# **BRITISH GROUP INTER-PARLIAMENTARY UNION**

DRUG POLICY REFORM PARLIAMENTARY SEMINAR

# PLENARY SESSION II: ORGANISATION OF AMERICAN STATES REPORT

# LARBA ATSOH APOUDJAK, LUIS FERNANDO CARRERA, ANN FORDHAM and MAURICIO QUINTELLA

## **Organisation of American States Report**

[BARONESS MEACHER in the Chair]

**The Chair** welcomed delegates and said that the objective of the session was to consider the experiences of individual countries against the scenarios in the Organisation of American States report discussed at the OAS general assembly in Guatemala in June 2013, which was attended by two members of the UK all-party group on drug policy reform.

At the general assembly, she was struck by the great differences between the countries of Latin America, a vast area in which it is inevitable that countries will come up with different policies. In the light of that, a theme of the event was the need for flexibility for countries to do what is right for their populations. She said that it is more helpful to read the scenarios in the OAS report as a set of policies from which a country might pick and choose the parts that make sense for it, rather than as a set of fixed alternative policies.

The first speaker was to discuss the huge importance of the institutional weakness of a number of countries. The Chair said that the western world—Europe and the US—should allocate a large chunk of their aid budgets to institutional development in such countries, otherwise they cannot collect taxes, deal with poverty or pay their public workers enough, so people end up in the hands of the drug barons.

## **Alternative Regulatory Regimes**

Speaker: Minister Luis Fernando Carrera, Minister for Foreign Affairs, Guatemala.

Luis Fernando Carrera said that in February 2012, Guatemalan President Otto Pérez, who had many years of experience as a military general, declared that the war on drugs had failed completely, so alternatives had to be sought. No sitting president had said that previously—it is to be expected that former presidents will say it when they have left office. President Otto Pérez said that it was easier to fight drug trafficking 20 years ago than it is today, as trafficking is now stronger and states have less capacity to fight it, and that if we continue to say and do what we have been saying and doing for the past 20 years, complete failure is inevitable.

He said that that was a practical reflection from a practical man; it was not theoretical or academic. Before February 2012, former presidents could say that, as could academics and parliamentarians with no power to transform drug policy, but the question of how drug policy is transformed is one for those who take the decisions. He said that President Otto Pérez had put on the table the idea that those in power should deal with drugs issues, as debate on a more effective drug policy could not be avoided, including legalisation.

He said that, as the Guatemalan Minister of Planning in early 2012, he was asked by President Otto Pérez to research drugs policy to provide a more solid technical position. The Guatemalan delegation took their state-of-the-art research to the Summit of the Americas in Cartagena, Colombia—where Colombian President Santos played a courageous role—to say to the President of the United States that what he had told Guatemala to do for many years had failed. That was not just courageous, but forward looking.

He said that drugs policy had failed because drug traffickers are stronger than ever and state institutions are weaker than ever. The homicide rate in some countries had risen very high, and President Otto Pérez was concerned about states' capacities to manage drug trafficking. Mr Carrera said that the Guatemalan analysis showed that the prohibitionist

approach of the past 50 years had created a large illegal market that was so profitable that, in 10 years, it had created enormous criminal organisations that can manage incredible amounts of money and corrupt any authority anywhere, including in Europe and the US. He said that although we often talk about the corruption of institutions in the south, drug trafficking happens because there is corruption in the UK, Europe and the US, where the drugs flow to and where there is a market because of failing institutions. There is so much money in drug trafficking that even rich states in Europe cannot prevent it.

He said that the illegal market is the real problem as it makes criminals extremely rich. He highlighted an important case 20 years ago, when, as head of Guatemalan army intelligence, President Otto Pérez received a report that Chapo Guzmán, the head of the Sinaloa cartel in Mexico, had been seized on Guatemalan territory. He was returned to Mexico for trial and was sent to jail, but left through the front door after six years because he had paid off everybody in the jail. Today, Chapo Guzmán is listed in *Forbes Magazine* as one of the 20 wealthiest men on earth. He asked what happens when drugs policies produce results whereby those who are being fought and should be being weakened are becoming stronger, and said that a change of approach is needed.

