
BRITISH GROUP INTER-PARLIAMENTARY UNION

DRUG POLICY REFORM PARLIAMENTARY SEMINAR

PLENARY SESSION VIII: CHALLENGES AHEAD

BARONESS MEACHER

SANDEEP CHAWLA

Challenges Ahead

[BARONESS MEACHER *in the Chair*]

The Chair said that the seminar had heard a lot of information about many experiences from very different places in the world. Inevitably, people came with different ideas, which was appropriate, because we could not expect the same policies to work across all countries. Rather than an impossible attempt to summarise discussion, she would suggest a number of propositions emerging from the deliberations over the past couple of days. First, Dr Sandeep Chawla from the United Nations Office on Drugs and Crime, or UNODC, was to talk about the process leading up to the special UN General Assembly session of 2016, as well as about ideas on which some countries are beginning, broadly, to agree.

Future Developments

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

Sandeep Chawla said that the UN had a saying, because it worked in a special environment: there were only three ways of doing things in this world—the right way, the wrong way and the United Nations way. That UN way of doing things was driven by the fact that it was the responsibility and the job of the UN to bring together a world of close to 200 sovereign member states, each with a different opinion, and to find common ground in such a diverse membership. A common ground had been found in the drug conventions, and now was the time for discussions on how the system would continue to be implemented over the next few years.

He said that to understand the process, it was necessary to know three things about how international co-operation on drugs was structured. First, the Commission on Narcotic Drugs was an intergovernmental body composed of 50 state members of the UN, with membership by rotation; any member state was entitled to attend, but only 50 were members. CND functions were written into the drug conventions, and any change to the conventions—putting a substance into a particular schedule for control, any change to articles about what was controlled or not—was done by the commission. The CND met in Vienna in the spring of every year; it also met for two days in December of every year, to approve the budget, because its other role was as the governing body of his organisation, the United Nations Office on Drugs and Crime. It gave the UNODC governance policy direction, approved budgets and so on.

He said, secondly, that the CND was part of a complicated UN system that ran under the auspices of another body, the Economic and Social Council, or ECOSOC—the UN loved abbreviations and could not live without them. All economic and social co-operation throughout the UN system was co-ordinated by ECOSOC, and it had many functional commissions—such as on drugs, crime, the status of women or of children. There were a range of such bodies, but the CND reported to ECOSOC, the co-ordinating body.

He said that, thirdly, there was the General Assembly, which was the supreme legislative body of the UN. All member states were represented on it, and it operated on the system of one country, one vote, with no weighted voting. The General Assembly decided overall positions and policies for the UN. There were some difficulties in the UN between the General Assembly and the Security Council, which was meant to deal with political matters

and had only five permanent members, but generally, the General Assembly was the overwhelming body.

He said that the schedules being dealt with were tied to a special General Assembly session on drugs in 1998 at which a set of action plans was adopted, with a 10-year timetable. In 2009, the CND met to review the 10 years of implementing the action plans agreed by the General Assembly. At the latter meeting, the CND adopted a new set of action plans and a declaration; next year would be the mid-point of the decade starting in 2009, so the CND would conduct a high-level review of what had been achieved under the declaration and action plans over the past five years. The next review was supposed to be in 2019, at the end of the 10-year period.

He said that, unfortunately, last year, the General Assembly, the UN's supreme body, adopted a resolution under which it decided to have a special session on drugs in 2016. That threw off the 10-year timetable organised by the CND for the General Assembly. The assembly, however, which could decide what it wanted, because it was the supreme body, decided that it would have a special session in 2016. That created a problem about how the two timetables needed to coincide.

He said that the CND would meet in the spring of next year for its mid-decade review session. It would also have to play a role in planning for the 2016 General Assembly session—that was to be decided by the assembly in the next four or five days, during negotiations on the annual resolution on drugs. Mexico usually supervised those negotiations, as the country that traditionally proposed the first draft of the resolution. One way or another, each country had an opportunity to contribute to the discussions on how the process would go: through its delegation in New York, and discussion on the resolution; by attendance at the regular meetings of the CND in Vienna; and by expressing a position directly to the secretariat of the UNODC.

