and harm reduction are in no way conflicting concepts; they rather complement each other.

Norway will

- work to have harm reduction recognised as a vital element in a holistic substance abuse policy

3.3.5 Harm reduction and HIV/AIDS

The idea of harm reduction was first taken seriously in the drugs field because of the risk of HIV infection among injecting drug users, but it has also drawn a better patient health and public health perspective into

the drug rehabilitations programs. The term harm reduction is used both with reference to measures that reduce the risk of HIV infection and also measures that enable those dependent on drugs to find treatment for AIDS, regardless of whether they are drug free or not. Both types of measure are controversial in many countries. It is important that HIV/AIDS policy and drug policy should be seen in context.

Norway will

- work for effective measures to prevent, treat and limit the harm caused by HIV and AIDS, and to identify and limit statutory hindrances to an effective HIV and AIDS policy

3.3.6 Harm reduction and the liberalisation debate

The debate on harm reduction is often linked to the debate on legalisation of drugs. It is important to underline that these are two separate topics. Harm reduction is, as described above, the product of a health-based approach to drug addicts. Harm reduction is thus an approach to the user, not to abuse, and does not in principle assume a position in relation to drug policy. Harm reduction is thus not linked with any determined ideological movement in drug policy. The liberalisation debate, on the other hand, arose from a more general view of drug policy and the socio-political stance one wishes to take with regard to drugs. Internationally, many of those advocating a global liberalisation of drug policy are also spokesmen for the need for harm-reducing measures. As a result of this, many view harm reduction as part of a more general liberalisation policy. This is a conflation that does not serve the development of a diversity of instruments in the fight against drugs.

There has been an unfortunate polarisation between a restrictive political wing claiming abstinence as an absolute goal and a more liberal wing which emphasises harm reduction. This polarisation conflicts with the holistic view and should come in for criticism. Norway considers harm reduction measures to be useful and necessary. We do not accept the position that harm reduction measures promote the use of drugs and are identical to the liberalisation of drug policy and the decriminalisation of dealing and use. Being associated with one of the approaches to drug policy is unfortunate, because flexibility and influence can then be lost in the process. Norway does not accept such polarisation and must be prepared to clearly demarcate itself from the wings in the debate where this is necessary.

Norway will

- work to ensure that the international community does not waver from its long term, overall goal of working to achieve a society that is free from the abuse of drugs

3.4 SUPPLY REDUCTION MEASURES

The aim of supply reduction measures is to reduce the volume and availability of drugs. Measures must be put in place to prevent the illegal production of drugs, to ensure proper control of the legal trade in narcotic substances and to prevent the illegal import and trade in drugs. This applies via both traditional methods and the Internet, to strangle the drugs economy and the crime to which it is linked, including corruption, money laundering, financing of terror and illegal arms dealing. Norway will help to ensure that efforts are made where the effect will be greatest.

3.4.1 The illegal market

The international, illegal trade in drugs is a substantial part of organised crime that is increasingly transnational in nature. It is necessary to strengthen binding and long-term international collaboration on border controls and the exchange of information. These efforts must be pursued on a wide front, serve several purposes and be examined in context.

The customs authorities in the different countries have an especially important role in disclosing illegal trading. Organised crime must be combated with control and seizure of drugs, with the aim of limiting the volume of drugs on the international and national markets. It is also important to spotlight this crime and reveal how it works.

UNODC's World Drug Report for 2008 acknowledges concern about new markets in the developing countries. UNODC doubts that weak governments have the potential to stand up against the powerful drugs barons and the drug problems that will arise among the population as a result. The report confirms that a systematic change in the transport routes has occurred. This is particularly true for cocaine. Because of the constant demand for drugs in Europe and the improved control systems in the traditional transport routes, drugs dealers have moved heavily into the countries of the Caribbean, Central America, West Africa and the border areas between Mexico and North America.

Legal hindrances to extradition and practical problems continue – despite the fact that many of these countries have developed legal systems and entered into bilateral and multilateral agreements on the extradition of drugs offenders. Many countries have also revised their laws after the UN special session on drugs in 1998. Most progress in terms of bilateral and multilateral collabora-

tion agreements is made at a regional rather than a global level. The challenge lies mainly in the different judicial systems, delays in the process of law and in language impediments.

The work of control constantly presents new challenges to the authorities. As national regulations are established and updated, the illegal elements find new methods of gaining access to the chemicals they need to produce drugs. Methods are changed to “derail” shipments and new smuggling routes are found. The illegal elements also attempt to find new, uncontrolled substances that can be used to replace other substances in the illegal manufacture of drugs and which are produced to circumvent the law.

The producers apply modern technology, are independent of nationality and are often ahead of national legislation. Unstable regimes are a frequent prerequisite for production and dealing. The drugs syndicates are clever at not only selecting such regimes, but maintaining them too. Many are of the opinion that the drugs industry sees the worldwide focus on terror as favourable, since it turns attention away from their activities. There is reason to believe that they are active deliberately to maintain this situation.