He said that the black market for drugs is the problem. The largest market is for marijuana, which does not cause serious health problems for those who are not addicted to it. Marijuana can therefore be regulated, but regulation requires education. He said that there are two models for regulating psychoactive substances: the alcohol model and the tobacco model. A lot of information is given about the health effects of smoking tobacco—the packets say, "This product may give you cancer", and smoking is prohibited in public places—but there is a greater tolerance for alcohol. The result is that tobacco consumption is diminishing in the world, while alcohol consumption remains high. He said that marijuana regulation should therefore follow the tobacco model, not the alcohol model. People should be informed about the health effects of marijuana abuse, and those who sell and produce it must be licensed. If the tobacco model were used for marijuana, 70% of the illegal market for drugs would be regulated. The remaining 30% of the market is a split between synthetic drugs and those that come from natural sources.

He said that drugs should be regulated based on their potential health damage. Addictive drugs that are damaging to health should remain prohibited or be restricted to certain types of consumption such as for medical purposes, but other drugs should be more freely available. He talked about the possibility of creating a light cocaine, which would be less damaging to health and could be regulated in the same way as tobacco.

He said that some prohibitions should remain. Marijuana with THC levels exceeding 50% is more damaging than marijuana with THC levels of 10% or 20%, and therefore it should not be on the market. The illegal market has caused THC levels in marijuana to increase in the past 20 years. He said that the marijuana smoked in Berkley, California in the '60s had a THC concentration of 20%; today marijuana can be found with a 75% THC concentration. Therefore, the active substance in the product should be measured, as is done with nicotine in tobacco.

He said that the tobacco model shows that there is a way to have a regulated market for a substance that causes health problems. People can be accountable for their decisions, and the product can be taxed to pay for the public health problems and the job security issues it causes. Mr Carrera concluded that a legal market that is regulated, not just prohibited, must be found.

## Socio-economic Investment

#### Speaker: Deputy Mauricio Quintella, Member of the Brazilian Parliament.

*Mauricio Quintella* said that he would talk about Brazilian socio-economic investment in the fight against illicit drugs production, traffic and abuse. The World Drug Report 2013, published by the United Nations Office on Drugs and Crime, showed that the cocaine market in South America has expanded. It showed that cocaine consumption in Brazil has increased mainly due to an increased consumption of crack, and that new psychoactive substances have a deadly impact on users.

He said that crack is treated like an epidemic in Brazil because it is cheap and can cause almost immediate chemical dependence. Most cocaine seizures in the world continue to take place in Colombia and the United States, but a significant number take place in other countries in South America. The matter is so serious that the Oswaldo Cruz Foundation, the most outstanding science and technology institution for health in Latin America, which is linked to Brazilian Ministry of Health, carried out an X-ray of the crack situation in the country. That study showed that there are 370,000 regular users of crack or similar drugs. Those addicted to crack represented 35.7% of total regular users of illicit drugs in Brazil, except for marijuana, which had more than a million users in Brazilian capital cities.

He said that the survey also showed that half the users were young adults, mainly male, between 18 and 30 years old: 78.7%. Research showed extremely concerning data on the use of crack by minors under 18. Of the 370,000 regular users, 50,000 were children and adolescents. Women also faced difficult conditions: they suffered sexual violence and were unprotected. They had children under such conditions and used a higher number of rocks per day compared with men. Brazil did not have specialised services to attend to the female population and needed to address the situation and provide different treatment.

He said that, faced with this increasing landscape of new substances, the Brazilian Government implemented a programme to deal with crack and other drugs. However, the problem was global and required international co-operation. The British Group of the Interparliamentary Union was to be congratulated on discussing this fundamental theme at a conference with representatives from many countries.

He said that Brazil was investing billions of reals in fighting narcotics. The Brazilian programme had three pathways: care, authority and prevention. Treatment of users was expected to be on the care pathway. Health networks for addicts were being improved. Public hospitals were starting to have specialised sectors for short-term treatment and hospitalisation during abstention crises and in cases of serious intoxication. Public clinics were being created on streets where there was a higher incidence of consumption, as well as shelters to provide for up to six months of care and for the clinical stability of addicts and the control of abstention.

