

Drug Policy



Reform

Parliamentary Seminar

PROCEEDINGS

Perspectives from Latin America, West Africa & Europe

Westminster

28-30 October 2013

*“Now is the time for profound reform of global drug policy.
This gathering is an important step in that direction”*

George Soros



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National drug policies have a threefold strategic dimension, as they impact on security, the economy and health. The BGIPU hosted the Parliamentary Seminar on Drug Policy Reform in Westminster from 28 to 30 October 2013 which was attended by around 50 members from 30 parliaments in Latin America, West Africa and Europe. This event followed on from the 128th IPU Assembly in Quito which had convened a panel discussion for the world's parliaments on drug policy reform in March 2013.

The aim of the seminar was to encourage an open and frank debate on global drugs policy reform among parliamentarians from countries that are especially affected by this issue from the drugs supply and demand side. A key focus was on the unique role which parliamentarians, as legislators and opinion leaders, could play on drug policy reform issues.

Rick Nimmo

Director, British Group of the Inter-Parliamentary Union

Current trends in drug production, trafficking, consumption and their impact

Production, Trafficking and Abuse of Illicit Drugs

Dr Sandeep Chawla

*Deputy Executive Director, and Director, Division for Policy Analysis and Public Affairs
United Nations Office on Drugs and Crime (UNODC)*

The purpose of controlling drugs is to have them available for medical and scientific use, not for recreational use. They are vital medicines for public health, which is why a control system was developed. The first principle of the system is still, and always has been, the protection of public health which, unfortunately, was forgotten in implementation. Measures to control the supply of drugs get emphasised, while public health principles are neglected. Globally, the first principle of drug control being part of public health is long on rhetoric and short on resources—long on public statements in favour; very short on priority and attention. Let's put this in the context of how many people use drugs.



Rather than setting out the details I will give the big picture: the number of people using controlled illicit drugs on an annual prevalence basis—using them at least once in the

“Roughly 5% of the world’s adult population is using illicit drugs”

past year—is approximately 250 million people. This figure is expressed in a range of 170 million to 300 million, since spot-on estimates are not available. The figures have not changed much in the past eight or 10 years, and roughly 5% of the world’s adult population is using illicit drugs. For those 250 million, the overwhelming proportion are 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 are using cannabis and 2% are using other drugs.

But annual prevalence is 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 are more revealing: approximately 27 million people are problem drug users, although again this is normally expressed as a range between 20 million and 50 million. This is 0.6% of the adult population having a problem with drugs, whereas 5% of the population uses illicit drugs, albeit not necessarily with any associated problems.

To get a sense of what those numbers mean, the most obvious comparison is with the use of other psychoactive drugs. The two most popular happen to be legal: tobacco and alcohol. Tobacco is probably as addictive as a lot of illicit drugs and while alcohol might not be, it is certainly as psychoactive. It is only a historical accident that made those drugs legal, yet the controlled ones are illegal. The historical process could be explained, so “accident” is a euphemism but, to be

“the number [of drug users] ...is not going up at anywhere near the rate of population increase”

politically correct, I will stick with that word.

Comparing the numbers gives some context for illicit drugs. According to the annual prevalence numbers, while 5% of the adult population of the world uses illicit drugs, tobacco is consumed by 22%, and those 22% are probably habitual smokers. The situation for alcohol is even more telling, although the figures are difficult to compare, because while

55% of the adult population uses alcohol on an annual prevalence basis, it does not mean that they have problems with alcohol. There are no authoritative figures showing the prevalence of alcoholism, but 55% are users on an annual prevalence basis.

There are 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 is approximately 210,000 people per year. That is a very small proportion compared with the numbers who die from tobacco and alcohol use. A good way of putting the problem in perspective is to note that alcohol claims approximately 2 million lives a year and tobacco claims 5 million a year.

What is the magnitude of the problem in terms of the effects of illicit drugs and the number of users? The problem is actually very small, especially when compared with alcohol and tobacco. The bigger question is what the “unintended consequences” of the control system are? UNODC did not originate that expression, but 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.

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

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—has increased, albeit not necessarily in the mature, stable markets, but in Asia and Africa. There are 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 has been the biggest cocaine market in the world, but it has shrunk by 40% in the previous six or seven years. Figures on drug cultivation and seizures have shown a similar trend, as there are great increases in global seizures of amphetamine-type stimulants, and the cocaine market appears to be controlled or contained.

The two traditional areas of opium production—Afghanistan and south-east Asia—are both cultivating more opium. Cultivation has been thought to be under control in south-east Asia, especially in Myanmar, but it has been increasing in the previous few years. Approximately 250,000 hectares are under opium cultivation, which translates to roughly 5,000 tonnes of

opium, or 500 tonnes of heroin. The figure is 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 is no disease this year, so production will probably go up. Production in Myanmar is also increasing.

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

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

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

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

“new psychoactive substances are a severe challenge”

The challenges faced by drug conventions and control systems are chiefly unintended consequences. The problem with the conventions has always been their implementation, not how they were written or what they contain. None of the three conventions oblige countries to put drug users in jail and they allow for treatment to be an alternative to conviction and punishment. How the conventions have been used is a different matter, because of the focus on the supply side.

“None of the three UN conventions oblige countries to put drug users in jail”

the system back to what it was originally intended for: to protect the health of the population. It is 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 is creating violence.

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

Trends in Drug Consumption and Demand

Paul Griffiths

Scientific Director, European Monitoring Centre for Drugs and Drug Addition (EMCDDA)

To support the evidence base for policy making, the European Union (EU) established the European Monitoring Centre for Drugs and Drug Addition, which exists not to engage in issues of policy, or to support or criticise member states' policies, but to provide the 28 member states with factual and comparable information to support a policy dialogue.

The centre monitors the whole drugs situation, starting with the epidemiological measures of drug use through five key indicators: drug use surveys, deaths, measures of problem drug use, supply and market information.

In Europe things are moving towards new psychoactive substances; stimulants and medicinal products are playing a greater role. A key policy issue is poly-drug use and the co-use of alcohol and drugs.

The most commonly used drug is still cannabis, which 77 million adults in the EU have used at some point, and which 15 million have used in the past year. Cannabis is now the second most commonly reported drug in specialist drug treatment admissions, and the most commonly reported drug among new admissions to treatment. All countries in the EU now report domestic production so are now less dependent on imported cannabis resin and consume more herbal cannabis, of high potency, resulting in different public health issues.

Heroin seizures have decreased, and despite the increase in production in Afghanistan, a number of countries have reported acute seizures. In many countries, the heroin market has dried up during 2010-11 and in some countries, it has not recovered since the Taliban ban in 2001. In many Nordic countries, heroin has been replaced by drugs such as buprenorphine and fentanyl, and the market has declined in other countries. Heroin users in the east of Europe are starting to inject new psychoactive substances such as synthetic cathinones.

Opiates remain responsible for the most mortality in Europe, but their prevalence has greatly declined. Replacement drugs, particularly synthetic opiates, are entering the problem drug use market and causing different problems.

Problem drug users are using benzodiazepines, which are often purchased outside the EU. A particular concern is fentanyl, a synthetic opiate approximately 300 times more potent than morphine that is being diverted from medical transdermal patches, as well as being produced in Europe.



The EMCDDA recommends looking holistically at the market instead of at drugs individually because users replace one substance with another and innovation in synthetic drug production in Europe has increased.

Cocaine remains the most commonly used stimulant in Europe, followed closely by ecstasy and amphetamines. The European ecstasy market collapsed around 2008, and it is believed to be replaced by piperazine. The volume of cocaine seized on the way into Europe has declined dramatically since 2006 to about half the previous amount, but cocaine trafficking routes into Europe have changed, as they have moved through African countries up into the north of Europe.



The relevance of the present global drug control system and international conventions

Why are we here and what can we do?

Baroness Meacher

Chair of the Drug Policy Reform All-Party Parliamentary Group

For 52 years, the world has been dominated by the United Nations conventions, which have had 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 is now worth more than \$300 billion.

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.

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.

To respond to Ban Ki-moon and to have that debate, we need to learn from the fantastic team of speakers and from all the delegates at this seminar, who have tremendous experience of all aspects of the problem.

For more than a decade, some countries have 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 for free in a treatment setting, and providing support to enable them to get better.