He said that his final point was to do with the three or four areas in which the UN had no position—it could not tell member states what to do, so it had no position on the drug policy debates of the past few days. He said that UN and UNODC work was based on the conventions. Views commonly held among UN members were now tending in the direction of the 2016 declaration and the CND declaration to be made next year, which was to redress the balance towards strategies and policies to reduce demand for drugs, on a par with those to reduce supply. In other words, there should be a balanced approach in which health-oriented drug policies and conventions could supply that neglected dimension. There was almost universal agreement on that.

He said, secondly, that it was also pretty widely agreed among UN members that there was a need to emphasise the fact that drug policies and the implementation of the drug conventions should never generate human rights violations. Traditionally drug control and human rights regimes of the UN had moved in two different directions, but the idea was now to bring them closer together and recognise that drug users' rights were the same as any other human beings', and that human rights were important. Thirdly, many, though not all, countries tended to recognise that unless the drug problem was dealt with as a health problem, they would continue to suffer from a large criminal black market, generating violence, corruption, political influence and horse trading, and money laundering. One way or another there would be an economic effect. Finally, it was also being recognised that there was a need to balance action on the supply side, and not only eradicate drug crops but provide balancing development. Again, there was pretty wide agreement on that, and it was hoped that much of the discussion would go in that direction.

The Chair said that she had been keen for Dr Chawla to give his view before putting her propositions, because it would not be helpful if she were to say things completely opposite to other countries' views and to what the UNODC would tolerate. She was relieved to find that they were all on the same page to a remarkable degree.

She was keen to hear from delegates after she had spoken. A meeting of European Ministers and heads of drug policy would be held on 23 January but Jindřich Vobořil of the Czech Republic was hoping to have a meeting of European and Latin American Governments before the March Vienna meeting; the Chair hoped it would be possible to include a few of the crucial West African countries too. As there was a series of meetings, with others before 2016, the Chair said she wanted to put initial thoughts to the delegates so that their views on propositions could be taken into account at the January meeting and subsequently.

The first proposition was that it had to be accepted that humans had always taken drugs and always would, whatever laws and punishments there were. As Ann Fordham had put it, drug use was essentially politically neutral, and although it might be possible to get people to move from one drug to another, the overall use of psychotropic drugs would not be influenced by the toughness of punishments or similar factors. Part of the proposition was to leave behind the one simple objective of a drug-free world, which could never be achieved and was not helpful, and replace it with several objectives.

The second proposition was that drug laws should now be evidence-based. The 1961, 1971 and 1988 conventions were drafted before there was evidence about drug policies that seemed—although none were perfect—to work better. They were drafted on the moral position that drugs were bad, as were drug takers, who should be punished and would then go away. That approach had not worked and it was necessary to turn to evidence to see whether something better could be done.

The third proposition was that it was not right, at this stage, to try to change the conventions. Persuading Russia to change one word would be an achievement, but there were also China, Thailand and other countries to consider. It would not be possible to get more than 180 countries to sign up to a global change in the UN conventions and energy should not be wasted on trying. However, there was a need for challenges to raise the debate. Jindřich Vobořil among others would play a crucial helpful role in doing that in Vienna, perhaps by putting down an amendment.

A fourth key proposition was that countries should have more freedom to decide what policies to carry out to benefit their populations. It had been widely thought that the criminalising interpretation of the UN conventions was how things had to be; but greater freedom was needed. The question was how to achieve it.

The next proposition was that there were two ways, which had been mentioned on Monday, of getting that freedom; it was up to delegates and their Governments to decide whether they wanted to use that freedom. The first way might be called the Bolivian way: withdrawing from the conventions, developing a reservation and re-acceding, and allowing the country to do what it considered right for it—as long as that did not damage other countries. That was an important proviso, which was in the conventions: whatever a country did, it could not damage other countries' interests.