He said that Brazil was intensifying police actions along its borders. This was difficult because of its continental dimension. Intelligence and police actions were intensified to identify and capture drug dealers, as well as to smash criminal organisations. The Brazilian Government introduced a Bill to amend the Code of Criminal Procedure and the Law on Drugs to accelerate the destruction of narcotics seized, as well as to speed up the auction of items used in drug trafficking.

He said that the Brazilian Government made compromises to support the Bills on participation in criminal organisations and on speeding up extradition. There were more than 90 Bills on drugs, including Bills that increase sentences for crimes related to drug trafficking, and Bills on the seizure of assets, real estate and valuables.

He said that parts of the Bills were appended and transformed into Bill No. 7663 of 2010. After more than two years of intense work in the Chamber of Deputies, voting on the Bill was concluded. It enables complete implementation of the Government's programme, altering the National System on Public Drug Policies—SISNAD—and defining conditions to take care of users, the guidelines and ways of financing the actions. The text approved was under analysis at the federal Senate.

He said that such measures, combined with funds provided by Congressmen for programmes to fight, treat and prevent the use of drugs, were the main contributions of the Brazilian Parliament to optimise the Government's efforts for an effective and efficient fight against illicit drugs. The third aspect of the programme involved prevention, which meant visiting schools throughout the country to make children and youngsters aware of what could already be considered a case of public health, and trying to prevent the entry of thousands of children and young people into the underworld of drugs.

He pointed out that Brazil was engaged in a big debate on the possibility of regulating the use and commercialisation of cannabis, with the support of the population and also with a favourable response from a former President of the Republic— Fernando Henrique Cardoso—a well-respected ex-president. However, the epidemic of crack and the significant increase in violence related to the consumption of drugs had changed the terms of the debate and neither the population nor Congress had made any advances in the matter.

He said that Brazilians' efforts were remarkable. One special case caught the attention of the international press: the Complexo do Alemão, in the district of northern Rio, a territory dominated by drug trafficking and considered one of the most violent in the country. The Brazilian police arrested the most important drug dealers, dismantling drug trafficking there. He said that this emblematic case was due to the successful installation of the Pacifying Police Units—UPPs, or PPUs.

He said that, inspired by the successful case of the Public Security in Medellín, Colombia, the Government of Rio de Janeiro had already implemented 34 UPPs, and, until 2014, they intended to have more than 40. The operating UPPs covered 226 communities, benefiting more than 1.5 million people in the pacified areas. By 2014, other communities would benefit, covering more than 860,000 residents of Rio de Janeiro and other cities with large urban concentrations.

He said that it was important to mention that, with the UPPs and other actions, Brazil was well prepared to host the World Cup and Olympic games. He said that this was a picture of the Brazilian situation. Although conclusive studies showing the profile of drugs in the country had not yet been produced, Brazil was facing an alarming situation with drugs, mainly crack, and was making efforts to restrain or at least diminish the use of illicit drugs.

He thanked colleagues for the opportunity to represent Brazil on such a relevant issue and expressed his hope that he had contributed to an important initiative of the British Group of the Inter-Parliamentary Union by exchanging experience and knowledge through cooperative working among all parliamentarians.

**The Chair** thanked Mr Quintella and said that it was important for delegates to hear what Brazil was doing, as it would be a leading country in the 21st century.

#### Enforcement

*Speaker:* Hon. Larba Atsoh Apoudjak, Member of Parliament of ECOWAS and Member of the National Assembly, Togo.

*Larba Atsoh Apoudjak* said that she had been asked yesterday to say what Togo was doing to fight drug trafficking. She said that three delegates from ECOWAS were attending the conference, which showed the importance attached to the subject. ECOWAS was a parliament for 15 states in West Africa, including Togo, which were important transit countries for drug trafficking from central America and Asia to consumer countries. She said that drug trafficking was also linked to other forms of crimes, such as terrorism.