“The question is whether we could move beyond the conventions without changing them”

There are things that could be achieved without any change to the United Nations conventions. Ban Ki-moon appeared to be asking people to go beyond the conventions, but what does that mean? To make a single change in the conventions, all 180-plus countries have to agree, but there is no way that Russia, let alone anybody else, would agree to any change. A change to the UN is therefore not on the agenda.

The question is whether we could move beyond the conventions without changing them. The answer is yes. There are two ways of doing that: Bolivia has 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.

The second possibility is less well known. Article 3 of the 1988 convention says that a country can establish its criminal law "subject to its constitutional principles and the basic concepts of its legal system". This sounds like a huge let-out clause: a country can interpret it to mean that it may introduce a policy if it passes a law providing for that to happen. I am longing to hear from Uruguay, because this looks like its strategy: pass a law and introduce the regulation of cannabis.

The US seems to be going down a similar road; it might eventually go down the Bolivian road or the Uruguayan road. It remains to be seen how it will deal with its situation. This is fascinating, because the US has, for 52 years, dominated the argument that we must penalise everybody with anything to do with drugs.

Reform is under way, and we can expect a gathering pace towards change.



Existing Global Drug Control System and International Conventions on Drug Policy

Ruth Dreifuss

Ex-President of Switzerland and member of the Global Commission on Drug Policy

On Tuesday I'm going to Ghana, where a young West African commission on drug policy will be meeting. It wants to learn from Latin American and European experiences, and I hope to take a flavour of this seminar and the experience of the Global Commission to that event. 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.



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. On local, national and regional levels, the harm of purely or mainly repressive policies is a daily reality. Such harm is 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 are just some of the negative effects of drug policy.

Even more damaging for society is 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 that damage is not only an unavoidable side effect of an inappropriate policy, but its result, is the first contribution of the Global Commission on Drug Policy. It is 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, are relevant to the success of the policy, only to people's health and safety.

One of the obligations of the Global Commission on Drug Policy is 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 is the responsible answer to the population's need for health and safety. When making such decisions, the political authorities have to examine how far they are compatible with international drug control regimes—the obligations of parties to the international conventions of 1961, 1971 and 1988.

The political authorities of those countries stress three fundamental objectives of the conventions:

1. Protecting public health and enhancing public safety
2. Providing narcotic substances for medical and scientific use, mainly for pain relief, and
3. Fighting against organised crime

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.

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.

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 were 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.

We are witnesses of real momentum and it is important to bring new ideas into the process. The General Assembly special session is important, but it might be a delusion, as was the case at the previous meeting in 1998. This could be avoided only if we succeed in opening the debate on all aspects of drug policy and problems, not just the control of substances, as under the conventions. The aim of the process should 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.

Inter-regional Dialogue and 128th IPU Assembly

Robert del Picchia

Member of French Senate and Chair, Inter-Parliamentary Union (IPU)12+ Group

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.

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 has 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.



The second 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.

And finally, the IPU debate in Quito concluded on the importance of the mission for parliamentarians, who must take part in national debates on the impact of drugs on society, especially on young people. Parliamentarians must be heard when it is urgent to reorient policies that no longer work.



Alternative Regulatory Regimes – a view from Guatemala

Minister Luis Fernando Carrera
Minister for Foreign Affairs, Guatemala

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 has said that previously—it is to be expected that former presidents will say it when they have left office. But 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.



A practical reflection from a practical man; it was not theoretical or academic. When I was the Guatemalan Minister of Planning in early 2012, I 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.

Drugs policy has failed because drug traffickers are stronger than ever and state institutions are weaker than ever. The homicide rate in some countries has risen very high, and President Otto Pérez is concerned about states' capacities to manage drug trafficking. The Guatemalan analysis shows that the prohibitionist approach of the past 50 years has created a large illegal market that is so profitable that, in 10 years, it has created enormous criminal organisations that can manage incredible amounts of money and corrupt any authority anywhere, including in Europe and the US. 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.

The illegal market is the real problem as it makes criminals extremely rich. 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. What happens when drug policies produce results whereby those who are being fought and should be being weakened are becoming stronger? A change of approach is needed.

“There’s so much money in drug trafficking that even rich states cannot prevent it”

The black market for drugs is the problem. 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 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

“There are two models for regulating psychoactive substances: the alcohol model and the tobacco model”

world, while alcohol consumption remains high. 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.

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. There is a possibility of creating a light cocaine, which would be less damaging to health and could be regulated in the same way as tobacco.

But some prohibitions should remain. Marijuana with Tetrahydrocannabinol (THC) levels exceeding 50% is more damaging than marijuana with THC levels of 10% or 20%, and should not be on the market. The illegal market has caused THC levels in marijuana to increase in the past 20 years. The marijuana smoked in Berkeley, 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.

“Drugs should be regulated based on their potential health damage”

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. So a legal market that is regulated, not just prohibited, must be found.

Brazilian socio-economic investment in the fight against illicit drugs production, traffic and abuse

Mauricio Quintella
Member of the Brazilian Parliament

The World Drug Report 2013, published by the United Nations Office on Drugs and Crime, shows that the cocaine market in South America has expanded and 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.

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.



The survey also showed that half the users were young adults, mainly male, between 18 and 30 years old. Research shows extremely concerning data on the use of crack by minors under 18. Of the 370,000 regular users, 50,000 are children and adolescents. Women also face difficult conditions as they suffer sexual violence and are unprotected. They often have children under such conditions and use a higher number of rocks per day compared to men. Brazil does not have specialised services to attend to the female population and it needs to address the situation and provide different treatment.

Faced with this increasing landscape of new substances, the Brazilian Government implemented a programme to deal with crack and other drugs. However, the problem is a global one and it requires international co-operation. The British Group of the Inter-Parliamentary Union is to be congratulated on discussing this fundamental theme at a conference with representatives from many countries.

Brazil is investing billions of reais in fighting narcotics. The Brazilian programme has three pathways: care, authority, and prevention. Treatment of

“The Brazilian programme has three pathways: care, authority and prevention”

users is expected to be on the care pathway. Health networks for addicts are being improved. Public hospitals are starting to have specialised sectors for short-term treatment and hospitalisation during abstinence crises and in cases of serious intoxication. Public clinics are being created on streets where there is 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 abstinence.

Brazil is intensifying police actions along its borders. This is difficult because of its continental dimension. Intelligence and police actions are being 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.

The Brazilian Government makes compromises to support the Bills on participation in criminal organisations and on speeding up extradition. There are 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. Legislative measures, combined with funds provided by Congressmen for programmes to fight, treat and prevent the use of drugs, are 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 involves prevention, which means 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.

Brazil is 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 has changed the terms of the debate and neither the population nor Congress has made any advances in the matter.

Brazilians' efforts are 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. This emblematic case was due to the successful installation of the Pacifying Police Units—UPPs, or PPU's.

Inspired by the successful case of the Public Security in Medellín, Colombia, the Government of Rio de Janeiro has already implemented 34 UPPs, and, by 2014, they intend to have more than 40. By 2014, other communities would benefit, with UPPs covering more than 860,000 residents of Rio de Janeiro and other cities with large urban concentrations.

Although conclusive studies showing the profile of drugs in the country have not yet been produced, Brazil is facing an alarming situation with drugs, mainly crack, and is making efforts to restrain or at least diminish the use of illicit drugs.

Money Laundering and Online Trends in Drug Trafficking

Regional Policing and International Policies to Trace Money

Rowan Bosworth-Davies

Law Enforcement Against Prohibition UK

I was recently invited by a prestigious City dining club to address chief anti-money-laundering officers from most of the international banks operating in London. The proposed theme was: “The money laundering laws are broken. How can we fix them?” My response was that the laws are not broken but that they are not being enforced. HSBC has recently been sanctioned in the UK and the US for openly laundering drug money for Mexican cartels; Standard Chartered Bank, has been sanctioned in New York for wilfully flouting US sanctions against suspected terrorist states; and many UK banks engage in outright fraud against their customers, whether through payment protection insurance scams or LIBOR manipulation.



“laws to penalise money laundering are not, for major banks, enforced effectively and properly”

Drawing on my experiences as a former Metropolitan police detective and knowledge of financial fraud, I can reiterate that the laws on money laundering are perfectly sound and fit for purpose. The main problem is that regulations to ensure best practice compliance—the underpinning of any good anti-money laundering regime—and laws to penalise money laundering are not, for major banks, enforced effectively and properly.

