



The false rumour about INCB and injecting rooms

The rumour now circulating in Germany and elsewhere telling that the INCB (International Narcotics Control Board of the UN) has changed, or is about to change, its opinion on drug consumption rooms (injecting rooms) is completely false!

The INCB stays totally firm in its conviction that drug consumption rooms are "in violation of the international drug conventions" and that they are "in contravention of the international drug control conventions" (see letter from INCB on page 3).

According to the rumour some representatives of the INCB, during a visit to Germany, should have uttered positive remarks concerning drug consumption rooms. This has been interpreted so that the INCB has changed its opinion. The rumour has also already reached politicians and officials. So have for example officials from the Ministry of the state of North Rhein Westphalen quoted it.

The rumour has gained ground and caused a lot of confusion as well as raised many questions among people active in the drug political field such as:

- Has the INCB changed its opinion on drug consumption rooms or is the INCB planning to do so?
- Has the INCB any intention to modify the UN Conventions regarding this matter?
- Has the INCB taken any actions concerning the existence of injecting rooms in some countries?
- What is the INCB's opinion on "Harm Reduction"? (Under the umbrella of Harm Reduction often called Risk Reduction, including injection rooms, drug politics in several European countries have changed in a more liberal direction, which by many is seen as a way to circumvent the UN conven-

tions on drugs.)

A rumour or a myth that is not counter-attacked and stopped tends to live its own life, and quoted often enough becomes a "common adopted truth" also among politicians, journalists and media. In order to stop the rumour it is important to find out how it arose and get the real facts out in public.

Some research gave the following result:

- In July 2003 representatives from the INCB visited the German city of Essen with about 600 000 inhabitants. The purpose of the visit was to make an inspection of the drug consumption room to discuss the Board's concern regarding these facilities and their violation of the international treaties.

- At a conference in April 2004 of the Health Committee of the German Cities Parliament in Bayreuth the deputy mayor of health affairs of Essen was an invited speaker.

ECAD RESPONSE

In his speech the deputy mayor informed the conference delegates about the visit of INCB to Essen in July 2003. According to him the representatives of INCB had uttered positive remarks during the visit regarding drug consumption rooms and also spoken about a pleasant development. Furthermore the INCB representatives, so the deputy mayor, had talked about a modification of the UN conventions (regarding drug consumption rooms).

What was said at this conference in Bayreuth seems to be the main source of the rumour.

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Measures to reduce harm

From INCB report 2003

217. The Board is responsible for reviewing whether measures taken in a country are in line with the three international drug control conventions. In that context, the Board has, over a period of many years, expressed its views on the compatibility of such measures with the conventions. The Board has decided to further clarify the issue.

218. The conventions do not contain, refer to or define "harm reduction". The three conventions refer to measures against drug abuse. Article 38 of the 1961 Convention refers to the need for a State to take measures for the prevention of drug abuse and for the early identification, treatment, after-care, rehabilitation and social reintegration of drug abusers. Article 14 of the 1988 Convention requires parties to adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering. The ultimate aim of the conventions is to reduce harm.

219. In its report for 1993, the Board acknowledged the importance of certain aspects of "harm reduction" as a tertiary prevention strategy for demand reduction purposes. In its report for 2000, the Board reiterated that "harm reduction" programmes could play a part in a comprehensive drug demand reduction strategy but such programmes should not be carried out at the expense of other important activities to reduce the demand for illicit drugs, for example drug abuse prevention activities; the Board drew attention to the fact that "harm reduction" programmes could not be considered substitutes for demand reduction programmes.

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According to the deputy mayor of Essen, drug consumption rooms have “a therapeutical value” and regarding the city of Duesseldorf (which has no injection room and has a different view on drug policy) he spoke about an “eccentric attitude” – not a very positive remark. The “eccentric attitude” probably refers to that Duesseldorf adheres more to the UN conventions on drugs than many other German cities and the German Government.

In order to get a fresh and updated opinion from the INCB as well as answers to the questions mentioned above, I wrote a letter to the INCB.

The answer of the INCB Board is the very clarifying letter attached, which leaves no doubt about the stance of the INCB concerning drug consumption rooms!

Very worthwhile reading is also the Annual Report 2003 of INCB (www.incb.org), for example :

- * Paragraphs 559-561 where the visit to Essen is described
- * Paragraphs 223-224 leave no doubts of the opinion of INCB concerning drug injecting rooms.
- * Paragraphs 217-226 where the INCB makes a clarification of its critical view on “Harm Reduction”. In § 220 can for instance be read: *“The Board regretted that discussion on some “harm reduction” measures had diverted the attention (and in some cases, funds) of Governments from important demand reduction activities such as primary prevention or abstinence-oriented treatment”.*

EU-governments pushing politically for injecting rooms

The false rumour about INCB having changed its opinion on drug consumption rooms has to be seen and put in a broader political context. For some years politicians and governments that have allowed the establishment of such facilities (although knowing that they are violating the conventions they have signed) have pushed for and tried to persuade the EU, the Council of Ministers, the European Parliament and other member states to also adopt the idea of consumption rooms.

