
BRITISH GROUP INTER-PARLIAMENTARY UNION

DRUG POLICY REFORM PARLIAMENTARY SEMINAR

PLENARY SESSION I: SETTING THE SCENE

**SANDEEP CHAWLA, RUTH DREIFUSS, PAUL GRIFFITHS and ROBERT DEL
PICCHIA**

Setting the Scene

[BARONESS MEACHER *in the Chair*]

The Chair said that her name was Molly Meacher and welcomed the delegates. She said it was remarkable that anyone was present, given the previous night's weather, and that it was highly commendable that people from Latin America, Europe and West Africa were there. She thanked everyone for their effort and hoped that they would think it worth while.

She introduced Rick Nimmo, director of the Inter-Parliamentary Union, to deal with housekeeping matters.

Rick Nimmo outlined several matters for delegates to note.

The Chair said that she had been asked to give a brief overview before the speeches.

She said the seminar came at an extraordinary moment in the history of drug policy. For 52 years, the world had been dominated by the United Nations conventions, which had appalling unintended consequences across the world. The 1961 convention was followed by the 1971 and 1988 conventions, providing an ever-stronger penal focus on drug policies. Over that period, everybody had hoped that the world trade in illicit drugs would drop like a stone, but it soared. The trade in illicit drugs was now worth more than \$300 billion.

She said that something remarkable happened two years ago, in June 2011, when the Global Commission of former Presidents from many different countries and other illustrious people produced its report. The report was just a beginning. It stimulated the President of Guatemala to call for change, and he made a slightly over-brave statement calling for change in drug policy. President Santos of Colombia then initiated the OAS one-year study of drug policy for the Americas, on which experts from all over the world came together to work. That was followed by the 128th IPU assembly in Quito in spring this year, and then the OAS general assembly, with drug policy as its theme, in June. There was then a statement from the Presidents of Guatemala, Colombia and Mexico to the UN calling for drug policy reform.

She said that that remarkable flurry of activity, which was largely driven by the Global Commission report and by the Americas, was followed by a high point. On 26 June, Ban Ki-moon called on all member states to use the Vienna review of drug policy next March, and the 2016 United Nations General Assembly special session, to hold an open debate on drug policy and to consider all options—nothing was off the table, according to the Secretary-General of the United Nations.

She said that, to respond to Ban Ki-moon and to have that debate, those present would need to learn from the fantastic team of speakers and from all the delegates, who had tremendous experience of all aspects of the problem.

She said that, for more than a decade, some countries had been exploring changes to drug policy that pushed at the edges of the United Nations convention, such as regulating less harmful drugs; treating drug dependence as a health problem rather than a crime; and, like Switzerland, providing addicts with hard drugs legally and free in a treatment setting, and providing support to enable them to get better. The seminar was an opportunity to examine those policies and many others that had been introduced in only a few countries. They had been evaluated, and those present needed to think about how they could spread across the world.

She said that those present were among the leaders in their countries. They had privileged access to the media and Ministers. She hoped that information about effective

policies and the debate would help them to decide what they could do to help their countries to improve their environment and their drug policy, and to stop criminalising people and sending them to prison. The UK had as much to do as any country to improve its drug policy. She was not saying, “We have got it right. You need to learn from us,” because everyone was there to learn. The ultimate purpose of the event was to enable all present to play an active role in engaging with Ministers to help them to have a real impact on the United Nations General Assembly special session in 2016.

She talked about what could be achieved without any change to the United Nations conventions. She said Ban Ki-moon appeared to be asking people to go beyond the conventions, but what did that mean? To make a single change in the conventions, all 180-plus countries had to agree, but there was no way that Russia, let alone anybody else, would agree to any change. A change was therefore not on the agenda.

She said the question was whether we could move beyond the conventions without changing them. The answer was yes. There were two ways of doing that. Bolivia had shown one way: withdraw from the conventions, develop a reservation and re-accede with that reservation. Bolivia’s reservation enabled it to produce and consume coca leaf without contravening the conventions. Other countries could look at withdrawal and re-accession as a possible route.

She said the second possibility was less well known. Article 3 of the 1988 convention said that a country could establish its criminal law “subject to its constitutional principles and the basic concepts of its legal system”. That sounded like a huge let-out clause. A country could interpret it to mean that it could introduce a policy if it passed a law providing for that to happen. She said she was longing to hear from Uruguay, because that looked like its strategy: pass a law and introduce the regulation of cannabis.

She said that the US seemed to be going down a similar road; it might eventually go down the Bolivian road or the Uruguayan road. It remained to be seen how it dealt with its situation. That was fascinating, because the US had, for 52 years, dominated the argument that we must penalise everybody with anything to do with drugs.

She said she was opening the seminar with tremendous optimism about the possibilities. Reform was under way, and we could expect a gathering pace towards change.

Existing Global Drug Control System and International Conventions on Drug Policy

Speaker: Ruth Dreifuss, former President of Switzerland and member of the Global Commission on Drug Policy.

Ruth Dreifuss said that she was grateful to the seminar’s organisers and to the Chair for the opportunity to have an informed debate on reforming drug policies and for inviting her to participate. She regretted that she was unable to attend for all three days. She had been looking forward to attending all the presentations and discussions, but on Tuesday she was going to Ghana, where a young West African commission on drug policy was meeting. It wanted to learn from Latin American and European experiences, and she hoped to take a flavour of this seminar and the experience of the Global Commission to that event. She said the new commission was inspired by Kofi Annan and is chaired by former President Obasanjo of Nigeria. It will prevent West Africa from suffering the same violence and corruption as central America and Mexico.