She said that Togo was not spared the scourge of drug trafficking and was a transit country. The police and customs authorities regularly made seizures of drugs at airports and at the borders. Togo had been faced with the problem of drug trafficking and drug transit for a few years, and had taken action to fight the phenomenon. In 1998, Togo implemented a new law against drug trafficking. In 2000, a national plan against drugs was implemented, while a plan against money laundering was adopted in 1997. Togo regularly took new legislative action to try to fight this scourge. A national committee against drugs had been set up, along with a body against money laundering and the sale of financial information, as well as specialised customs services and so on.

She said that, at the regional level, there had been a strengthening of information exchange and monitoring at the borders. At the international level, because of where the drugs came from and the threat of drug cartels linked to terrorism, Togo had established close cooperation with the United States, France and other countries to try to fight this scourge, as had been said yesterday and this morning. She said that the problem was a global problem and that the solution therefore had to be a global solution. The whole of the West Africa was affected by this scourge; only at the international level could it be fought.

The Chair thanked Ms Apoudjak for her helpful remarks and for standing in at short notice.

#### **Disruption (Scenario 4)**

Speaker: Ann Fordham, Executive Director, International Drug Policy Consortium.

Ann Fordham thanked the British Group of the Inter-Parliamentary Union for the opportunity to speak at such a prestigious event and thanked Baroness Meacher for her kind introduction. She had been asked to speak about the scenarios report—in particular, scenario 4—but would also give some context and flavour.

She said that the distinguished speakers on the panel had already highlighted some of the complex issues that Governments faced in addressing the drug problem. Those issues were the impetus behind the Organisation of American States producing its scenarios report, in a move by some Governments in the region to open the debate on the issue. She said that the scenarios report, which had been endorsed by the 35 member states of the OAS, was a groundbreaking piece of work for those advocating an open and objective debate about drug policies. It was an excellent move by the OAS to open what Secretary General Insulza of the OAS had described as "a long awaited discussion".

She said that the report was the culmination of the most high-level discussion about drug policy reform ever and clearly put forward the idea that Governments should have the flexibility to explore alternatives to the dominant approach. The report had also opened the space and made it genuinely plausible to discuss future possibilities such as decriminalising drug use and possession for personal use, regulating drugs—in particular, cannabis—and health and harm reduction-orientated approaches.

She said that the International Drug Policy Consortium did a lot of policy analysis and that she had with her some copies of a short paper, which they had tried to make as digestible as possible, that summarised the OAS scenarios report. The paper could also be found online, on the IDPC website, where delegates could read about the other three scenarios, which she would not be talking about, but about which the other panellists had.

She said that the fourth scenario was called "disruption" and that while she had been asked to talk about case studies as examples, delegates would see why that was challenging. Initially, there were going to be three scenarios in the report. The fourth scenario was rather hastily put together at the end of the process, because the scenarios team—and, she believed, the OAS secretariat—felt that a number of issues had not been well articulated in the other scenarios.

She said that "disruption" captured the tension between consumer countries, such as the United States and many European countries, and producer or transit countries, which were mainly in Central and South America. However, she acknowledged that these distinctions were becoming increasingly blurred. The fourth scenario highlighted the unfair and unbearable harms and costs of drug trafficking and supply interdiction efforts, which were disproportionately borne by producer and transit countries. Given the high harms and costs, the scenario explored the possibility that some countries might stop prioritising supply interdiction efforts, essentially abandoning the fight, and, in some cases—perhaps as a pragmatic response—negotiating with drug cartels to find a way to accommodate drug production and trafficking through their borders.

She said that, as laid out in the scenario, the opportunities from adopting that approach suggested some initial positive results, in terms of reduced violence and the benefits of directing resources more towards national priorities such as health, institution building and harm reduction, rather than security and law enforcement, which were external priorities that in Latin America were often led by US pressure.