You won't not be surprised to hear that I was not able to give my speech: the bankers simply talked over me. Their collective response clearly demonstrated the scope of this country's problem. The commercial response to money laundering laws is routinely to ignore important provisions requiring major banks to work in partnership with law enforcement authorities, and to pay only lip service to compliance.

One banker, representing a well-known house, went so far as to refuse to spend any money on ensuring an effective response to reporting of suspicious activity, because it was “a complete waste of time and money.” He said, “I tell my team to report a small percentage of the alerts we receive, but I am damned if I am going to bother to evaluate them. Let the coppers do that. I don't give a damn about them. The cops do nothing for me, so why should I lift a finger to help them?” That view is shared by the great majority of the banker's colleagues.

As recent money laundering scandals in the banking sector demonstrate, the major banks have clearly taken a long, hard look at global money laundering, and have made a business case decision that laundering the proceeds of crime, drug trafficking and dealing with suspected terrorist states is a commercially viable option. They have come to that conclusion because they are not regulated with any degree of stringent enforcement.

If a couple of senior executives of major banks were prosecuted for their failure to ensure the proper application of money laundering regulations, there would be a Gadarene rush of bankers to reform their procedures and processes, but that is not happening. The Financial Services Authority published a report in June 2011 pointing out major failings in many banks' money laundering compliance platforms. Some rather small and minor banks were fined, but no executive has been prosecuted to date.

Despite stringent anti-money laundering laws in the UK, Europe and the United States, banks still manage to attract and process billions of dollars of criminal money without being subject to any meaningful intervention from regulatory agencies. A director on the main board of Barclays once said to me that the director and his "class" would never be prosecuted for money laundering because they are "a protected species." Despite significant evidence of wholesale money laundering in the UK, the director has been proven right, because not one banker has been sent to prison.

Barclays, Lloyds, HSBC and RBS are no longer British banks. They play in the global market. They play at regulatory arbitrage and seek the most benign jurisdiction from which to operate—happily for them, that is still the United Kingdom—while playing fiscal arbitrage with their profits. They seek the most beneficial offshore tax regime in which to post their earnings. That, along with the concomitant use of shell banking structures, presents huge problems to international parliamentarians and tax authorities, while opening significant gateways for more profitable money laundering business for banks.

Once a place of business is moved to cyberspace, there is no need to fear regulations and regulators. Cyberspace is the region where the world's wealth will migrate and continue to migrate in the foreseeable future to find a place of complete safety in one of many offshore shell companies designed for the purpose. This is where the new economy of the information age will be most understood, and this is where the technology and the means to drive the new thinking behind the new ways of doing business will be developed.

The Government will continue to pay lip service to the concept of requiring foreign companies to pay taxes, but sending begging letters to the British protectorates and overseas territories, asking them to share information, will not cut the mustard. The UK has jurisdiction over 10 tax-haven countries, such as the Cayman Islands, which make up a fifth of the world's tax havens. Those entities will look to see where their best interests lie, and will not share client information with the dear old mother country too quickly. The City of London is far too busy getting rich from moving the dirty money generated by so many organised criminal entities and tax evaders to permit too much information sharing, or to stop the creation of shell companies. The banks have become drug dependent. That is why the Law Society recently opposed the creation of a register of beneficial owners of such companies, for fear of driving business out of the City of London. The UK is being forced to dance to the tune of global organised crime.

The UN Office on Drugs and Crime reported that organised crime has grown to the level of a transnational superpower, and that nation states are guilty of benign neglect because it contributes too much to their balance sheets. The real-world economy is now largely a criminal economy that operates equally offshore and in cyberspace. The British national interest demands that the UK continues to provide the lion's share of professional services to the new money.

Dirty money, much of it generated from the Afghan drug trade, flows out of Pakistan, which has a notorious lack of money laundering controls. Much of it is reinvested in the UK, in huge swathes of property purchases in the West Midlands and the North-West. Bounced through British banks in Dubai, the money quickly finds its way into the global economy before resurfacing in Birmingham and Manchester. I worked for the Asian Development Bank in Pakistan for 18 months, and once sat next to a British-Pakistani businessman while flying from Peshawar to Karachi. The businessman explained the entire process, and said that many Pakistani travel agencies are involved. The businessman said that the British authorities do absolutely nothing to inquire where the huge sums of money being washed through the travel agencies come from, or who is the ultimate beneficial owner.

There will be continued growth in the offshore sector; increasing evidence of wholesale tax diversion by more corporate entities; and there will be growth of criminal money being used to fund banks' balance sheets. The offshore sector is now the real economy, and much of the collateral is provided by organised crime. Governments will have to put up with it and not ask too many questions if they want to stay in power.



“My latest work on the Treasury Committee analysed the largest 50 banks in the world and demonstrated that every single one, without exception, had recently been convicted of, or faced charges for, major fraud, many having been convicted of money laundering. There is a major worldwide problem, crossing different banking and political cultures, and banks in this country were part of that.”

John Mann MP, United Kingdom

Preventing Money Laundering

Tom Bergin

Special Correspondent, Reuters

I am an investigative financial reporter with Reuters and write about tax evasion, financial crime and illicit money flows. Online drug dealing has received much recent media attention, the most prominent example being Silk Road, an online marketplace for drugs, stolen credit card numbers, child pornography and weaponry. The Federal Bureau of Investigation shut down Silk Road earlier this month and alleged that the site, which used bitcoins—a digital currency—and had 900,000 registered users, has been involved in conducting sales worth \$1.2 billion.



The site has been founded by libertarian hacker-types of quite comfortable means, and allegations were made about contract murders being commissioned. Even before the arrests, most news organisations had featured the website, which led to the perception that it is a significant part of the drugs industry, but there is not much good data on this area. A UK university's survey found that low single-digit percentages of drug users have ever bought drugs online.

“user confidentiality, traceability and trust are inherent problems with online drug dealing which suggest that that its contribution to the drug industry might be overstated”

drugs online. There are problems with secrecy—within months, everyone knew about it—and user confidentiality. The site promised that transactions were anonymous, but after the National Security Agency revelations, no one would believe that. Even the founder did not believe that there was confidentiality on the site, because he was alleged to have commissioned somebody to kill someone who was threatening to blackmail him by revealing the identity of users.

Silk Road, the largest online drugs market, was founded in early 2011. By March 2011, Gawker, a well-known internet news service, reported on it. By June, two US Senators were already asking the Attorney General to launch an investigation, and by October 2013 it was shut down. It was not what one might consider an exceptionally successful criminal venture, but that is not to underplay the damage that it did. Silk Road also illustrated some of the inherent shortcomings of buying and selling

Another shortcoming is traceability of shipments; most of the shipments were made via the postal service, which was not the most effective way to sell drugs. The FBI got into Silk Road by tracking someone down in that way. The final shortcoming is trust. Many journalists tried to purchase drugs online; some of the drugs never arrived. There is a sister website that is simply a scam. It takes people's deposits for drugs and never delivers. All those things show that there are

inherent problems with online drug dealing, which suggest that as much as people may have heard about it, its contribution to the drugs industry might be overstated. The subject of online drug dealing takes parliamentarians on to another area that probably is more relevant to the discussion, because it points more to legislative action that needs to be taken. Online drug dealing is clearly illegal, and there is more of an enforcement issue than a legislative issue.



Press conference on the arrests and prosecutions in relation to the Liberty Reserve website

Online drug dealing relies on electronic online payment systems. Silk Road used bitcoins—one of about 100 digital online currencies. Another payment system that has received a lot of media attention this year, because it was a bit more typical of those used, is Liberty Reserve. It is referred to as a black market bank. It is accused of laundering \$6 billion.

Liberty Reserve helped facilitate drug transactions. The way it worked is that if Mr A wants to buy drugs from Mr B, both parties need to set up an account with Liberty Reserve, which is effectively an online bank. It does not ask for a lot of details, so there is no verification, and none of the usual “Know your customer” rules that are supposed to be applied. Mr A takes his cash to a money exchanger; he does not deal directly with Liberty Reserve, which is based in Costa Rica. The money is transferred to the bank. It is then transferred into LR, the currency of Liberty Reserve, and flows back through money exchangers to Mr B.