She said that she called the other way the Uruguayan way. That was to use article 3 of the 1988 convention, which permitted a country to establish criminal drug laws subject to “its constitutional principles and the basic concepts of its legal system”. She had checked with Dr Chawla that passing a law made it part of the concepts of a country's legal system, and the article seemed to allow an individual country much more freedom than had been thought.

She said that within the framework of the next proposition there was sufficient evidence for the UN, the UNODC, the IPU or any other organisation to promote three policies. First,

although it is up to individual countries to decide whether to implement them, the major institutions of the world must prioritise the prevention of drug addiction among young people through information, education and generous welfare provision. She acknowledged that that is not realistic for poor countries, but called also for reduced inequality, good employment opportunities and other social policies that reduce drug addiction. She said that it was no accident that a country such as Sweden has low drug addiction rates, because it has very good social policies.

The second policy that she identified was to encourage every state to provide effective treatment for addiction immediately after it has been identified, not to criminalise and imprison people before they can access treatment. That would be in line with Sandeep Chawla's point about human rights: people should not be punished because they are sick.

She identified the third policy as not criminalising young people in general, but treating them and taking the "health approach". She referred to George Soros, who had said that arresting drug addicts is not economically sensible and wastes money by achieving nothing, prolonging addiction and preventing people from getting better. She expressed hope that the world can cohere around those three policy areas and that, although the far east would be the last to follow, hopefully the rest of the world can get there.

She acknowledged that the drug supply is a difficult issue, but said that the seminar had managed to focus on two issues. The first was tackling money laundering. She was struck that the UK has a long way to go in enforcing its good laws and regulation—a position that it might share to some degree with countries across the world. She said that there must be a global effort to tackle money laundering and expressed hope that that would be on the agenda for the European Minister's meeting in January, and perhaps for the meeting in Vienna in February. She said that it must be made prohibitively expensive for people to continue to deal drugs, as they are getting away with murder, both literally and financially.

She mentioned the other supply-side response that had been examined, which she called the "Swiss heroin treatment model", but which was also pursued effectively in Germany, Denmark, Spain and elsewhere. She said that Switzerland had done well by bringing together the consumption room, the heroin treatment centre and the methadone centre. Having got polydrug users into the consumption room, they are encouraged to see the doctor and social worker from the treatment centre.

She said that all the countries that she mentioned are doing an excellent job and that IPU should be promoting the policy, as it has been very well evaluated. Although it is expensive, it should not be shied away from, as it is highly cost-effective. For every franc spent, two are saved, so combined treatment centres are a good investment, even for countries that are not rich.

She recalled asking about cocaine when she first went to Switzerland, and said that she was told that cocaine use also went right down for those in the system, or they came off drugs altogether. The main drug addicts are polydrug users, so to tackle them by providing legal heroin and methadone would kill a substantial part of the supply side of the illegal drug market.

She said that two words—"legalisation" and "decriminalisation"—have been used over and over again because those are probably the two major policies that will unroll across the globe over the next five or 10 years. However, she noted some misunderstanding about the terms, which were mentioned by Minister Fernando Carrera and Ruth Dreifuss, with people thinking decriminalisation means legalisation. She said that the word "legalisation" is misleading, meaning a regulated system where drugs were very tightly controlled, not sold in supermarkets.

She gave the example of cannabis, which, were it to be regulated in Uruguay or anywhere else, would not be sold to people under a specified age. It would contain a limited amount of the active ingredient, THC, and although that amount might be below a specified limit, it could not be above it, and the exact content would have to be labelled. The label would make clear the risks involved, because cannabis is not risk-free, although very small amounts of THC do not do very much harm. She said that purchasers would avoid dealers altogether by buying their drug from a legal outlet, which she thinks is one of the great benefits of regulation, particularly for cannabis because it is often the supply gateway into the harder drug scene. Most people want a little bit of herbal cannabis, not skunk or heroin, but end up with goodness knows what. She also pointed out that regulated drugs can also be taxed.