Norway will continue to work towards the development of the Council of Europe’s Convention on Cybercrime as a useful instrument for international collaboration. New markets in the developing countries will be met with technical assistance, assistance in improving legal regulation and assistance in enforcement and better programmes to prevent the use of narcotics.

Norway will

- work to increase international collaboration to reveal the illegal elements and the illegal flow of money connected with illegal drugs production and to reveal the development of new substances that concern drugs legislation, as well as markets for these and new smuggling routes

3.4.2 Regulation and control of legal trade in drugs

Precursors are chemical substances that normally have legal applications, such as active ingredients in prescription drugs and/or as industrial or laboratory chemicals. However, these substances can also be converted into drugs and used for the illegal production of narcotics. Precursors are discussed in more detail in Appendix 1.

In recent years there has been increased international focus on obstructing access to precursors by those elements which intend to use them for the production of illegal drugs. Without a proper global system for monitoring the illegal manufacture, spread, abuse and trading in psychotropic stimulants, it is impossible to fully solve the problem of synthetic substances. Many countries have not introduced such systems, which is a hindrance to the full application of the instruments established by the UN.

It has been demonstrated that the systems established to control the illegal trade in precursors have an effect. This is confirmed, for example, in the number of seizures of precursors, the number of disclosed attempts to “derail” shipments and the changes in smuggling methods and routes. In spite of the control instruments that have been established, it is still possible to obtain the necessary pre-

cursors for the manufacture of illegal drugs such as heroin, cocaine, amphetamines and ecstasy.

Legally produced prescription drugs (special preparations in consumer packs) have also been used recently for illegal drugs production. This applies particularly to prescription drugs containing ephedrine or pseudoephedrine. These prescription drugs are obtained by means of various assaults on the legal distribution chain, such as smuggling or the diversion of legal shipments (cf. INCB's annual report 2007 (E/INCB/2007/4)). Based on the resolutions of the UN Commission on Narcotic Drugs, the member countries are now initiating further measures designed to help prevent the leakage of legal prescription drugs to the illegal market.

Problem areas that now need to be followed up are export to countries with insufficient legislation and domestic trading without the necessary permits. The effective control of the trade in chemical substances and other psychotropic stimulants is dependent on appropriate legislation, knowledge about the substances in question and collaboration between the public agencies involved, both nationally and internationally. Norway will participate with assistance in getting such control systems into place.

Norway will

- work to improve international systems to monitor the trade in basic substances for the manufacture of precursors and encourage all countries to play an active part in this work

3.4.3 Trade in drugs on the Internet

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reports that the Internet has become a marketplace for psychoactive substances (EMCDDA annual report 2008). The information available provides an insight into the various aspects of trading narcotic substances on the Internet, the methods the Internet shops use and how they respond to new trends among young people. There are reports of a growing number of internet shops selling psychoactive alternatives to the prohibited narcotic substances like LSD, ecstasy, cannabis and opioids. These might for example be new substances or herbs that have not yet been captured and classified by the international community and which are therefore not yet regulated by the UN narcotics conventions. Even though these substances are often sold online as "legal highs" or "herbal highs", they are subject to the same legal regulation as other narcotic substances, if they are included on the Norwegian narcotics list.

It is a matter of concern that the Internet seems to be gaining increasing significance as a market in which drugs are offered. That drug offences can be initiated over the Internet is a serious matter. This places even greater pressure on firstly the customs authorities and secondly the police. There is a need for increased international awareness of the development of this form of drug dealing, for the initiation of controlling measures and for further work to disclose the international branches of illegal trading.

Norway will

- work to develop international measures to counter the Internet as a marketplace for psychoactive substances and to promote effective control of imports into individual countries

3.4.4 The drug economy and its relation to organised crime, corruption, money laundering and terror

According to a United Nations survey, the worldwide dollar value of illegal drugs is second only to the amount spent on the arms trade. Estimating the value of an illegal enterprise carried on in dozens of currencies around the world is tremendously difficult, but the United Nations Office for Drug Control and Crime Prevention generally describes the production, trafficking and sales of illicit drugs as a \$400-billion-a-year industry. Some of these drugs are produced and consumed domestically, but much of the drug trade takes place between states. Unlike the international trade in arms, however, which largely flows from developed nations that produce arms to less developed nations that use arms, the international drug trade has traditionally flowed from developing to developed nations. At the risk of oversimplification, cocaine production has dominated in Central and South America, while heroin has dominated in both Southeast and Southwest Asia.

The UNODC report illustrates the most important trading routes. Opium and heroin, which are obtained from the opium poppy, come from Afghanistan, via Iran and other neighbouring countries, to Europe and to Norway. 92 per cent of all opium comes from Afghanistan and opium represents at least 50 per cent of the country's GDP. In 2004, the opium-poppy economy equalled more than half of Afghanistan's legal GDP. The wealth from the opium economy, however, is shared among only a small number of people, and the trade is protected by armed groups and tied to powerful international networks. In Afghanistan, the ISAF has a role in the work against the illegal international drugs markets and their associated transport routes.