If Silk Road has been described as the eBay of the drug market, Liberty Reserve is very much the PayPal of the drug market. It does not facilitate the transportation of drugs; it is about the back end and the money side of it. It is able to play a much more significant role, largely because it is not seeking to replace an existing system that works quite well. It is replacing one of the less well functioning areas, which is getting cash back to people. It removes the need to transport cash across borders; it is just done electronically.

My explanation is simplified; how things work in the real world, and how the money moves into the legitimate financial sector, is more relevant to the discussion. In reality, Mr B would not pick up his cash from a money exchange; it is more likely that the money will enter the legitimate sector by moving from the unregulated entities in the chain—the bank, the Liberty Reserve, etc.—to an unregulated money exchanger, and on to a regulated money exchanger. Then it will flow back towards the recipients.

Technocash for instance, was a company that was regulated by the financial authorities in Australia. By all accounts, it was entirely legitimate. Its initiation was partly funded by the Australian Government. The company said that it verified all users and claimed to subscribe fully to the “Know your customer” rules. But one got through the net and months later, the same company was also caught up in the Silk Road scandal. So it clearly was not just one customer who got through the net. By the time Silk Road had been prosecuted, Technocash had already crashed; it is no longer in operation. That is because it relied on other banks in the legitimate sector, and those banks, including Westpac, stopped doing business with it, forcing it out of business.

All this raises questions about how the interactions work. The regulated money exchange, Technocash, had accounts with Westpac. Many large financial institutions were mentioned in the Liberty Reserve scandal, including Barclays. The websites of the unregulated people—the money exchangers—refer to legitimate payment services like MoneyGram and Western Union, and make links to sites where people could use Visa and other credit card systems to make payments.

There is clearly an intersection between the illegitimate or unregulated and occasionally criminal sector and the legitimate sector. There is clearly a lot that banks and financial institutions can do to get to know their customer better. More can be done from the regulatory perspective to force banks to do that. There are laws that could hold executives to account; in the United States, the House of Representatives is currently debating a Bill to hold bank executives more to account, under both criminal law and civil law, which is an easier hurdle to clear. There is the potential to bar people for life if it is found that they have not been sufficiently diligent in enforcing money laundering rules.

There is a lot more that regulators need to do. They should monitor money laundering to understand it better, see how it works in the real world, and look to see where banks are not doing as much as they could. That would further the development of new regulations.

A shell company is basically a shell that is a dead end for investigators, as no one knows who owns it or where the money goes. There has been international movement on shell companies, as the G8 last summer agreed in principle to work towards international registers of beneficial ownership that will be available to authorities, so that they can check who is behind shell companies. Many campaigners want a public register. If this were combined with other changes, such as the automatic exchange of taxpayer information between authorities, there could well be movement towards a more transparent situation.

Drug-related Financial Fraud

Richard Lowe

Economic Crime Command Manager, UK National Crime Agency

The National Crime Agency is a new organisation, formed from existing agencies with the purpose of impacting on the threat of organised crime in the UK and internationally. It has a role in providing context and information to parliamentarians, who can then set priorities and pass laws that have an impact on organised crime.

Money plays a role at every stage of drug trafficking, from cultivation to processing, movement across borders, moving and storing the drugs, and bringing the drugs to market. When people look at money laundering there tends to be an emphasis on cash, and the drugs business is still very much a cash business. At every stage of drug trafficking, most of the people involved are motivated by profit, and if the money laundering side of the drugs business is not dealt with, we will miss the opportunity to impact on the reason why so many people are involved in it.

Being motivated by money is more understandable at the level of cultivation; an agricultural crop is selected, based on people's need to feed their families. In the UK market, the money motivation has a hugely destabilising effect on communities, sets up negative role models for young people, and draws people into the drugs trade, where they cannot hope to make money, but might aspire to be like the one local drug dealer who seems to make a lot of money. Targeting money involved in the drugs market is not simply a case of finding the biggest drug trafficker or money launderer and putting that person in prison; it is about using the impact of interventions to try to change future behaviour.

“if the money laundering side of the drugs business is not dealt with, we will miss the opportunity to impact on the reason why so many people are involved in it”

Much literature emphasizes three stages of money laundering: placement, layering and integration. But I don't really believe in that; one should rather look at the role people play in the illegal business they are in. The most frequent starting point for investigations is looking at how successful drug traffickers manage cash, not just from leading a cash lifestyle from their profits, but from how they recycle cash into their criminal businesses to buy the next consignment of drugs, and to pay the people who provide them with services.

Professional groups of money launderers have formed over the past 10 or 20 years to try to solve a problem for criminals. As the standards on anti-money laundering set by the Financial Action Task Force came into effect for banks, money exchanges and other financial service providers, criminals have been left with a problem, as they are not able to launder their money, so they turn to professional networks and groups to do it.

There is a distinction between groups and networks. Criminals often have a link to a group that will perform the services for them—collecting a bag of money, processing it and

paying it to where the criminals want it. Behind those groups is a bigger international network of groups co-operating together to get transactions done. From a UK point of view, the driving force behind these international networks is most often cash from drug trafficking, but in other countries these networks operate by generating a pool of surplus cash—from the UK and other European markets, or from Canada, Australia and other markets—they use to make completely separate transactions. These transactions may have been ordered in another country, where the people controlling the money laundering have a separate market. The cash generated from UK trafficking is being used to complete transactions that enable capital flight from developing countries, to help commit import and export fraud against domestic revenues in other countries, and to move money for corrupt officials and politically exposed people.

“Targeting money in the drugs market is about using the impact of interventions to try to change future behaviour”

The scale of such transactions undermines domestic banks and money exchanges. There are examples of effectively grossly unfair competition in developing markets, because money exchanges that are complicit in money laundering, including ones that have migrated into being banks, have access to money and transactions that their competitors do not. The National Crime Agency (NCA) sees a real risk in international markets, where money laundering systems can undermine fair competition and the money exchanges and banks that try to follow the rules.

The NCA has contributed to a typology paper entitled “The role of Hawala and Other Similar Service Providers in Money Laundering and Terrorist Financing”, which the Financial Action Task Force is due to publish shortly. The unwieldy title has been arrived at because different people have described the situation in their own country as hawalas, when the reality is that networks and groups have been formed—often in areas of conflict or displaced people—to provide a service, such as money exchange, that is not provided by banks. When countries stabilise, those groups look for a new market, which often turns out to be the black market.

Travel agents and money exchanges which have been banking and moving cash in the UK, for instance, have been a substantial area of law enforcement attention. That sort of market leads the NCA to identify international groups that make money movements possible. They substantially undermine other countries, particularly those in which the exchange rate is set and there is a lack of access to foreign exchange.

In the UK, the NCA concentrates on people who are either complicit in, or vulnerable to abuse by, criminal money laundering. It is important to help those who are being abused to understand the risks and threats that they face, and to exclude that kind of abuse from their businesses. It is also important to counter the ability of those who are complicit—or those who would replace them after their arrest—to fill that gap for criminal customers. The NCA has focused on that in the UK money service business sector, because money exchanges and bureaux de change have been a starting point for criminals with bags of cash.

The greatest impact on the banks has been the large fines recently imposed on them internationally, particularly where US dollar transfers have been found to be linked to criminality. That has had a major effect on the banks' appetite for risk, and as a result it is now very difficult in the UK for a money service business to get a bank account. Although the majority of UK money service businesses are honest and serve communities which have little access to other financial business, rather than identifying risks, countering threats and continuing to bank with those businesses, the banks have decided that there is too much risk in the sector. The NCA now has to consider how good money could be helped to flow through non-bank institutions to ensure that migrant remittances to countries such as Somalia continue to have a beneficial effect. The organisation is, therefore, working with the Department for International Development, the Treasury and the Foreign Office on concepts such as safe remittance corridors to try to ensure that the remittance money continue to flow, but that complicit or abused businesses are excluded from those corridors.

Through law enforcement against the prevalent threat—looking at how out-and-out criminals handle the bag of cash that they end up with after a criminal transaction—the NCA can move on to understand more about the risks and threats within the UK and internationally, and perhaps share information with other countries where the driving force of criminal cash in the UK or Europe undermines development, banking and financial structures.