She said that decriminalisation is completely different from legalisation. It would not get rid of dealers but would ensure that young people do not get criminal records. She cited as a fine example the Portuguese system, where a lot of money was taken away from prisons to be spent on treatment. If a user is found with a drug, they have to hand it in to a police station and are referred to a tribunal that decides whether they are an addict or a social user. Addicts have to go for treatment; social users are found to be in breach of an administrative contract.

She said that evidence and research show that both legalisation and decriminalisation have benefits, so should be promoted, but it should be made clear that they are different policies with different benefits. Decriminalisation tends to apply to all drugs, but no one is discussing regulation in relation to any drug other than cannabis. She defined the challenge, to be promoted through 2014 and 2016, as reducing the unintended consequences of existing policies, which are colossal and devastating to certain countries, and to reduce addiction to benefit the population.

Questions from Delegates

Erica Roxana Claure (*Bolivia*) said that she was now even more confused. Bolivia had thought about regulating coca leaf, which was used in medicinal and natural ways and could be placed in a box that listed all the benefits and drawbacks of its use. However, Minister Carrera from Guatemala had said no to coca, so she was left confused by her conversation with him because she thought that cocaine should be considered.

She asked how Bolivia could co-operate in such policies if people did not accept its suggestion to regulate coca leaf, not cocaine. Bolivia was completely against regulating cocaine, but coca leaf could be regulated successfully. She asked whether it was necessary to wait until the next convention in 2016 to see whether that idea was accepted, or for another generation of young people, by which time many thousands people would have become drug users and been treated clinically? She said she had been waiting for far too long on that question.

Jindřich Vobořil (*Czech Republic*) said that Dr Russell Newcombe and Dr Marks in Liverpool first formulated the idea of harm reduction in the context of clinical practice. He said that Dr Marks started to prescribe all the drugs that people used on the street because he did not think that a society free of drugs was possible, so it was better to help those people by prescribing what they used and thereby reducing the harm to them. That idea was adopted by Liverpool John Moores university, which formulated ideas about harm reduction. He said that Britain drafted a White Paper on harm reduction shortly afterwards, which was a major

strategy, because at that time HIV was a greater threat than drugs-related crime. He said that when considering coca leaves and cocaine—the Chair had mentioned prescribing heroin and methadone—and looking at 21st century drug strategies, people should be able to access harm reduction treatments, regardless of whether an addiction was for heroin or cocaine.

He said that the Czech Republic had a problem with methamphetamine, while heroin use was low, so there was a need for amphetamine-type drugs to be prescribed by clinicians. He agreed with the Chair that Russia would be against such a policy, but said that the arguments were in favour of change, because Russia was one of the most dangerous places regarding an HIV epidemic, precisely because it refused to consider a policy of prescription.

He said that he had a suggestion that people might think was a step too far. He had recently proposed that the Czech Government put together their policies for all drugs. He said that, a year ago, Germany had put alcohol, tobacco and other drugs in one policy. He said that such an approach allowed for consideration of new ways to regulate the alcohol and tobacco markets. He said that the experience of prohibition in the early 20th century had shown what did and did not work, but that there was now sufficient data to make effective policies on all the substances together. He said that UNODC's mandate should be widened so that all drugs could be considered in the same way.

Lord Howarth (*United Kingdom*) said that the Chair rightly stressed the need for “evidence, evidence, evidence” and that, during the excellent seminar, country after country had insisted that evidence-based policy was desirable. He said that the base of evidence in Britain was inadequate, with gaps, discontinuities and the underfunding of crucial programmes, and he suggested that that could be the case in other countries. He noted that countries took different approaches to the gathering of evidence.