Cocaine comes from the Andes region and is smuggled via the Caribbean or Africa into Europe. More than 80 per cent of the world's cocaine dealings are controlled by the mafia in Latin American countries. Amphetamines for the Norwegian market and related substances are produced in Western Europe and the new EU countries of Eastern Europe. Domestic production of cannabis has increased in Norway, and most countries in Europe report local production of cannabis and of sometimes large seizures of cannabis plants. The cannabis produced in Europe is cultivated indoors, using intensive cultivation methods, as well as in outdoor plantations. The size of plantations varies according to the producer's motivation and resources, from a couple of plants for private use to thousands of plants in large commercial installations. Such installations have also been found in Norway.

Organised crime is of particular interest. Organised crime is built up in such a way that the connection between its leaders and the outer fringes in which crime is conducted is hidden. Part of the organisation will often be engaged in legal business activities, in which the returns on criminal activity can be invested and laundered. Activities are often protected by means of tough discipline, involving the exercise of violence and threat both inwardly and outwardly. An international criminal organisation may be engaged in a wide spectrum of activities – analogous to the product spectra of the international corporations – and be of large dimensions. That some Europe countries are still central to the threat situation is due to the fear that mafia organisations may achieve great influence over the economies and state apparatuses of many countries in the east and south-east.

Without doubt a significant part of terrorist activity is financed by the production, distribution and illegal sale of drugs or other drugs-related crime. In this way drugs crime



may contribute to destabilising legal regimes and hinder the development of democratisation and institution-building in parts of the world where drugs crime leaves its mark on the economy. This is in turn coupled with the laundering of money, earned from illegal activities, for financing the planning or execution of terrorist acts.

Terror is a serious form of organised crime. Terror must be prevented and combated by legal means within democratic principles of constitutional government and in a broad international collaboration.

Combating money laundering is a relatively new area of collaboration in an international context. The standards for measures being implemented in national legislation around the world have their origins in initiatives that first existed at the end of the 1980s. Norway plays a central role in the work of the Financial Action Task Force (FATF) to counter the illegal laundering of money from illegal activities and to strengthen the international work of establishing laws and instruments that can prevent money laundering.

Norway will

- work to disclose and combat international organised crime through measures against the illegal international drugs markets and their associated transport routes

3.4.5 Eradication of banned narcotic plants and alternative ways of making a living – assistance programmes

Alternative development programs in the producer countries are just as important as combating the international trade in drugs with controls and seizures. Norway assists the producer countries in building democracy and in societal development through bi-

lateral Norwegian aid work and multilaterally through the UN via UNODC and UNAIDS.

Efforts to eradicate the cultivation of opium, in Afghanistan for example, have significance for the extent of heroin-related harm in Norway. The enormous production of drugs in Afghanistan represents a serious threat both nationally and internationally. It contributes to the destabilisation of the country. This is a security problem with global knock-on effects. Norway supports a holistic approach to anti drugs work, with the emphasis on developing the village and re-establishing a sustainable economy throughout Afghanistan. To promote good governance and combat corruption is of vital importance to a successful anti drugs policy. It is also important for regional structures, including OSCE, to be mobilised in the work of increasing border controls in the North of Afghanistan. Norway contributes with police personnel and legal advisers in Kabul. These act as mentors for Afghan drugs police and for the special court for drugs cases.

In spite of the considerable international efforts to promote good governance, Afghanistan suffers from a huge shortage of qualified manpower. Norway will therefore place increased emphasis on building up competence for public institutions, so that the government's authority in the country can be able to implement respect for law and order so that the Afghan people can take a greater responsibility for their country's development. Special attention will be paid to the competence at provincial and district levels. Norway wishes to boost the Afghan police and judicial system. To succeed, the Afghan authorities must accept their part of the responsibility to combat corruption among other reasons.

Programmes for alternative development must be adapted to the participating coun-

4 Conclusion

try and they should be an integral part of the country's entire planning. It is often difficult to find sustainable alternative ways of life and incomes for farmers who have previously cultivated drugs. In Bolivia for example, there is a concern about the connection between security for the individual farmer and methods of removing illicit drugs production. It is important to build on foundations for a preventive strategy that is not based on power or violations of human rights or that takes place at the expense of the safety of the individual.

Norway will

- work towards balanced and effective programmes for reducing the cultivation and production of drugs and work for sustainable alternative livelihoods that do not violate human rights for those affected, and for aid resources to be used to a greater extent in efforts to promote alternative livelihoods

The UN 2008 annual report on drugs states that the drugs problem is considerable, but contained. Even so it would not be realistic to believe that drug problems can be solved within the foreseeable future. The illicit drugs trade (also referred to as the illegal drugs trade or drugs trafficking) is one of the largest global businesses, at some \$322 billion, according to the UN World Drug Report, 2007.

The challenges to the ongoing work of preventing and hindering the use of drugs and drugs-related crime lie throughout the chain of the drugs problem: cultivation and production, transport, smuggling and distribution in recipient countries, preventive measures to prevent new recruitment to abuse, treatment, harm reduction and rehabilitation and the implementation of punitive measures against the offenders behind drugs crime. Local and national efforts can only have a long-term effect if international efforts are also coordinated and strengthened.