The Case of Ghana

Papa Owusu-Ankomah
Member of Parliament, Ghana

Ghana is an emerging market economy and a democracy, and the financial markets, particularly banking and its regulation, are not as developed as those in Europe, the Americas and parts of Asia. The financial regulatory architecture is in its nascent stages. In recent years, efforts have been made to improve on the legislative architecture for the financial sector to bring it into line with best international practices for regulation. As a result of past experiences, however, only about 10% of the population in Ghana use banks, and it is not uncommon for people to engage in cash transactions to the tune of £300,000, for example if they buy a house or a car. You can therefore imagine the vulnerability of Ghana, and other countries in West Africa, to abuse by drug money.



Parliament enacted an anti-money laundering Act in 2008, which is supposed to be the leading legislation to monitor the proceeds of crime. The financial intelligence unit is supposed to track and investigate suspicious financial transactions, and the economic crimes unit, which is part of the police, investigates organised crime, including drug trafficking. The Economic and Organized Crime Office was set up to investigate individuals and corporate bodies that are suspected of engaging in criminal enterprises and using the proceeds. Its remit includes drug trafficking, but it has a broad mandate. It was previously the Serious Fraud Office. It was set up by an Administration who some believe used it to harass political opponents, so initially it was not very well accepted, although its role has become broadly accepted over the years.

People suspected of engaging in criminal enterprises have their assets and bank accounts frozen through orders of the High Court, to enable investigations to proceed without much interference. The Narcotics Control Board combats drug trafficking and Ghana believes in interdiction. Transit countries, after decriminalising certain drugs, might set up a regulatory regime in which tax is paid for bringing in a certain quantity of cocaine. In practice, it is not easy to implement such policies, but policy makers are compelled to think outside the box.

Ghana is focused on the fight against money laundering. In 2006, the Government decided to try to develop a legislative framework to make Ghana a financial hub, if not for Africa, then for West Africa, but they realised that they lacked the necessary human resources to combat attempts by organised crime to flood the country's banking sector with money. The implementation of that policy was thus suspended. Emerging economies are vulnerable to the international drug trade. The fastest-growing sector in Ghana is the banking sector. There are always applications from people wanting to set up banks. Science graduates want to work in the banking sector because it is the best-paid sector in Ghana. As the UK and other developed economies and democracies fight the threat of money laundering from organised crime, the problem ends up in developing economies. Global discussions have to be deepened, so that emerging economies can become more aware of the threats from organised crime and drug trafficking.

Supply Regulation Policies

Keynote Speech: George Soros

Chair, Open Society Foundations

Most people agree that the war on drugs has failed, and that it can be explained by economic theory. “Economics 101” teaches us about supply and demand, and how restraining supply, such as through prohibition, pushes prices up. However, rising drugs prices do not diminish demand because that demand is inelastic—nothing is more inelastic than addiction.

The conclusion is obvious: reduce demand directly by treating drug addiction as a public health problem. Treating it as a criminal problem has not reduced demand, but pushed supply into the hands of criminals. The more severe the enforcement, the more the drug trade has fallen into the hands of hardened criminals who kill and create mayhem without hesitation.

The war on drugs has proven to be counter-productive. It has no appreciable effect on drug use, but has led to the rise of drug lords, who reap huge profits at a great cost to society, with the result of horrifying violence and political instability in many countries.

However, the opportunity for radical reform is better than it has been at any point in the 25 years I have engaged in drug policy reform. The movement is most advanced in Latin America and started with a high-level commission headed by Enrique Cardoso of Brazil and other vice-presidents. It increased its political influence when taken up by sitting presidents, spearheaded by President Santos of Colombia and Otto Pérez Molina of Guatemala. The movement has spread to Africa under the active leadership of Kofi Annan.

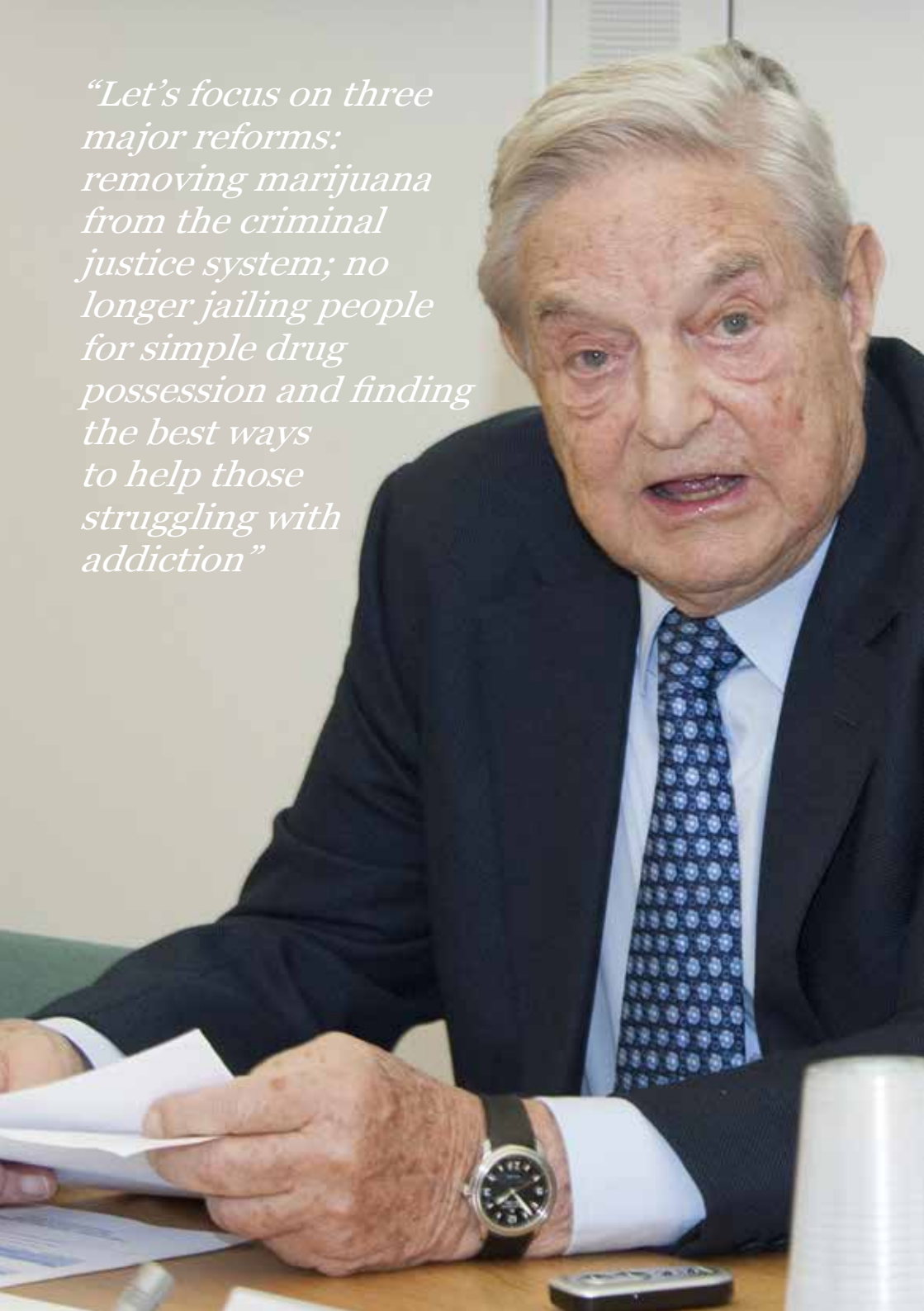
In the United States, the fiscal crisis created a powerful incentive for drug reform. Law enforcement agencies spent billions of taxpayers’ dollars every year trying to enforce an unenforceable law. There are about 750,000 arrests each year for possessing small amounts of marijuana, which represent more than 40% of all drug arrests. The need for spending cuts in national and local government comes on top of a profound generational change of attitude towards marijuana, as today’s parents used it as teenagers, and survived.

Europe and Australia have always been more progressive about drugs than the rest of the world, and now that the euro crisis has imposed acute financial constraints on European Governments, there is renewed impetus for more radical reform. The money spent globally on arresting and jailing drug users could be put to better use by transferring it to education and treatment. Marijuana should be taken out of the criminal justice system and people should no longer be locked up for simple drug possession. It is time to end the war on drugs, which has turned users into criminals, and to treat drug addiction as a public health problem.