She said that this important seminar fits perfectly into the time schedule of the multilateral debate that is taking place at the Commission on Narcotic Drugs in Vienna and

the General Assembly in New York, given the special session that will take place in early 2016, as well as emphasising the role of Members of Parliament in the process. The homework must be done in parallel with the international debate—or, better still, should precede the international discussion—because only through local and national experience of new policies could there be evidence of their positive efforts. She said that, on local, national and regional levels, the harm of purely or mainly repressive policies are a daily reality. Such harm was the origin of the Global Commission on Drug Policy: the way in which HIV/AIDS exploded among drug-injecting consumers in Europe, growing insecurity in big cities, overdoses and so on. In Latin America, growing violence, the collateral damage of the war on drugs, the corruption of state apparatus, the link between drug production and trafficking, and guerrilla movements were just some of the negative effects of drug policy.

She said that even more damaging for society was the violation of human rights in Asia and the toll of the death penalty being linked with breaking drug laws, as well as forced treatment, labour camps and so on. Analysing how far that damage was not only an unavoidable side effect of an inappropriate policy, but its result, was the first contribution of the Global Commission on Drug Policy. She said that it was necessary to adopt new metrics and criteria to measure the success and failure of national policies and of the international drug control regime, because neither the tonnes of drugs seized, nor the number of people arrested or put in jail, were relevant to the success of the policy, only to people's health and safety.

She said that one of the obligations of the Global Commission on Drug Policy was to promote best practice from different countries, especially harm-reduction measures such as safe injection material; safe consumption rules; diversification of therapies, including low-threshold services and substitution therapy; testing of substances; decriminalisation of consumption and possession for personal use; and models for regulating production and sale such as those that had been developed in Uruguay and the two American states of Washington and Colorado. That shift in national drug policies was the responsible answer to the population's need for health and safety. When making such decisions, the political authorities had to examine how far they were compatible with international drug control regimes—the obligations of parties to the international conventions of 1961, 1971 and 1988.

She said the political authorities of those countries stressed three fundamental objectives of the conventions: protecting public health and enhancing public safety; providing narcotic substances for medical and scientific use, mainly for pain relief; and fighting against organised crime. She said that the authorities participate fully in the international struggle against criminal organisations through shared information and intelligence, and the fight against money laundering and so on. They use the principle that the convention must be in accordance with national constitutions and legal systems to implement national reforms.

She said that all the measures taken in Switzerland were based on national drug laws and gained the support of citizens, who were invited to express their opinions in several popular votes and were always in favour of the measures proposed by the Government. Those measures did not contradict the letter and spirit of the conventions. One was ratified with a reservation about the criminalisation of consumption.

She said that going further into regulating production, sale, and import and export, for non-medical and non-scientific use, of substances listed in the conventions would go beyond the letter of the conventions. However, practice could conform with the conventions if it was designed as a time-limited and monitored scientific experiment, with the results published and put at the disposal of all parties to the convention. A core recommendation of the Global Commission is that such experiments are necessary to collect evidence of the consequences of regulated markets for different substances.

She said that we were witnesses of real momentum and that the importance of the seminar was to bring new ideas into the process. She said that the 2016 General Assembly special session was important, but that it might be a delusion, as was the case at the previous meeting in 1998. That could be avoided only if we succeeded in opening the debate on all aspects of drug policy and problems, not just the control of substances, as under the conventions. She agreed absolutely with Baroness Meacher's conclusion that the aim of the process would be not a new global negotiation to reform the conventions, but to use all the flexibility inside the conventions to allow responsible Governments to deal with the problems for their populations.

Production, Trafficking and Abuse of Illicit Drugs

Speaker: Dr Sandeep Chawla, Deputy Executive Director, and Director, Division for Policy Analysis and Public Affairs, United Nations Office on Drugs and Crime.

Sandeep Chawla said that the purpose of controlling drugs was to have them available for medical and scientific use, not for recreational use. They were vital medicines for public health, which was why a control system was developed. The first principle of the system was still, and always had been, the protection of public health which, unfortunately, was forgotten in implementation. Measures to control the supply of drugs got emphasised, while public health principles were neglected. Globally, the first principle of drug control being public health was long on rhetoric and short on resources—long on public statements in favour; very short on priority and attention. That needed to be put in the context of how many people use drugs.

He said that, rather than setting out the details, he would give the big picture: the number of people using controlled illicit drugs on an annual prevalence basis—using them at least once in the past year—was approximately 250 million people. That figure was expressed in a range of 170 million to 300 million, since spot-on estimates were not available. The figures had not changed much in the past eight or 10 years, and roughly 5% of the world's adult population was using illicit drugs. For those 250 million, the overwhelming proportion were users of cannabis. By taking cannabis out, the figure would drop drastically to a very small number indeed. Looking at the 5% figure, 3% of the population were using cannabis and 2% were using other drugs.

He said that annual prevalence was not necessarily a good measure of problem drug use, which is measured in terms of dependency, addiction, injecting drug use and serious health problems tied to drugs. Those numbers were more revealing: approximately 27 million people were problem drug users, although again that was normally expressed as a range between 20 million and 50 million. That was 0.6% of the adult population having a problem with drugs, whereas 5% of the population used illicit drugs, albeit not necessarily with any associated problems.

He asked how to get a sense of what those numbers meant, and the most obvious comparison was with the use of other psychoactive drugs. The two most popular happened to be legal: tobacco and alcohol. Tobacco was probably as addictive as a lot of illicit drugs and while alcohol might not be, it was certainly as psychoactive. It was only a historical accident that made those drugs legal, yet the controlled ones were illegal. The historical process could be explained, so “accident” was a euphemism but, to be politically correct, he would stick with that word.