She said that the scenario also set out some challenges of adopting that approach. The roll-back of drug law enforcement would eventually lead to the expansion of drug markets and drug consumption, and an increase in criminality and the power and profits of drug cartels. Over time, states would risk capture by criminal organisations, with countries perhaps becoming narco-states and facing unprecedented levels of corruption and collusion with drug cartels. There would also be a risk of conflict over adherence to international drug control treaties, which could escalate tensions between countries following different approaches. She said that that could lead to a kind of doomsday, with armed conflict and chaos as countries deviated from a strong prohibition, law enforcement, security-led approach to supply interdiction. She tried to analyse that scenario, saying that there was no example or case study of a country where such a policy was deliberately implemented, but some countries had high levels of corruption and collusion and accommodation with drug cartels.

She said that the existence of the scenario reflected concerns that a country might follow such an approach and captured the frustration that transit and producer countries faced in stopping the flow of drugs into western markets, which might not reflect their national priorities. An issue she had with the scenario was that it reinforced the idea that supply interdiction and blanket prohibition-based efforts based on law enforcement were still worth pursuing, but a huge amount of evidence was to the contrary and showed that, after decades of supply interdiction, millions of dollars and great human cost, we had not reduced the scale of the drug trade. Trafficking routes had been shifted, but the impact on the size of the market was negligible. Last month, a paper published in the British Medical Journal by distinguished academics found that, over the past 20 years, the price of drugs had declined, while their purity had increased. It concluded that we needed to reassess our approach to supply reduction.

She said that she did not mean that countries should give up and abandon the fight outlined in the disruption scenario because it was likely that some of the challenges would become reality, but that smarter law enforcement approaches should be discussed. Their modernising drug law enforcement project looked at targeted or focused deterrents or selective interdiction that prioritised minimising the violence and corruption related to the drug trade, and tried to reduce the socio-economic dependence on it, rather than reduce the incidence of crime or the scale of the market. That was a more sophisticated approach than zero tolerance and allowed for better resource use, because the most harmful, violent or dangerous aspects of the market were targeted. It had been used with some success in mainland USA and in particular in Operation Ceasefire in Boston and in Rio, Brazil, as Mauricio Quintella described.

She concluded by saying that the scenario was not popular in drug policy reform circles, because it did not outline policy alternatives. It might be a pragmatic option for Governments fed up with fighting the drug trade and paying high costs, but did not seem to create momentum for change. However, she said that she thought that it did. It outlined an urgent need to reform drug control policies and consider alternatives. She said that, if there was a risk that countries would have to reconsider how to spend their modest resources and felt that they must prioritise their national drug problem over servicing the agenda of global supply reduction, and in doing so the spectre of chaos ensued, we would have to urgently debate and seek alternatives to what we were pursuing.

The Chair said that the panel had set out a lot of challenges.

## **Questions from Delegates**

**Erica Roxana Claure** (*Bolivia*) congratulated the panel on presenting relevant issues and said that she would give the Bolivian perspective. She said that the Guatemalan Minister, Luis Fernando, spoke about regulating the strength of cocaine. She said that cocaine regularly went through the black market, so, for example, an additional kilo of cocaine would be obtained from a kilo of pure cocaine that left Bolivia and was perhaps cut with other substances. She asked what we could say about purity to those who operated in the black market. It was difficult to deal with.

She said that Brazil had a very large border. They controlled the border to avoid the transit of drugs, so Brazilian drug traffickers found it more difficult to trade freely along the border. She said that that global problem was based on supply and demand, so if demand grew, obviously so would supply. Strengthening institutions was important, because Brazil had alternatives to the production of coca leaf, which had to be grown at 2,000 metres to 3,000 metres, and coffee and other products could be grown successfully there. When the Government encouraged alternative production, and farmers cultivated other crops, there was pressure from the external market, because prices were so low that farmers sold coca instead of bananas, because they preferred to invest efforts in a product that would generate more money and be more profitable.

She said that international aid should increase the cost of alternative crops, and that in Bolivia, that would deter the growing of the coca leaf. She said that they supported their allies

and tended not to support those who were not their allies. In that way, aid is conditional, which can make things more difficult, and Bolivia is making a huge effort in that regard.