Uruguay will be the first country to legalise marijuana. In the US, the states of Colorado and Washington have voted to legalise it, and the US Government recently announced that it would not interfere. The Attorney General, Eric Holder, recently expanded efforts to curtail severe penalties for low-level federal drug offences. The American public is squarely in favour of this. Last week, a Gallup poll found that 58% of them support legalising marijuana, which is a 10-point jump since last year.

The momentum for reform ought to be strong enough to have an impact on the outcome of the 2016 UN special session, although I do not think that victory is assured. Two permanent

“Let’s focus on three major reforms: removing marijuana from the criminal justice system; no longer jailing people for simple drug possession and finding the best ways to help those struggling with addiction”



members of the Security Council, Russia and China, are committed to outdated drug policies, and even in the US there are powerful forces wedded to the status quo. Drug enforcement policies are intricately interwoven with racial prejudices. Depending on the city, African-Americans and Hispanics are up to 10 times more likely to be arrested for possessing marijuana than whites.

Those wedded to the status quo, will fight back with new strategies to resist reforms, which is why other's efforts must become more sophisticated. Let's focus on three major reforms: removing marijuana from the criminal justice system; no longer jailing people for simple drug possession, as in Portugal, where it has been remarkably successful; and finding the best ways to help those struggling with addiction.

Switzerland, Germany, the Netherlands, Denmark, Britain and other countries that have heroin maintenance programmes to help street heroin addicts have resulted in improved health and welfare, reduced crime and dried up black markets—all citizens benefit.

The world has reached a point at which it is not enough to say that the war on drugs does more harm than good—the mantra of the reform movement. Now that marijuana is being legalised in Uruguay, Colorado and Washington, people have to make sure that legalisation works by looking at whether violence is reducing, whether other social benefits result from new taxes and regulation, and whether criminalisation can be replaced by honest drug education and guidance. Once marijuana policy is sorted out, the ultimate question will be about dealing with other drugs—those currently in use and those to be invented in the future.



Decriminalisation v. Legalisation

Judge Maria Lucia Karam

Retired judge, Law Enforcement Against Prohibition UK

Drugs became illegal worldwide at the beginning of the 20th century. In the early 1970s, the former US President Richard Nixon declared “war on drugs”, and that attitude soon spread throughout the world. Nevertheless, illegal drugs kept getting cheaper, more potent, more diversified and far easier to access than before their prohibition, and before producers, sellers and consumers were branded “enemies” in this war.



Prohibition is not just a failed and ineffective policy; it is much worse than that. It increases the risks and harm that drugs cause, most tragically in drug-related violence, which is the logical outcome of a policy based on war. Many more people die because of drug prohibition than from drugs themselves, because of the gangs, cartels and mafias. Production and supply of illegal drugs has become the main opportunity for profit from illicit activities, and therefore the greatest incitement to the corruption of state officials. It also provides money for other illicit activities, including terrorism.

Prohibition implies a lack of any control over the illicit drugs market, and handing it over to underground gangs and cartels without any kind of regulation. It is they who decide what to produce and sell, the toxic potential of the drugs, what cutting agents to use, the price, and whom to sell them to and where.

Prohibition hinders assistance and the provision of health services, whether through compulsory treatment, which is inefficient and violates human rights, or by inhibiting the search for voluntary treatment. It causes environmental harm by requiring manual drug crop eradication, or, worse, aerial spraying of chemical herbicides, which happens in Latin America in the Andean region.

Drug prohibition is driven by the three UN conventions, which set guidelines for the domestic laws of almost all countries. They differentiate arbitrarily between the conduct of producers, sellers and users of drugs, according to whether the drugs are deemed illegal or, despite being similar, remain legal, as alcohol does. The conduct of some producers, sellers and users is criminal, while that of others is legal. Such unequal treatment of absolutely similar activities is a clear violation of the principle of equality, according to which all persons should be treated equally under the law.

Many other principles guaranteed in declarations of human rights are systematically violated by the UN conventions and domestic drug laws. Prohibition and its “war on drugs” are inconsistent with human rights, as they are contradictory concepts. Wars and human rights are not compatible in any circumstances. The “war on drugs” is not truly a war against drugs, or against things, but, like any other war, a war against people: the producers, sellers, and consumers of the arbitrarily selected substances deemed to be illegal. More properly, it is a war against the

most vulnerable among those producers, sellers and consumers. The enemies in that war are poor, powerless, marginalized people. The massive incarceration of African Americans in the United States reveals the primary target of the American drug war: to perpetuate discrimination based on the colour of someone's skin—discrimination that was previously enforced by slavery, and the segregation system known as Jim Crow.

Drug prohibition is overcrowding Brazilian prisons. Brazil has the fourth largest prison population in the world, 27% of which is inmates sentenced for drug offences. In the past seven years the number of inmates sentenced for drug offences in Brazil has more than quadrupled. Drug prohibition leads to mass incarceration but also creates crimes without victims, and the war on drugs, like any other war, creates victims and is lethal. In Mexico, the military offensive against the cartels unleashed a wave of violence that has killed more than 70,000 people since it was launched in December 2006. Brazilian laws do not provide for the death penalty. However, Amnesty International reports that, between January and September 2012, 804 people were killed by the police in the states of Rio de Janeiro and São Paulo alone, whereas there were 682 confirmed executions in the 20 countries that carried out the death penalty in that year, apart from China. In the last 10 years, in the city of Rio de Janeiro, one in five murders has resulted from summary executions during police operations in the poor communities known as favelas.

The war on drugs has brought back to the scene the enforced disappearances that were a characteristic of the 20th century's Latin American dictatorships. In Mexico and Brazil, many people have disappeared in recent years, probably killed by the police or drug dealers, and it is time to put an end to failed, harmful and bloody drug prohibition. It is not enough to decriminalize drug possession for personal use, or to legalize only some substances seen as soft drugs, such as marijuana or the coca leaf. It was more necessary to legalise and regulate the production, supply and consumption of all drugs.

Mere decriminalisation maintains the illegality of the drug market, thus leaving untouched the most harmful consequences of drug prohibition and its war, including violence, corruption, greater risks and harm to health and the environment, deaths, mass incarceration, racism and other discrimination, the humiliation, control and submission of poor, powerless and marginalized people, and the violation of principles guaranteed in declarations of human rights and democratic constitutions. Only legalisation will put an end to those harmful consequences.

To legalise drugs means to regulate and control them. All drugs, legal or illegal, can be dangerous. The more dangerous the effects of a drug, the more reason to legalise its production, supply and consumption, because one cannot control or regulate what is illegal.

Legalising all drugs will give back to the state the power to regulate, control, limit and tax the production, supply and consumption of those substances. Besides putting an end to the risks, harm and pain caused by prohibition, legalisation is the only way to reduce the dangers caused by drug use. If there is no prohibition, drugs will cause less harm. The end of the war on drugs, and the replacement of prohibition with a system of legalised regulation of all drugs are the most urgent measures needed to reduce violence, social harm, pain, and injustice.

“Legalising all drugs will give back to the state power to regulate, control, limit and tax them”

Drugs, Prisons and Penal Reform

General Lord Ramsbotham GCB CBE
Former HM Chief Inspector of Prisons

I left the Army in 1993, and came to the criminal justice system late in life. I was surprised to find that it was not really a system, because all the parts don't pull together. Instead of being seen as equivalent to hospitals in the health service—that is, the acute part to which people go for treatment—prisons are regarded as the default position, and everything relates to them. As they are not part of a whole and not seen as places for acute treatment, there is no clarity on many issues, not least drugs.



Why, if prisons claim to be drug-free, are so many people clearly taking drugs there? Prison officers confirm that there are many drug dealers on every wing, and that prisoners can obtain virtually any drug they want. It seems that the prison system does not help. Prisoners often tell me that they take drugs out of boredom or frustration. Locking up prisoners all day, so that they do precisely nothing, creates a climate in which drugs present a possible way out.

“My question is: what is the aim of a prison, other than to help those in prison lead a useful and law-abiding life when they come out?”

Prisons see themselves in isolation, not as part of a national drug structure. What they have to do with and for people sent to prison should be accorded with a national policy, but the national policy is not really national. Prohibition and its evils are apparent to anyone who studies the American scene of the 1920s. The issue is not an internal one for prisons, but a public health issue. My question is, what is the aim of a prison, other than to help those in prison lead a useful and law-abiding life when they come out? Their health, whether mental or physical, is a public health issue, because they will return to the public.