He said that comparing the numbers gave some context for illicit drugs. According to the annual prevalence numbers, while 5% of the adult population of the world used illicit

drugs, tobacco was consumed by 22%, and those 22% were probably habitual smokers. The situation for alcohol was even more telling, although the figures were difficult to compare, because while 55% of the adult population used alcohol on an annual prevalence basis, that did not mean that they had problems with alcohol. There were no authoritative figures showing the prevalence of alcoholism, but 55% were users on an annual prevalence basis.

He said that there were pretty solid and stable figures showing the number of people worldwide who die from causes related to illicit drugs—usually an overdose of one kind or another—which was approximately 210,000 people per year. That was a very small proportion compared with the numbers who die from tobacco and alcohol use. A good way of putting the problem in perspective was to note that alcohol claimed approximately 2 million lives a year and that tobacco claimed 5 million a year.

He said that in any discussion of this big control system and its effects, we needed to ask what magnitude of problem we were talking about in terms of the effects of illicit drugs and the number of users. He submitted that the problem was very small, especially when compared with alcohol and tobacco. The bigger question was the “unintended consequences” of the control system, to use that familiar phrase. Although UNODC did not originate that expression, it was the first organisation to bring it into the discourse on drugs. The idea was to consider what happened when the control system was implemented in different ways by different countries, and the overwhelming characteristic was that the system relied on supply-side measures on controls, punitive action and law enforcement, and ignored all the public health measures that were needed.

He said that the picture needed to be contrasted with the other big trends. In the previous five or seven years, there had been good news and bad news, and there was always a mix because the picture was never clear. Over the previous 10 years, there had been the good sign that the number of drug users had generally remained stable—the number was certainly not going up at anywhere near the rate of population increase.

He said that the prevalence of the most dangerous group of illicit drugs—the opiates and opioids, a term used to include synthetic opiates that were originally prescription medicines—had increased, albeit not necessarily in the mature, stable markets, but in Asia and Africa. There were increases in cannabis use in Asia and Africa, and a consistent and observable decline in users of cocaine, amphetamine-type stimulants and ecstasy. The United States had been the biggest cocaine market in the world, but it had shrunk by 40% in the previous six or seven years. Figures on drug cultivation and seizures had shown a similar trend, as there were great increases in global seizures of amphetamine-type stimulants, and the cocaine market appeared to be controlled or contained.

He said that the two traditional areas of opium production—Afghanistan and south-east Asia—were both cultivating more opium. Cultivation had been thought to be under control in south-east Asia, especially in Myanmar, but it had been increasing in the previous few years. Approximately 250,000 hectares were under opium cultivation, which translated to roughly 5,000 tonnes of opium, or 500 tonnes of heroin. The figure was expected to go up this year. Last year’s cultivation in Afghanistan was very high but the hand of God, not human intervention, kept production low because the poppy plants were blighted by disease. There was no disease this year, so production would probably go up. Production in Myanmar was also increasing.

He said that opiate production, combined with the spreading epidemic of prescription and synthetic opiates—opioids—was a serious global problem. Seizures of such drugs were concentrated on the two big production centres, but their use was widespread. Some mature markets were stable or, in the case of Europe, in decline, but some new markets in Asia and Africa were increasing considerably.

He said that the cocaine market had been brought more under control. Cocaine was cultivated on 155,000 hectares, chiefly in Colombia, Bolivia and Peru. Production was going down in Colombia and up in Peru and Bolivia. The figure 15 years ago was 200,000 hectares. Although the market had earlier been primarily in the United States, Europe was now as big a market. Between 800 and 1,000 tonnes of cocaine were produced from those 155,000 hectares each year—again, there was a range. Most cocaine seizures took place in North America.

He said that cannabis was a different problem. The use of herbal cannabis, or marijuana, was widespread throughout the world; the use of the other form of cannabis—hashish or cannabis resin—appeared to be declining. The difficulty was that cannabis was produced and seized everywhere, and the increase of hydroponic cultivation in industrialised or developed countries tended to make the problem worse.

He said that seizures of amphetamine-type stimulants were going up. The only two places where there were not large numbers of seizures were Africa and South America. The new psychoactive substances were a severe challenge.

He said that the challenges faced by drug conventions and control systems were chiefly unintended consequences. The problem with the conventions had always been their implementation, not how they were written or what they contained. None of the three conventions obliged countries to put drug users in jail and they allowed for treatment to be an alternative to conviction and punishment. How the conventions had been used was a different matter, because of the focus on the supply side.

He said that the debate happening now, in addition to the special session of the General Assembly in 2016, might be the perfect opportunity to try to get the drug control system to move out of rigidities; to tackle the unintended consequences, the violence and all the attendant costs of implementing the system; and to bring the system back to what it was originally intended for: to protect the health of the population. It was a question of dealing with two specific issues: bringing it back to something that was in accordance with human rights, rather than violating them; and taking violence out of the drug trade, because clearly trafficking was creating violence.

He ended by paraphrasing Shakespeare: “I come here not to bury Caesar”—the conventions—“but to praise him,” because there was enough in them to keep the system going; the issue was how we implement them.

The Chair said that Ruth Dreifuss and Dr Chawla had provided a lot of information and referred to many challenges.

Questions from Delegates

Fatma Nur Serter (*Turkey*) said that Ruth Dreifuss had emphasised the criminal side of drug use. She completely agreed about that, but wanted to give a few examples from her country.

She said that the social aspects of drug use were important because if a person was addicted, the family tried to keep that a secret from society, because it would be regarded as a criminal problem, meaning that they would be excluded from society. However, the fact that the family tried to keep it a secret meant that the people could not be treated. As the addiction was not regarded as a health problem, many people with addictions ended their lives very early—they were excluded from society and they died.

She asked how to strike a balance between regarding addiction as a criminal problem—an illegal act on the part of the user—and preventing the user from being excluded from society so that there could be an attempt to give them health care treatment.