So did for example the German and some other governments fight very hard and determined in 2002 for this in the negotiations concerning the *“Council Recommendation on the prevention and reduction of risks associated with drug dependence”* (COM (2002) 201 final). The Recommendation was an initiative of the EU Commission and Commissioner Byrne. It was the first time that article 152, the public health article, was applied and tested in drug related issues.

With Germany in the lead some countries tried intensively to get the acknowledgement of drug consumption rooms into the text of the Recommendation and adopted as a by EU recommended risk reduction measure. After months of discussions it was clear that they would not succeed since the majority was against it. If adopted, it would have meant that all (at that time 15 now 25) member states would have adopted a policy opposing the INCB and violating the conventions! This would of course severely have undermined the UN Conventions and the INCB.

Knowing that the German government and some others are push-

ing for injecting rooms the question arises: Is the false rumour about INCB due to a simple misunderstanding or not? The future will tell.

Ms MaLou Lindholm
Former Member of the European
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From the INCB Report 2003

559. At the invitation of the Government of Germany, the Board sent a mission to that country in July 2003. The primary objective of the mission was to visit drug injection rooms in operation in that country and to discuss with the authorities the Board’s concerns regarding such facilities. The Board also viewed numerous facilities in several cities for the treatment and rehabilitation of drug-dependent persons.

560. The Government had underlined that the drug injection rooms in operation in Germany were not in contravention of the international drug control treaties, as they were subject to stringent regulations and had been incorporated into the general health system. In this regard, the Government had argued that the drug injection rooms served an important function in ensuring that drug-dependent persons who otherwise could not be reached by the authorities were referred to therapy and other public services.

561. The Board notes the efforts of the German authorities to ensure that drug injection rooms are integrated into the general health-care services for drug addicts and are well maintained and clean. The Board also notes that the establishment of such injection rooms is perceived as a success by a large part of the local authorities and the local population. However, the Board also notes that, according to the data collected by the Government, there is little evidence that drug injection rooms actually serve to ensure that the drug dependent persons undergo treatment and that their existence contributes to a reduction in drug-related deaths. The Board reiterates its views that, insofar as they serve as forums in which drugs acquired on the illicit market can be abused, they are not in compliance with the international drug control treaties. The existence of facilities aimed at ensuring that drug dependent persons are encouraged to undergo treatment is desirable, but such facilities must be in compliance with the treaties. The Board urges the Government to take the necessary measures to ensure compliance with the international drug control treaties.

United Nations International Narcotics Control Board

Ref.: INCB 114 (1-15) NGO, 114 (3) GER 8 July 2004

Dear Ms. Lindholm,

On behalf of the International Narcotics Control Board, and with reference to the responsibilities of the Board as stipulated under the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention on Illicit Traffic against Narcotic Drugs and Psychotropic Substances, I wish to refer you to the following matter.

We are in receipt of your recent query, regarding the position of the Board regarding drug consumption rooms in Germany, and of so called "injection rooms" in general. Please be informed that it remains the position of the Board that such facilities are in contravention of the provisions of the international drug control conventions, insofar as they are fora where persons can abuse drugs acquired with impunity on the illicit market. While Governments should spare no effort in taking measures to ensure that drug addicts undergo treatment, such measures must always be in accordance with their obligations under the international drug control conventions.

Regarding the particular case in Germany, the Board visited the country in July 2003 upon the invitation of the Government, primarily to visit some of the drug consumption rooms in operation, and discuss with the authorities the Board's concerns regarding these facilities. During this mission, the Board noted the efforts of the Government to integrate drug consumption rooms into the general health care services for drug addicts, and also noted that the facilities in general were well maintained and clean. However, the fact remains that they are places where persons are able to use illicit drugs, and it is therefore the Board's position that they are in violation of the international drug conventions. I would refer you to paragraphs 559 through 561 of the Board's Annual Report 2003, which outline briefly the background to, and findings of, this mission.

Though I am unable to share with outside parties the details of any correspondence between the Board and the German Government, please rest assured that the concerns of the Board regarding this issue were conveyed to the Government subsequent to the mission, and remain a subject of discussion. I would also stress that the Board has made, and continues to make, similar approaches to Governments of any countries where injection rooms are in operation, and makes clear its concerns.

Regarding the Board's position on "harm reduction", I would note that there is no definition of this term in any of the three international drug control conventions. The three conventions do refer to measures for the prevention of drug abuse, and for the early identification, treatment, aftercare, rehabilitation and social reintegration of drug abusers. The Board's position is that any measures in this regard, and any measures taken by Governments to prevent the spread of HIV/AIDS, should be in compliance with the provisions of the international drug control conventions, and should in particular neither encourage nor facilitate drug abuse.

In this regard, I would refer you to paragraphs 217 through 226 of

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the Board's Annual Report 2003, which outline in some detail the Board's position on harm reduction in general, and on some of the measures taken by a number of Governments under this rubric. While not all of these measures are a source of concern for the Board, some are, and in particular the Board is of the view that the operation of injection rooms is, as noted above, in contravention of the provisions of the international drug control conventions. The Board has made its views regarding particular harm reduction measures known to the Governments concerned, as well as publicly through its Annual Reports, as necessary and appropriate.