If prisons are to tackle drugs, they will have to be linked to what is to be done nationally. Anything they do for someone in prison must be carried on once that person leaves, so that such nationally provided opportunities are not wasted, and so that those people can continue their passage towards being drug-free.

As a soldier, I always hated uses of the word “war” (as in “war on drugs”), because as I understand it, it signifies a clash between two sides that are governed by the law of armed conflict. The trouble with such a total misuse of a word is that it gives people a wrong direction about their role.

I hope that as the situation progresses and it is picked up that drugs will not go away, the word “war” will be dropped, and all agencies in the system, including prisons, play their part in the overall effort treating it as a public health issue.

I am impressed that it is clear that an overall effort is being made in many countries, some of which had worse problems. A word of hope to countries taking a bold stance and seeking to get their influence accepted, particularly in the UN conference in 2016: the effort to abolish cluster munitions also started with a small group of countries, not including Security Council members, who took against the idea. That resulted in a cluster munitions treaty being signed by more than 150 countries. Luckily, cluster munitions seem to be on the way out. Prisons should not think that they are in isolation. They have a role to play on behalf of the public in achieving that aim.



The Case of Germany

Dr Harald Terpe

Member and spokesman for Committee on Health, German Bundestag

Political parties in Germany differ on central questions of drug policy. I am a spokesman for the Greens on drug policy, but will try to outline the German situation objectively. German drug policy is based on four principles: prevention, therapy, harm reduction and repression. The importance of the first two is uncontested by all political camps, and more than 70,000 heroin addicts are in substitution therapy, using replacements such as methadone; but there is a failure in prisons.

Agreement has not yet been reached on the necessity of harm reduction, and on strengthening instruments to achieve it, but progress has been made on that issue in Germany; for example, after long discussions, all the major parties realise that heroin-assisted treatment of opiate addicts is a promising way to improve patients' health and reduce social damage. In the case of other instruments, such as the necessity of pill testing, a lot of convincing is still needed.



“heroin-assisted treatment of opiate addicts is a promising way to improve patients’ health and reduce social damage”

There is total disagreement about the usefulness of repression in drug policy in Germany. Not only the Green party but the Socialists, some Liberals and a few Social Democrats are convinced that the war on drugs has been lost, and that the negative effects of repression prevail. Fundamental reform of international drug policies and an end to repression and prohibition is needed. The current federal Government, however, sees things differently, and the future Government will probably do so also. It regards repression as an efficient instrument of drug policy and does not see any need for fundamental reform. It rejects any attempt at wider reform, such as that in Latin America, and supports prohibitive approaches in those countries.

Despite its obvious inefficiency, repression is still highly overrated in German drug policy. According to a study commissioned by the German Government, two thirds of all funds invested in drug policy are spent on repression, yet 10% of all state spending on law and order relates to the fight against illegal drugs. That is utterly inappropriate. In recent years, the Greens in Germany have consistently criticised the policy, and have tried over and over again to revive the drug policy debate in the country, and to draw attention to new approaches in other parts of the world. In the spring, they invited Ethan Nadelmann of the Drug Policy Alliance to speak as an expert to the German Parliament’s Committee on Health. However, the Greens have to admit that there is still a long way to go, and that advances come in small steps.

On the medical use of cannabis, in Germany an authorised cannabis-based drug is available to limited numbers of patients. The vast majority of patients still has no access to that treatment option. Some have even had to go to court to fight for their legitimate claims. The German debate on drug policy suffers from a pointless dispute over the morality of the use of drugs. There is also a tendency to attribute a specific risk to any drug that is illegal. There have been discussions on how dangerous cannabis is, how much THC it contains and whether it functions as a gateway drug. From the Green party's point of view, those questions miss the point, which is how to regulate the drug market in a way that keeps the adverse effects on people's health, on states, and on whole regions of the world as small as possible.

The debate in Germany does not take adequately into account the fact that a lot of health risks are not caused by the drug, but are due to black market conditions. For example, HIV or hepatitis infections could be caused by sharing needles. The concentration of active substances in a single dose might have noxious effects; that is a problem created by the black market. The regulation of drug production, supply and use is necessary. This does not mean that any drug will be available at any place at any time. A regulated legal market will be an efficient instrument for exerting a direct influence on the supply of any substance according to the potential health risk associated with it. In the report "After the War on Drugs: Blueprint for Regulation", the Transform Drug Policy Foundation makes good proposals on what such a regulatory system could look like.

The challenge for future drugs policy is new psychoactive substances. This phenomenon shows two things. First, it has been wrong to criminalise drugs such as cannabis. The desire for psychoactive substances will always make people look for alternatives. Research shows that in Germany many have switched to so-called legal highs because drugs such as cannabis are prohibited. The fact that cannabis is illegal makes it easier for other substances to capture markets.

Secondly, we will never be able to win the war on drugs, especially not by prohibitive measures. The expectation that it will be possible to deal effectively with these issues through the use of criminal laws is unrealistic. It would be wrong to constantly impose new bans; parliamentarians should find out whether there are other ways to regulate new substances. New Zealand is just about to start doing that. The regulatory model in that country started with a risk assessment for any new substance; the substance was then classified in a regulatory regime. That was a wise, pragmatic approach, and its effect should be closely observed in Europe.

The German Green party places high hopes on reform efforts under way in Uruguay, for instance, but even more important are changes put into effect in some states in the USA. If the United States were to succeed in taking major steps towards ending prohibition, this could help the rest of the world break the deadlock. Faced with the negative effects of the drugs scene and its black market in Berlin, for example, local authorities in Germany have started to discuss opening a cannabis coffee shop. There are similar problems in other German cities.

Perhaps, just as in the 1990s, the major impulse for substantial drug policy reform in Germany will come from cities and local communities, because it is there that the negative consequences of current policies are most visible. It will take time before a broad consensus on ending repressive drug policy is reached. An unwillingness to admit that prohibition has failed is still widespread, but improvements in other countries give me reason to hope.

Demand Regulation Policies

Best Practice in Regulation of Consumption

Professor Alex Stevens
School of Social Policy, University of Kent

There is no one best practice. British men do not have a good record on telling the rest of the world how to act—they have tried that many times, not always with the best results for citizens of other countries. I will offer a menu from which people can choose practices with evidence behind them for their own countries.

People normally talk about regulating drugs as though it is just a matter of legality, with the discussion focusing on prohibition versus legalisation versus decriminalisation. Every now and then, calls have been made for drugs to be treated as a public health problem—as though there is some necessary dichotomy between legal repression and public health, which always go together—but the social aspect is rarely heard about. The social regulation of drugs and the drug market is too often neglected, but is extremely important—perhaps more so than legal and health policies.



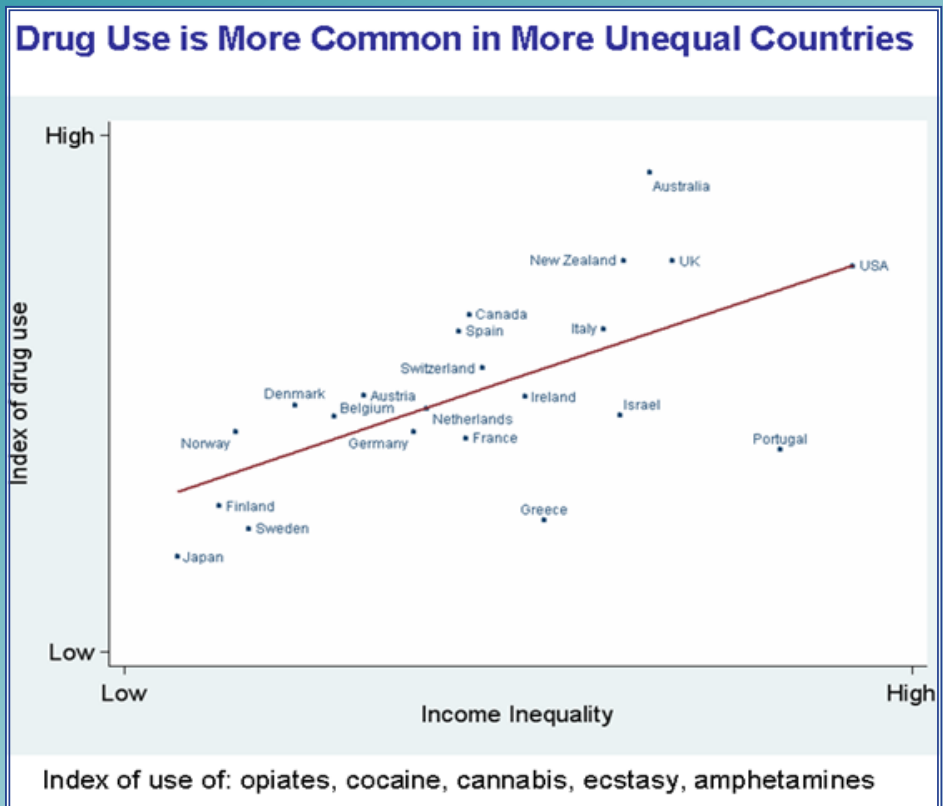
There are two extremes: prohibition and legalisation, meaning an “everything goes” situation in which anyone can sell anything to anyone for whatever price they like. That was tried in the 19th century, but was not very successful. It led to high rates of drug use and lots of deaths, and then to the original calls for some form of regulation. What is needed is some form of middle way between the two ineffective extremes.