Ruth Dreifuss agreed that that was one of the unintended consequences of the prohibition system. Criminalising drug users also created a general climate of exclusion for drug consumers in society, and a climate of secrecy around the situation of someone dependent on drugs. It was up to politicians to break that taboo. The first motto inside the Global Commission on Drug Policy was: “Let’s break the taboo; let’s talk about drugs; let’s talk about this problem.” That was particularly important when it came to the addiction stage. The condition—the illness—affected not just the individual, but their family and environment, so breaking the taboo and talking about the problem was something that politicians had to do, and it also meant that better prevention work could be carried out.

She said that young people, who were most at risk of becoming dependent, would talk to adults only if they knew that they could do so and that their friends who might have become addicted would not be treated as criminals. The first principle of a drug policy was talking openly. She said that there was a need to talk about an illness that has to be treated and families who need support, as was done in Switzerland. That was what the families themselves wanted. They went out in the streets to seek the young people whom they knew were at risk of dying from an overdose.

Sebastian Sabini (*Uruguay*) thanked Dr Chawla for his helpful report, but asked why the United Nations did not study quantitatively the consequences of the drug policies established by the conventions. He said that we could make a comparison by looking at the consumption of tobacco and alcohol, but that we did not have specific figures for people who drink and smoke. He said that we should look at regulation, because alcohol and tobacco were subject to a system of regulation, so precise comparisons could be made. The consumption of those drugs made major changes to the body.

He said that it would be good if the UN looked at the number of people who had been taken prisoner, who were refugees, or who had died in Mexico, Argentina and Brazil as a result of the negative consequences of drugs. It was sometimes very difficult to get precise global figures.

Larba Atsoh Apoudjak (*ECOWAS*) said that the conventions were supposed to protect public health. The figures that had been cited on drugs and psychoactive substances could be used to make comparisons, although they might be approximate. She asked, if coca leaves could be used without breaching the law, should that be allowed in the same way as smoking and drinking alcohol? If that was the case, what impact would it have on public health? If you could smoke cocaine as you liked, it would be the same as cigarettes or alcohol. On the conventions, she asked how to ensure that we do not go too far and breach human rights, because people in some countries might be hanged or sentenced to death because of drugs.

Sandeep Chawla said that it was difficult to answer the question of why the UN did not study the consequences of the control system, because it did, and that a world drug report was published annually that arose from the study of the production, trafficking and consumption of drugs. The UN also produced reports measuring other consequences, such as levels of violence, homicide rates, prison populations, and transnational organised crime and its markets. Whenever globally aggregated comparable data was made available, it came from

the United Nations. He said that Ruth Dreifuss would agree that most of the data used in the Global Commission's reports came from the United Nations.

He said that the UN's role was not to use the data to provide a critique of the current system; that was for member states and the delegates' legislative bodies. The UN had not made the conventions, and nor could it reasonably argue in favour of reforming them one way or the other. It was the servant of Governments collectively and its difficult role was only to be as objective as possible and to be an honest broker of the available data and information.

He said that the position was the same for comparisons with alcohol and tobacco. A lot of the data was publicly available, and while it came from another UN body, the World Health Organisation, it was collected in the same way, although it was much easier to collect data on a legal activity, so the numbers might be more robust. The UN provided data on the cost of treatment in its last world drug report. There were approximately 27 million problem drug users in the world, but only one in five of them had access to treatment, and providing treatment was what was needed.

Ruth Dreifuss said there was a distinction between liberalising the market and regulating it. She said that no one believed that dangerous substances should be freely available to everyone and sold on every street corner, but that that was what was happening today through dealers. The regulation of the markets was needed, as with alcohol and tobacco in some countries. Because of the convention, there were places where smoking was not allowed, as well as age restrictions on buying tobacco. Some regulation could be envisaged, although it would differ from substance to substance, but that was the way to try to reduce the risk to public health.

She said that she had the highest respect for Dr Chawla's work, and that it was true that UNODC's role was to make information available and to support national policies. Sometimes that had been the case for policies that had negative consequences, although it could be argued that the countries themselves freely made the decisions.

She underlined the role of the International Narcotics Control Board, which is in charge of monitoring how countries stick to their commitments. She said that she had faced far more criticism for public health measures in Switzerland than some other countries had faced for brutal and harsh measures that, in her opinion, contravened basic human rights. The committee's role had to be reviewed to stress public health and human rights.

Ignazio Cassis (*Switzerland*) said that Switzerland held a debate 20 years ago about its stance on drugs. It had been said that providing places for drug taking would be wrong, and there was the use of metaphors of war and a fight against evil. The opposite approach was about saving lives and helping those who would otherwise die. The Swiss had previous experiences on similar issues. Abortion was decriminalised in Switzerland—it had previously been carried out in a clandestine way—and suicide was illegal a hundred years ago. He said that anything that was criminalised led people to hide things, which meant that they could not be helped or educated.

He said that Mrs Dreifuss was a member of the Swiss Government at the time, when he worked in public health, and that what Switzerland did 20 years ago was revolutionary. He remembered one party saying that there was a war on drugs and that the country had to fight them and not be pragmatic. He said it was important to remember that the issue of drugs had a lot to do with morality. Being pragmatic was a possible path, but it had to go alongside a wide public debate, which could sometimes be painful.

The Chair said that morality was an important issue and that she was sure that delegates would return to it.

Erica Roxana Claire (*Bolivia*) said the UN report showed that coca leaf production in Bolivia had gone down. Her country was working on its own, with little international co-operation, so she asked why Dr Chawla thought that cocaine consumption in Bolivia had gone down.