Regarding the possibility of amending the international drug control conventions, please note that this is entirely the prerogative of State parties; the Board would have no part to play in this. The respective procedures for amendment are outlined in each convention. As the Board is the body charged with monitoring the application of the conventions, it would be most inappropriate for it to approach any State on this issue.

Please do not hesitate to contact us again, should you require any further information.

Yours sincerely,
Herbert Schaepe
Secretary International Narcotics Control Board

Submission to the European Union's future drugs policy

...ECAD supports the existing UN Conventions on Drugs, the Political Declaration and the Guiding Principles of Demand Reduction approved at the UN General Assembly Special Session on Drugs in New York in June 1998, as well as the UN Convention on the Rights of the Child, and urge intensified national and international co-operation to fight drugs. The United Nations should be given power to control flagrant breaches of conventions and international agreements wherever they emerge. If some countries allow drugs to be made freely available, they undermine the possibilities of other countries and cities to curb the spread of drugs...

Read Submission in the ECAD newsletter Volume 6 Part I, 2004

Measures to reduce harm

From Page 1

220. In its report for 2000, the Board also noted that since some "harm reduction" measures were controversial, discussions of their advantages and disadvantages had dominated the public debate on drug policy. The Board regretted that the discussion on some "harm reduction" measures had diverted the attention (and, in some cases, funds) of Governments from important demand reduction activities such as primary prevention or abstinence-oriented treatment.

221. In a number of countries, Governments have introduced since the end of the 1980s programmes for the exchange or distribution of needles and syringes for drug addicts, with the aim of limiting the spread of HIV/AIDS. The Board maintains the position expressed by it already in 1987/40 that Governments need to adopt measures that may decrease the sharing of hypodermic needles among injecting drug abusers in order to limit the spread of HIV/AIDS. At the same time, the Board has been stressing that any prophylactic measures should not promote and/or facilitate drug abuse. The Board welcomes Commission on Narcotic Drugs resolution 46/2 in which the Commission called on all States to strengthen efforts to reduce the demand for illicit drugs, taking into account in their national control policies the drug-related spread of HIV infection.

222. Many Governments have opted in favour of drug substitution and maintenance treatment as one of the forms of medical treatment of drug addicts, whereby a drug with similar action to the drug of dependence, but with a lower degree of risks, is prescribed by a medical doctor for a specific treatment aim. Although results are dependent on many factors, its implementation does not constitute any breach of treaty provisions, whatever substance may be used for such treatment in line with established national sound medical practice. The Board has, over the years and in line with its mandate under the estimate system of the 1961 Convention, discussed and confirmed quantities Governments have needed for such purpose. As is the case with the concept of medical use, treatment is not treaty-defined; therefore, the parties and the Board are provided with some flexibility.

223. In some countries, facilities have been established where injecting drug abusers can inject drugs that they have acquired illicitly. That practice has been allowed by national drug control legislation or Governments have simply allowed or tolerated such initiatives by local

governments or institutions. The Board has stated on a number of occasions, including in its recent annual reports, that the operation of such facilities remains a source of grave concern. The Board reiterates that they violate the provisions of the international drug control conventions.

224. The Board reiterates that article 4 of the 1961 Convention obliges States parties to ensure that the production, manufacture, import, export, distribution of, trade in, use and possession of drugs is to be limited exclusively to medical and scientific purposes. Therefore, from a legal point of view, such facilities violate the international drug control conventions.

225. In some countries where the abuse of synthetic drugs, mainly amphetamine-type stimulants, has become widespread, authorities have provided facilities for having the composition and quality of the drugs, usually in tablet form, tested and then returned to the drug abusers, informing them about the results of the test, in particular to warn them if the drug is impure or adulterated. The Board has been concerned that such practices conveyed the wrong message on the risks of drug abuse and provided a false sense of safety for drug abusers, thereby running contrary to drug abuse prevention efforts required from Governments under the international drug control conventions. The Board notes the announcement of the Government of the Netherlands, one of the first countries where such drug testing had been introduced, that the programme of pill testing at parties and clubs had been terminated in order to avoid the projection of messages counterproductive to drug abuse prevention efforts.

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226. The Board calls on Governments that intend to include "harm reduction" measures in their demand reduction strategies to carefully analyse the overall impact of such measures, which may sometimes be positive for an individual or for a local community while having far-reaching negative consequences at the national and international levels.

*Our European societies have experimented and evaluated both tolerance and intolerance to illicit drug use and drug abuse. It is our reflection upon this which guides us towards non-use. This in regard to our **cities'** well being.*



ECAD is Europe's leading organisation promoting a drug free Europe and representing millions of European citizens. Drug dealing and drug abuse cause enormous problems in Europe. Nations and their citizens are affected by the consequences of drug abuse. ECAD member cities work to develop initiatives and efforts against drug abuse supporting the United Nations Conventions which oppose legalisation and promote policies to eradicate drug abuse worldwide. Has your city joined ECAD?

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