**Robert del Picchia** (*France*) said that a good debate is a disruptive one, which was why he was asking the Minister a question. He said that the Minister suggested that there could be the same information policy for cannabis as for tobacco, which he found hard to understand, because soft drugs and tobacco cannot be compared. He said that there is a huge difference because smokers who smoke too much know the dangers, and that all cigarette packets in France say, "Smoking kills." People are warned and smokers can carry on smoking despite the risk, or stop, but soft drugs are different. He said that a weak or vulnerable user can quickly move on to harder and more dangerous drugs such as heroin and cocaine and so be lost to prevention. He asked what the panel thought about legislation in France, which does not distinguish between hard and soft drugs.

Luis Fernando Carrera said that the question of whether regulation is possible is interesting, because regulation now looks difficult. In the late 19th century, most countries sought to regulate alcohol consumption. Some created monopolies of state on its production, and companies and private citizens were not allowed to produce alcohol. He said that some were successful in controlling alcohol production that way, but that they did not solve the problem of alcohol dependency. He said that that model did not help those who abuse alcohol, but just created a market for the state. Other countries decided to prohibit alcohol, as the United States famously did in the 1920s and 1930s, but none of those countries found a successful way of managing the threat to public health.

He said that most people taking part in the debate want to control the bad effects these products have on public health and to help people lead healthier lives. He said that regulation is possible. He said that the alcohol market started to regulate certain things and allow private individuals to produce alcohol under certain conditions, one of which was the percentage of alcohol. For example, alcohol at 90% concentration cannot be sold for human consumption, and if someone did that, they would go to jail. He said that the same happens with tobacco, because a nicotine percentage above a certain level is not allowed by law. If someone goes above that level, they would go to jail.

He said that countries know how to regulate the amount of active substance in a specific product and where those products can be sold, through licensing. He said that through that, countries know who sells tobacco and alcohol and so know how to find people who break the laws, who then lose their licence. He said that countries continue to believe that these products are bad for health, but regulate their consumption by allowing a regulated market and by allowing citizens to decide how much risk to take with their health, rather than going to the two extremes of prohibition or creating a state monopoly. He said that those who smoke tobacco or drink alcohol may affect others, but they are taxed for that.

He said that a good bunch of lawyers and policemen were needed to create a prohibitionist system, but that he would never recommend such a system because it does not make sense from an economic point of view. If a country wants people to consume less or none of a product, it should not prohibit the product, because that simply creates a black market. Economists know that well. He said that the London School of Economics was doing an economic price study for next year on the economic consequences of and alternatives to the current way of dealing with drugs.

He said that the problem was economic. People produce coca—not cocaine—because they can earn more money from it. It has a high price because of the cocaine market. He said that the market does not allow for the cost of bananas to increase, because too many people produce bananas at a cheap price. Governments cannot instruct the market to behave in a different way, because that would create a black market in bananas, and Governments would then have to fight organised crime over bananas. He apologised for making that joke, but said that that was how it works.

He said that regulation is possible and the best option available. He said that Governments can and have to make a difference on the issue. It is not about one thing being dangerous and another not being dangerous; it is about how dangerous the product is and the level of active substance within it—that is the real challenge. The question is how to produce things so that they are fit for human consumption in a regulated market and do not present an immediate threat to public health. Alcohol and tobacco present a long-term health threat, but not a short-term one. Without abuse of the substance, the substance can be consumed legally. The question was not about hard and soft drugs, but the level of active or psychoactive substance.

Ann Fordham said that she supported Fernando's comments. She said that a lot of global evidence shows that the prevalence of drug use in any society is completely independent of policy. Countries such as the US, which has one of the harshest drug policy regimes, has one of highest levels of drug use prevalence. Countries have some control over mitigating or reducing the harms associated with drug use, which was where alternative policy options need to be explored. She said that countries have little control over reducing drug use prevalence. The evidence is borne out by a comprehensive WHO report from 2008.

*Mauricio Quintella* said that he wanted to make a comment about the work of the police. There was territory that they still could not get into, such as that above the hills in Rio de Janeiro. It was a very dangerous place and they still could not get inside. He said that the army and police were sent in, that they pacified the place and that people went into the schools to put in sports facilities. He said that the place has now been pacified and that it was a very good experience.