She said that a distinction was drawn in Bolivia between coca leaf and cocaine, in the same way that wine was not the same as grapes. Chewing coca leaves was traditional in Bolivia and enshrined in its constitution. She asked whether any delegate has tried that in La Paz, or had a Coke, because that is based on the same ingredient. She asked whether there are any controls in international free trade agreements on such products, and whether liberalisation for the use of coca leaves would be possible in FTAs.

Sandeep Chawla said that he needed to put the decline in the cocaine market in perspective. He said that Bolivia was the smallest of the three coca-producing countries. There had been a considerable decline in production in Colombia. Production in Peru had decreased but has increased again, while production in Bolivia had increased slightly, but then decreased slightly again.

He said that UNODC was given money by member states to fund in-country technical assistance programmes, but that 90% of the money was earmarked by donors, who told the office what to use it for. International co-operation was therefore dependent on the wish of the world.

He said that there were many reasons for a decline in a market, including successfully dealing with demand and stopping supply, as well as changes in a particular market that happen for other reasons, so it was not possible to identify a single reason.

Ruth Dreifuss agreed that coca leaves were not cocaine. She said that when Bolivia withdrew from the convention, but then reapplied with a reservation for the chewing of coca leaves, a sufficient number of countries supported its re-accession, because they believed its cause to be just.

Drug Consumption and Demand (Trends)

Speaker: **Paul Griffiths**, Scientific Director, European Monitoring Centre for Drugs and Drug Addition.

Paul Griffiths said that he would take into account what previous speakers had said, but narrow the discussion to the European perspective. The world was now much more globalised and joined up, and changes were happening faster, with regard to drugs in Europe. Those changes could be understood only from a global perspective, which was why meetings such as the current one were important.

He said that he worked for the European Monitoring Centre for Drugs and Drug Addition, which works solely in the realm of information, and that he thought that the EU policy debate was informed by balanced perspectives and was evidence-based. To support the evidence base for policy making, the EU established the information centre, the job of which is not to engage in issues of policy, or to support or criticise member states' policies, but to provide them with factual and comparable information to support a policy dialogue. The

centre worked with the 28 member states, Turkey, as an applicant country, and Norway, by special arrangement, to develop a common language and a factual base for discussions of drug policy.

He said that the centre monitored the whole drugs situation, starting with the epidemiological measures of drug use through five key indicators: surveys of drug use; deaths; measures of problem drug use; supply; and market information. As the drugs situation changes ever more rapidly, the centre tries to develop more rapid responses to monitor new trends. It is responsible for implementing the EU's early warning system on new psychoactive but uncontrolled substances. The centre also looks at prevention, treatment, harm reduction and social reintegration—key aspects of EU policy. It also looks at supply reduction activities and best practice, and supports knowledge exchange.

He said that, after 30 years in which heroin was centre stage in Europe's drug situation, the big news in Europe was that things were beginning to change. Use of most old drugs appears relatively stable, but things were moving more rapidly as regards new drugs; new psychoactive substances, stimulants and medicinal products were playing a greater role. A key policy issue was poly-drug use and the co-use of alcohol and drugs.

He said that the most commonly used drug was still cannabis, which 77 million adults in the EU had used at some point, and which 15 million had used in the past year. The EMCDDA were most interested in intensive users of the drug. Measures of episodic use of cannabis showed a downwards trend, and young people were reporting using the drug less, but the numbers of people who used the drug daily and intensively were not changing as much, and prevalence rates were particularly high among young male age cohorts.

He said that the EMCDDA had become increasingly aware of cannabis problems developing in the EU. Cannabis was now the second most commonly reported drug in specialist drug treatment admissions, and the most commonly reported drug among new admissions to treatment. Treatment options now available included brief interventions and much shorter treatments, and people were coming into services for help with cannabis use problems. The response to drug problems involving higher rates of prevalence was becoming an increasingly important policy concern.

He said that Dr Chawla had already mentioned the backdrop to the situation: a massive move to domestic production in the EU. All countries now reported domestic production. Whereas cannabis resin used to come into Europe from Morocco or Asia, cannabis was now grown in major urban areas. The drug was increasingly associated with social problems and involvement in organised crime, because it was a very good way of making money very quickly, so the policing costs of dealing with such drug production were rising. Europe was now less dependent on imported cannabis resin and consumed more herbal cannabis, which was increasingly produced domestically and of high potency. Different sorts of public health issues were emerging as a result of the changing patterns of consumption of cannabis, although it was a well known drug.

He said that opiates remained responsible for the most morbidity and mortality in Europe, but that their prevalence had greatly declined. The number of new users of treatment had started to fall about 10 years ago, and the EMCDDA's modelling suggested that prevalence peaked at some time in the 1990s. Fewer new clients were presenting for treatment, treatment cohorts were ageing and injecting drug use was dramatically declining. Although a lot of attention was paid to the role of law enforcement activity in restricting flows of heroin to Europe, trends in drug treatment in Europe had also made a difference. There had been a massive increase in substitution treatment, and between half and three quarters of all problem opiate users were estimated to be in contact with services. Although treatment

provision in some countries was far more limited, a large investment in substitution had removed a lot of demand from the marketplace.

He said that heroin seizures had decreased, and that despite the increase in production in Afghanistan, a number of countries had reported acute seizures. In many countries, the heroin market had dried up during 2010-11. In some countries, it had not recovered since the Taliban ban in 2001. In many Nordic countries, heroin had been replaced by drugs such as buprenorphine and fentanyl, and the market had declined in other countries. He said that replacement drugs, particularly synthetic opiates, were entering the problem drug use market and causing different problems. Heroin users in the east of Europe were starting to inject new psychoactive substances such as synthetic cathinones. Problem drug users were using benzodiazepines, which were often purchased outside the EU. A particular concern was fentanyl, a synthetic opiate approximately 300 times more potent than morphine that was being diverted from medical transdermal patches, as well as being produced in Europe.