He wondered whether Dr Chawla had a view on whether it would be desirable to develop a model for evidence gathering and research over the next two years. He said that each country's circumstances varied and that each country would be free to conduct what research it wanted, but suggested that it would be helpful to have a recommended pattern for research, as well as more sharing of methodologies, because if the quality and consistency of the evidence base was improved, that could allow the development of new policy to become more evidence-based.

The Chair said that the issue for Fernando Carrera was the strength, or otherwise, of Guatemala's central and local government, and policing institutions, and the worry that they cannot control coca leaf flowing to the suppliers of cocaine. She said that when she talked earlier about cannabis regulation being the only regulation considered, she had meant to mention coca leaf.

She said she understood that Bolivia had reduced its coca leaf hectareage. She said that if Bolivia could control the supply of coca leaf to cocaine producers and direct coca leaf to legitimate industries—she said that a report had been written on encouraging the development of alternative industries involving coca leaf—it would be a positive development, because Bolivian farmers could earn a legitimate living and join the normal economy. She said that she could understand Colombia being worried about Colombia, but that it was Bolivia's responsibility to try to contain its coca leaf in Bolivia and to ensure that it went in the right direction.

Regarding Jindřich Vobořil's point, she said that it was interesting that words acquire negative meanings in one's own country and across the globe, which was the case with the term “harm reduction”. She said that perhaps it would be possible to maintain such policies,

but refer to them in another way, such as “health-oriented policies”. She said that harm reduction had been around over many years during which any reform was regarded as revolutionary. She suggested discussing the matter after the session because while there was a problem with the words used, people were all aiming in the same direction.

She said that Lord Howarth had set out a challenge regarding evidence and agreeing a methodology. She said that she knew a lot about research and commented that no researcher ever wanted to use the same methodology as someone else. She said that Dr Chawla would be able to respond to that point much better than she could.

Sandeep Chawla said that most of the difficulty in trying to find a research protocol or methodology that could be applied across the board was that what was being measured was still loaded with controversy. It was difficult to bring the impact of a policy down to specifics.

He said that what was available—this was what his office tried to provide at the UN level—was a set of standard measures and indicators, for which a methodology was available, to give an annual assessment of how the problem was evolving. He said that some of those statistics were the figures that he cited in his presentation on Monday: the quantity of drugs produced; the number of users of particular drugs; indications of trafficking patterns; and the cost of drugs.

He said that measuring the impact of a policy led to difficult questions—even research questions—for which the gathering of data was difficult. He said that the concept of “evidence-based” was quite complicated, and that while it had concrete meanings in medical practice, from which it originated, it was difficult to apply in social science. He said that he did not think he had ever been in a meeting of social scientists bemoaning a lack of data. He said that the well-known truism when comparing social scientists with physical scientists was that physical scientists always discuss their results, because they usually have a laboratory, whereas social scientists will spend their whole life discussing their methods, because their laboratory is the human laboratory, where things are unpredictable. He said that some evidence gathering could be done on the basis of existing protocols and templates—his office does some of that—but that people had to be careful.

He said that he would love alcohol, tobacco and illicit drugs to be tackled together. He said that UNODC was trying more to provide data for those three things, but that, because of historical and institutional circumstances, alcohol and tobacco were under the remit of the World Health Organisation, while illicit drugs were under UNODC’s. He said that there was the legal/illegal problem, and then the problem of lobbyists and pressure groups, because the alcohol and tobacco industries have powerful commercial lobbying interests. With illicit drugs, there was the simple point that some drugs are controlled pharmaceutical drugs, but there is some lobbying from the pharmaceutical industry. He said that the decision to consider those substances together is in the hands of the UN’s membership, but that the discussion needed to start within Governments.

On Bolivia, he said that the principle of a country acceding to a drug convention with a reservation was well-acknowledged international practice. Many state parties to one of the three drug conventions—chiefly the single convention—had reservations. He said that the reservation simply stated—openly, transparently and for the whole membership to accept—that such and such an area of that state’s national experience, practice or law is excluded from the purview of the convention.