**Chernor Maju Bah** (*ECOWAS*) said that he agreed with Fernando that it was better to regulate what is illegal than to leave it unregulated by laws. He wanted to add to what his colleague from ECOWAS had already said. As a region, West Africa had served as a transit point. Where there was political instability and poverty, the recipe for trafficking through those areas was always great. He said that West Africa had been doing very well, with democracy emerging in most of the states within the region, but that places such as Guinea-Bissau were still being challenged by political instability. Before now, the borders within the sub-region had been very porous, which meant that it was easier for traffickers to move from one state to another, where different Governments were operating. He said that the sub-region under ECOWAS had launched, a few years ago, a joint border post: two states that shared a boundary used one block to enter and exit from one state to another.

He reminded the panellists not to lose sight of the fact that, even though they had distinguished producers from transit point to consumer, most of the known drugs, which have been described as severe, had emanated from Asia and South America. Europe and North America had produced synthetic drugs in-house. He said that while they had tried to block, minimise or manage the conventional drugs, they had to consider how to manage, limit or regulate the drugs that had been manufactured in Europe and North America, otherwise they would turn up in all the wrong places.

**Mehmet Sağlam** (*Turkey*) said to Mr Carrera that regulations implied education, but that in his presentation, he had not mentioned educating schoolchildren, people at university and the general public. While Turkey had been known as a trafficking country—it had tried to fight against trafficking—it consumed less than other countries. He asked Mr Carrera to elaborate on the education aspect of regulation, because the consumption aspect was so important. He said that if customers could not be found, countries would not be able to sell anything they produced.

*Luis Fernando Carrera* said that he had not mentioned two aspects in detail. One was the role of education in the regulated market and the other, on which he did not have time to expand, was the security policy in a regulated market. There had to be a security policy in a regulated market because there were areas of law enforcement that needed to be controlled. It was not a question of getting into a regulated market and abandoning law enforcement. Law enforcement had to continue to play a role; it was just that it was a different role.

He said that, on the public education side, he always gave the example of tobacco, because that campaign had been more successful than that for alcohol. He said very little had been achieved in public education on alcohol, and that the private marketing of alcohol had completely dominated states. That prevented states from regulating and educating people about the most damaging and psychoactive drug in the world—alcohol. He stressed that alcohol was the most damaging drug by any standard.

He said that the question about public education and tobacco was interesting. They had to start with the fact that they needed to educate the people, so they had to have campaigns from public health ministries and other people. He described it as the "social market". He said that they had to advance the idea that smoking was bad for humans. The marketing of the product had to indicate that. They had to have a slogan such as "Smoking kills" because it was true. In the past, there had been a debate about that, but now, he said, it was known to be true. That must be indicated in the product. There had to be a social marketing campaign plus a product label display.

He said that the other important thing was to get the message into primary and secondary schools—specifically late primary school and early secondary school. Most smokers and alcohol consumers started at a very early age—between 10 and 15 years of age. It was a very damaging thing. If they controlled that period and reduced the number of consumers between 10 and 15 years old, they would create a long-term effect. He said that very early consumers of tobacco or alcohol, between 10 and 15, became more addicted in the long run. Juvenile consumers, between the ages of 18 and 20, tended to be less addicted in the long term. That had to be emphasised. He said that education at primary and secondary schools played a role in the formative years between the ages of 10 and 15.

**The Chair** said that it was time to break for coffee because everyone was itching for a "little drug". A few important points had to be taken away. If young people were put in prison, it would not reduce drug use. Secondly, she said that Fernando Carrera's challenge that regulation of cannabis would take 70% of illegal drugs into the legal market had been incredibly helpful. That had to be taken back as a serious challenge to Governments. Education had great importance. She said that, even if we regulated cannabis and low-level cocaine, there would always be illegal drugs and we would always need enforcement. It was not one or the other. She said that we had to do an awful lot better than we were doing.

She thanked the four speakers and said that it had been a challenging and interesting session.