He showed a slide of a small production site in Slovakia, and said that the drug was so powerful that even small production runs could produce large amounts of synthetic opiates. He said that last week the EMCDDA had produced a warning note from Lisbon on OC fentanyl, a legal drug between 1,000 and 10,000 times more potent than morphine, which had been found in illicit labs in Europe and was being sold as a synthetic version of heroin. He said that such changes in the drug production world and the general rise of synthetic substances were challenging previous ways of looking at drugs.

He said that cocaine remained the most commonly used stimulant in Europe, followed closely by ecstasy and amphetamines. Although individual drugs were declining, the EMCDDA increasingly realised that rather than looking at individual drugs in isolation, it was necessary to look holistically at the market because users would replace one substance with another. Innovation in synthetic drug production in Europe had increased. MDMA, the drug in ecstasy, had virtually disappeared from the market but was returning as a result of new production techniques. He said that methamphetamine had started to become more of a concern in Europe during the past couple of years, having previously been part of a global problem that had not affected Europe very much.

He said that high prevalence of cocaine use was restricted to five or six western European countries, and demand data had shown a downward trend in reports of use, treatment presentations and hospital emergencies and deaths. The volume of cocaine seized on the way into Europe had declined dramatically since 2006 to about half the previous amount, but cocaine trafficking routes into Europe were believed to have changed, so that the drug now moved through African countries up into the north of Europe. The data had to be viewed holistically, therefore, because any one data set could be misleading, and the dramatic falls reported in cocaine seizures were not reflected in the prevalence data.

He said that the European ecstasy market had collapsed in about 2008, largely as a result of precursor issues. Those who reported taking ecstasy in the past two years had in fact been taking a piperazine—usually a legal drug called MCPP—and the popularity of ecstasy had fallen during that period. Over the past two years—mirroring the situation in the synthetic drugs market—legal precursor chemicals had been imported, production techniques had become more sophisticated and high-purity ecstasy had returned to the market, all of which seemed to be associated with an uptick in the popularity of the drug. The same thing had happened in America and Australia, which suggested that it was a global phenomenon.

He said that Europe had always had a large amphetamine market, but more concern had emerged in the past couple of years about methamphetamine. Pervitin, which had been prevalent in the Czech Republic since pre-communist times, had drifted into Germany, and methamphetamine produced in some Nordic countries was replacing some amphetamine.

He said that it was worrying that in some western countries there were reports about new injection, and new methamphetamine and stimulant use. In the UK, there was slamming: high-risk sexual and drug activity. Crystal methamphetamine had recently emerged for the first time in Greece and Turkey, and that seemed to be linked to drugs produced in north Africa, which were originally being exported out of Europe, drifting back into the EU.

He said that new synthetic drugs had begun to challenge the methods used to deal with drug abuse, in a way that was difficult to come to terms with. The EMCDDA was responsible for the EU early warning system, a mechanism for identifying uncontrolled psychoactive substances that might pose a health risk similar to those posed by drugs controlled under the conventions. Since 2005, not many of those substances had been seen, but 300 had been seen this year, and 65 new synthetic substances had been notified to him. Those drugs were first seen as replacements for illicit drugs on the ecstasy market, but recently had been sold as new products and replaced the familiar drugs in some countries.

He said that two recent risk assessments illustrated the nature of the problem. Both were on drugs that emerged for a small time on the European market; they were responsible for some deaths and then disappeared. Both were legal. 4-MA was manufactured in illicit labs, formed from amphetamine and sold as that to amphetamine users. It was not as effective, but it was more toxic. People who thought they had been using an illicit drug were using a legal, more toxic drug. 5-IT was a strange substance: a positional isomer of AMT, difficult to identify by an untrained eye. He suspected that those who sold it thought they were marketing Benzo Fury, which contained AMT, but had that instead, owing to a manufacturing mistake. He said that that drug was recorded as responsible for 21 deaths, but being so hard to detect, that was suspected to be an underestimate.

He mentioned the four joint-report exercises launched two weeks ago. He said that when a drug caused a problem in several EU states, he was required to launch a risk-assessment exercise to try to collect scientific, rational information to assess any risk to health. The four substances he was looking at were: methoxetamine, a synthetic medicinal product based on ketamine, marketed incorrectly as a bladder-friendly alternative to that; AH-7921, a synthetic opiate used as a replacement heroin; the NBOMe powerful hallucinogenic products; and the cathinone drug MDPV.

He said he saw a fairly static, if more complicated, position on addressing familiar drugs in Europe but, at the same time, a rapid and evolving market in synthetics, stimulants and new synthetic drugs. That was proving a policy challenge, whether one took a liberal or conservative view. He asked whether it was reasonable to put large numbers of substances under the drug control conventions, and noted that many would have trouble with that. At the same time, he saw the marketing of toxic substances without control or testing to unaware consumers as part of the policy challenge faced in Europe today.

Inter-regional Dialogue and 128th IPU Assembly

Speaker: **Robert del Picchia**, Member of French Senate and Chair, Inter-Parliamentary Union 12+ Group.

Robert del Picchia said that as a representative of the IPU and a French Senator, he congratulated the British Group of the IPU on convening a seminar on a topic of great complexity and urgency. State drug policies had a threefold strategic dimension, as they impacted on security, the economy and health. Few areas of public policy both involved higher lateral diplomacy and affected the life and health of lost teenagers. Thanks to the internet, youths could easily find the new synthetic narcotics that had flooded the market. He

asked whether our Governments should look for innovative strategies to combat illicit drugs and challenge their policies and assumptions to reduce the devastating effects of this global scourge.