He said that the period in which Bolivia could have lodged a reservation on the traditional practice of coca-leaf chewing had expired—25 years since the single convention came into force in 1964. Due to the expiration, when Bolivia attempted to amend the single convention, the other state parties did not accept it through the accepted procedure. However,

Bolivia's re-accession to the single convention with its reservation was, from a legal and international point of view, a perfectly reasonable outcome to the situation. He said that that was why Baroness Meacher mentioned the Bolivian way as an alternative in any attempt to change the system.

Maria Angelica Cristi (*Chile*) asked whether delegates would be sent the conclusions of the seminar and if their e-mail addresses had been taken.

She said the idea that had been put forward was interesting, because it changed a restrictive view. She said that the previous day's arguments had tried to convince delegates that they needed to criminalise trafficking but move towards legalising consumption, but that she was now feeling more assured. She asked for the conclusions of the morning's working group on health-based drugs strategy, led by the moderator Susanne MacGregor, to be included in the conference conclusions, because it would be useful to have a summary of that helpful session.

She said that she found talk of a human right to consume drugs complicated. She questioned whether there was a human right to consume alcohol excessively or to smoke cigarettes. She wondered at what point doing such things would represent a lack of responsibility, because everyone knew what harm too many drugs or too much alcohol could do. She said that the objective of reducing addiction and improving the population's welfare had been set out, but that if that was the aim, it should be understood that consuming drugs was not ideal. She said that setting out that there was a right to consume drugs was indirectly encouraging or promoting drug consumption, and that people should hear that drug consumption should be avoided.

She said that marijuana caused more cancer than cigarettes, and that it incited or created violence and caused undesirable behaviour. She said she would like time for evaluation and to find out what happened in Uruguay following the passage of its Bill, because countries would be observing what alternatives were successful.

Laura Alvarez (*Mexico*) said that she used to work at the human rights commission, and that she needed solidarity and support because of the bad situation in Mexico. She said that the problem was not just an internal one for Mexico, but something that was global. She could not understand how some countries and institutions gave protection, support and immunity to someone like Salinas de Gortari who was the President from 1988 to 1994. Yesterday he had been at the London School of Economics, but he had been one of the biggest drug traffickers and money launderers—there had been an increase in those things of between 60% and 70%. She said that he had two brothers involved in business, and that they were among the richest people in the world, maintaining secret Swiss bank accounts.

She said that what had happened in Mexico had caused more than 80,000 deaths, with poverty and discrimination against the working class, farmers and civilians. Institutions such as the army and the federal and local police, and some in government, also had involvement in drugs. She thought that Mexico would not want to legalise drugs because it would remove the monopoly. She said that the Government of Vicente Fox had helped Chapo Guzmán to leave prison and that he was now very rich.

Sebastian Sabini (*Uruguay*) said that he was grateful for the seminar, that the sessions were helpful and that the road map presented by Baroness Meacher was appropriate. He said that Uruguay was working with a perspective based not on regulation, but on reducing supply and demand. He said that a lot of work had been done in Uruguay to restrict money

laundering. He said that the suggestions from the conference were productive and that some were already being implemented.

The Chair said that she would respond quickly to Maria Angelica Cristi to clear up any confusion. When she had talked about a health approach, she had meant that someone who was addicted was sick, and should be looked after as a sick person. She said that she had run a mental health trust, and that the minute when sick people—those with mental health problems and drug addiction—walked out of the door, they were suddenly criminals. She had thought that that could not be right. She said that a social drink or a little bit of cannabis socially might not be good for people, but that those things could be kept separate.

She said that the delegates in attendance were noble people for still being present after a seminar that was very long but, she hoped, interesting and informative. She closed the seminar by thanking Sophia Ostler from the IPU and her colleagues.