He said that recent events showed the topicality of the theme. Latin American leaders challenged prohibitionist drugs policies during the UN General Assembly in New York just last month and called for urgent reform. The Colombian President, Juan Manuel Santos, made a statement that referred to the single convention on narcotic drugs of 1961, in which he said, “Right here, in this same headquarters, 52 years ago, the convention that gave birth to the war on drugs was approved. Today, we must acknowledge, that this war has not been won. And I say this as the president of the country that has suffered the most deaths, the most bloodshed and the most sacrifices in this war, and the country that also achieved the greatest results in the fight against this scourge and the mafias that prop it up.”

He said that President Santos was not the only one: officials from Costa Rica, Mexico and Guatemala echoed those remarks and called for an extraordinary session of the UN General Assembly against drugs in 2016. Other neighbours, however, such as Honduras, El Salvador, Panama and Nicaragua, had not interpreted the problem in the same way. The position of the United States, for whom legalisation was not an option, had been consistent hitherto.

He said that a recently published study in a British medical journal seemed to show a thriving narcotics market: drugs had become cheaper, more accessible and of better quality, even if heroin seizures had increased in Europe by 380% between 1990 and 2009. Those were grounds for debate and action.

He said that the seminar was timely, as during the plenary assembly in Quito in March, the Inter-Parliamentary Union organised a first debate entitled: “Can legalising drugs help in the fight against organised crime?” Three main ideas came out of that, which could be developed and reflected on during this seminar. The first was the absence of a workable simple, single solution. We should say no to the status quo of an exclusively repressive policy that had not brought about the expected results, but generalised and indiscriminate legalisation should also be rejected. The door could be opened to policies based on governmental regulation of the narcotics market, or on forms of targeted decriminalisation.

He said that the second outcome of the debate was agreement that the consumption and production of drugs thrived on poverty and inequality. Development aid should therefore be considered a priority response to the grip of drugs. There was clearly a vicious circle of underdevelopment and weak state institutions, producing the causes and consequences of corruption. That led to the most favourable environment for the emergence and anchoring of an economy of drug trafficking and criminal networks.

He said that the diverse geographical origin of the parliamentarians meeting in London showed that the drugs problem was not confined to one country. As the scourge they aimed to combat ignored borders, solutions could not be designed, agreed, decided on and implemented at regional or world level. Consumer, production and transit countries had to consult each other to establish continued dialogue at parliamentary level and between Governments, and action had to be co-ordinated.

He said that a report from the Congressional Research Service of the US Congress published in August identified three main transit routes for drugs. One was through Mexico and Central America, for South American narcotics intended for the US market. The second was the West African route, for South American cocaine bound for Europe, and for Afghan heroin bound for Europe and the US. The third was through all the countries around Afghanistan, for heroin bound for Europe, Eurasia, Asia and Africa. No continent could believe it was immune to the problem.

He said that, apart from Asia and North America, representatives of all the main regions he had mentioned were at the conference. That provided an excellent opportunity for representatives of Europe, Africa—especially West Africa—and Latin America to start and deepen a dialogue on new policies in the field. The IPU debate in Quito had concluded on the importance of the mission for parliamentarians, who had to take part in national debates on the impact of drugs on society, especially on young people. Executives had to be held accountable for the policies they implemented. Parliamentarians must be heard when it was urgent to reorient policies that no longer worked.

He said that previous speakers had provided excellent food for thought. A genuine debate should upset and disrupt certainties, and he was sure that the London debate would allow that. He concluded by saying that we should not lose sight of the main objective of the fight against drugs, which was to try to free all citizens, especially the most vulnerable, from the invisible prison of addiction and the suffering that it entails.

Questions from Delegates

Ismeta Dervoz (*Bosnia and Herzegovina*) said that Bosnia and Herzegovina was considered primarily a transit country for drug trafficking, due to its location along traditional Balkan smuggling routes, and between drug production and processing centres in south-east Asia and markets in western Europe.

She said that Bosnia had reduced the flow of illegal narcotics through its territory in 2012, and had improved the capacity of law enforcement and security institutions at Government level. Further improvements were needed. In the past, faced with competing demands, the Government had prioritised limited law enforcement resources on problems such as the investigation and prosecution of war crimes, counter-terrorism and people-trafficking, and had not developed comprehensive counter-narcotics intelligence and enforcement capabilities. However, that was changing.

She said that Bosnia had a state counter-narcotics co-ordinating body and a commission for the destruction of illegal narcotics. Its law enforcement agencies had increased co-operation with regional and inter-regional counterparts. In co-operation with neighbouring countries, it had often succeeded in making narcotics-related arrests and seizures.

She wanted to underline a huge and increasing problem in the region of new, home-manufactured drugs, which had become more popular in the Balkan region, in countries such as Serbia and Bosnia and Herzegovina. The drugs with the street name of “Crocodile”—home-manufactured synthetic heroin products—were very popular in some countries. They had been called “the drug that ate addicts”. A Google search on of the phrase “legal highs” produced 81 pages of responses, with 810 individual web pages addressing the topic and listing venues from which to purchase recipes. The internet had not only made it easier to acquire synthetic drugs, but provided would-be users with readily available mechanisms for sharing their highs and trading their drug-related experiences online. She hoped that Mr Griffiths would say something on that topic.

She said that a whole line of synthetic or herbal products was emerging. Many had yet to be targeted by law enforcement. Another problem was that emerging drugs were mostly home-manufactured and the information on how to make them could be found on the internet.

Paul Griffiths said that Europe tried to assess the availability of such drugs and to respond appropriately and proportionately to those that appeared to cause harm. He said that

we will see a move towards synthetic drugs being manufactured near to their intended marketplaces, so the question was how to respond to that challenge. One side of the argument was whether we could put hundreds of chemicals under control, which would clearly be problematic, but the other was what we could do about toxic substances being consumed by people who often were not aware of what they were consuming. He said it was a real policy challenge.

The Chair asked Mr Griffiths how near the EU draft regulation on legal highs was to being passed—she was sure he had written it—and what its implications would be.

Paul Griffiths stressed that he had not written the draft regulation and said that it was under review by member states. He said that the Commission had made a proposal with the intention of speeding up the identification of new substances and allowing for a more rational mechanism to assess danger. However, many member states might feel that subsidiarity was a problem because the regulation would place control at the European level. He said that there would be interesting debates on the subject over the next year or two.

The Chair noted that there was therefore no immediate prospect of the draft regulation being passed.

Maria Angelica Cristi (Chile) said that there was a constant debate about drugs in Chile, especially about the legalisation of marijuana. She noted that Robert del Picchia said that we should not forget those who are addicted to drugs, and believed that that could not be outside the debate.

She said that public health was essential, but that rehabilitating drug addicts was very difficult. There had been huge efforts on prevention in Chile, but there was still a lot of heroin use, and its usage had increased. She said that Chile seemed to be further behind other countries. There had been a debate in Chile about the possible legalisation of marijuana, for the reasons outlined by other delegates, and people had tried to inform the population that the drug had harmful effects. She asked how to deal with the legalisation of marijuana in the context of sanctions against drug trafficking.

She said that schoolchildren were trying to get hold of new psychoactive substances that were producing new addictions. Chile had introduced tough legislation against tobacco and had managed to reduce tobacco consumption. There was now only one tobacco company in Chile—British American Tobacco.

She said that it was harder for Chile to regulate the consumption of alcohol as, along with France and Australia, it was a major producer of fine wine. She said that comparing alcohol-related harm and deaths with drug-related harm and deaths was dangerous, because people might think that it would be okay for them to consume drugs if they stayed away from alcohol and tobacco. However, more people consumed alcohol and tobacco than drugs, so the statistics were not truly comparable. She said that it would be interesting to hear about the situation in Uruguay, given the reforms in that country.

Robert del Picchia said that there was a different political debate about decriminalisation and legalisation in every country. In France, a Minister had recently said that he was in favour of liberalising cannabis consumption, but others would be completely

against that. The debate was difficult and there was currently no answer. A few countries had gone in the direction of legalisation, but there might be regrets about that.

He said that self-cultivation of cannabis for consumption at home accounted for 11% of consumption in France. He said that it was important to have a debate about whether someone who grew cannabis and consumed it, but did not sell it, should be punished in the same way as someone who was dealing, and perhaps dealing heroin.

Azra Hadžiahmetović (*Bosnia and Herzegovina*) asked about EU regulations in the context of the single European market and different regulations in member states.

Robert del Picchia said that that was exactly what he was saying and asked whether, once you have proposals at international level, it was possible to co-ordinate things between different countries. Traffic did not recognise borders—it was trans-border. He said that if we cannot regulate at a more global level, there will always be problems between countries because of the differences between them.

Ruth Dreifuss said that there was no policy that did not have adverse effects. The question was whether the adverse effects were acceptable. She said that the evaluation carried out by the Global Commission was that the adverse effects of existing regulation were unacceptable, so we had to change the policy, not the conventions.

She said that she wanted to respond on whether it was possible to do something at an international level without interfering with other countries. She said she thought that was possible if we regulated the market—not liberalised it completely—and tolerated the production and consumption of cannabis, for example. She said we could then ensure that it could not be sold to young people or sold abroad, and that production was controlled. She talked about limiting the amount of THC. She described how, once the Netherlands moved the coffee shops from the border with France, there was no longer a problem with French people who came over for the weekend to take drugs, so there was a way in which cross-border problems could be solved. She said she had spoken to Switzerland's neighbouring countries to try to find a way to do what they thought was necessary to meet the needs of its population without interfering with other countries.

She said that she was in favour of regulating the cannabis market, but not of liberalising it completely. She said that a distinction had to be drawn between cannabis and other products. She said that cannabis was consumed widely and could be regulated in a similar way to tobacco and alcohol—she could see only advantages. It was a question of breaking up and controlling markets, and taking away the lucrative markets from criminals. She was convinced that, depending on the substance, different forms of regulation, prohibition or restriction to medicinal use could be introduced, but that that was a huge task.

Robert del Picchia said that that had been done for tobacco. He said that smoking used to be allowed everywhere, but that smoking was now forbidden in most public places, such as restaurants in Europe. He said that he was the one who started the legislative proposal at the time. People said that it would never work in Italy, but it was now working and applied everywhere.

Sandeep Chawla said that the problem with cannabis was the way the control system dealt with it: cannabis was controlled with the same degree of severity as heroin and cocaine.

He said that everybody knew it was less dangerous than heroin and cocaine, but that the system was blunt to changes, so the issue needed to be tackled by the UN collectively.

The Chair said that that was an extremely helpful contribution from UNODC.

She thanked the four excellent speakers and was grateful for delegates' contributions. She picked out points to which she was sure they would return repeatedly: the growing problem of legal highs; and the fact that transit is a problem in Europe as well as in West Africa and Latin America. She said that we had a lot to learn from those continents. She said that they were delighted to learn about the West African commission that had been established recently, which Ruth Dreifuss was going to. She said that they had been reminded of the terrible plight of drug users in Asia who are executed or put away for many years. She said there was an important issue of dealing with cannabis completely differently from how it has been dealt with in the past. She said that Ruth Dreifuss's contribution was extremely helpful and that there were benefits from moving to a different way of dealing with cannabis.