At least three forms of middle way exist. One is depenalisation—drug offences staying within the criminal law, but the Government or prosecutor deciding not to punish people—of which the leading international model for that is the Netherlands. Another is decriminalisation—drug possession being taken from criminal law to administrative law, with some sanctions, but no criminal record or imprisonment—of which the leading international example is Portugal. There are interesting moves towards what might be called legalisation, but which I prefer to call state control and regulation, in Uruguay, using a system of licensing marijuana. In Switzerland, there are proposals, which have not yet been implemented, to make cannabis available through legal, official clinics controlled by the state.

On the effects of decriminalisation and depenalisation, the Uruguay model has not been in place long enough to generate any evidence, but evidence from the 21 countries with some form of decriminalisation suggests no necessary link between decriminalising possession and increasing use; however, commercialisation of drugs does lead to an increase in use. The Netherlands saw an increase in cannabis use between the 80s and 90s following depenalisation, but once it began to get tougher in imposing and enforcing regulations on coffee shops, that rise plateaued.

The decriminalisation of drug possession seems to help achieve the main aim of the Portuguese drug policy, which is to incorporate drug users into the social body in order to provide support through the welfare and health systems. Decriminalisation of possession, however, does not solve what is known in the Netherlands as the back-door problem of how the drugs get into the country and to consumers. Such things, under the recriminalised system of possession in consumption countries, would not reduce violence in Latin America and Afghanistan.

Much more evidence exists for the benefits of health regulation than for repressive punitive or enforcement regulation. Health regulation is promising because chronic drug users make up a large proportion of the drug market. Millions of people use drugs occasionally, but they don't form a large proportion of the demand. The majority of the weight of drugs is used by those using lots every day, so reducing demand among those users will provide an opportunity to reduce the scale of the overall market, and the evidence suggests that treating, rather than punishing, helps to achieve that aim.



Source: Wilkinson & Pickett, *The Spirit Level* (2009)

improving health benefits. The best evidence relates to opiate substitution treatment: putting people who have been injecting heroin on methadone maintenance programmes reduces the risk of death by one third and of catching HIV by a half compared with no treatment. Detoxification and abstinence services are also available, but good scientific evidence is scarce, partly because of high drop-out rates. However, observational studies suggest that outcomes of such services are

roughly equivalent to opiate substitution treatment, but they are much more expensive—some 10 times more expensive in England, for example. The effectiveness of other kinds of drug treatment could be improved by offering drug users rewards, including cash rewards for making progress in treatment, known as contingency management.

The second form of health regulation is harm reduction, which has nine components according to the World Health Organisation. It is globally recognised as an effective approach, but some countries, such as Russia, still refuse to provide it. The principle could be applied to substances other than heroin and to other forms of intervention. I have recently written a paper on applying harm reduction principles to the enforcement of laws in retail drug markets with the International Drug Policy Consortium. Risk behaviours and the transmission of HIV are reduced in the countries that have a comprehensive system of harm reduction, and the countries that do that early in the epidemic have much lower levels of HIV, the prime example of which is the UK. The USA's harm reduction came later. The UK has small percentages of injecting drug users with HIV, but the USA has four or five times that number. Importantly, no evidence suggests that harm reduction increases drug use.

Social regulation is important but ignored. Drugs use is often thought of as a problem for poor people, but most studies show that drug use is more prevalent among wealthy people, who have the money and time to devote to using drugs. The poor, particularly ethnic minorities, suffer most from drug use and the repression of drug users.

This graph shows the clear correlation between social inequality and drug use, with the rate of drug use rising with increases in social inequality. There is no international correlation between the level of repression of drug users and the level of drug use—a scatter graph portraying that relationship would have dots all over—so it might be more effective to reduce drug use through reducing inequality than through repressing drug users.

There is evidence regarding welfare generosity. The decommodification index is a measure of the generosity of a welfare state, based on sickness pay, pensions and unemployment. The correlation between the estimated prevalence of injecting drug use and a country's welfare generosity is -0.62. The countries with more generous welfare states tend to have lower rates of injecting drug use, which is the most problematic. It is a correlation and cannot yet be claimed to be causal, but the correlation is much clearer than that between the legal regulation of drugs and drug use or between health regulation and drug use. Drug problems arise from the structure of society and people use drugs to solve social issues. That has to be taken into account when designing drug policies.

There is no one best practice, but a combination of the practices with evidence behind them should be used. What is done needs to be consistent with the culture and public opinion of the implementing country, and the human rights of drugs users and others need to be respected. Harm reduction respects the rights of both, whereas law enforcement too often abuses those rights, including those of the 80% of people who cannot access opiate pain relief due to the restrictions imposed by prohibition. Inequalities need to be reduced. Investment is needed in developing knowledge about effective regulation and the combinations of practices, so that all drug policies can be improved.

Decriminalisation v. Legalisation: the case of the Czech Republic

Jindřich Vobořil

National Anti-drug Co-ordinator, Czech Republic

I was born in the Czech Republic under heavy totalitarian Stalinist communism, 21 years after the Nazi occupation during the second world war and two years before the Russian army occupation. That history determined how Czechs see the world and their very sceptical nature. When the revolution came and communism collapsed in 1989, Czechs did not want to impose any big ideas, such as a war on drugs. I was a conservative politician, but in the Czech Republic no such politician could stand against journalists to call for a “war on drugs”.



It's not that people in the Czech Republic are very progressive; it's more that they are sceptical about big ideas. Right after the revolution in 1989, the country was not in a good state economically—the situation was probably similar to that in Portugal, especially with regard to tax legislation—and a cheap, effective solution needed to be found. Soon after the totalitarian system collapsed, we learnt from other countries what to do. The main aim was to put not only harm reduction services but harm reduction policies in place. First we introduced harm reduction services across the whole country, so that there was access to low-threshold programmes and outreach programmes. It is much more successful to detect users early than to put a lot of money into law enforcement and high-care treatments.

After the revolution, drugs-related problems rose. When the Czech Republic had been behind the iron curtain, very few so-called traditional drugs were brought in, so people learnt how to produce methamphetamine, and for two decades that drug was produced and used by people who are not interested in producing it for money. It is produced in small kitchen labs, with people bringing materials such as ephedrine and recipes for different drugs, which are then made and distributed, but that is it. Demand therefore probably came before supply.

Very soon after some money was invested in supporting harm reduction services, the problems associated with drugs decreased. The present rate of HIV among injecting drug users is 0% and rates of hepatitis C have dropped by half to about 27% of injecting drug users now. It is thought that the system is working, so people should go further, and harm reduction should become the main philosophy behind drugs policy and legislation. In the Czech Republic, harm reduction is not a type of service but a central idea—if people look at the website of the Czech Government, they will find material on it in English. Harm reduction is the overall philosophy behind the policy, and it is important that it is placed in legislation.

It is too expensive and ineffective to imprison people for possessing drugs, especially if those drugs are only for their own use. In 2010, the Czech Republic passed a new Bill allowing

the Government to decide the permitted threshold for possession of different types of drugs: for example, for possession of up to 15 grams marijuana does not come under the penal code but is an administrative offence. Last year, a Bill was passed on medical marijuana, and as there is a lot of scepticism in the Czech Republic about the war on drugs, there was virtually no opposition to that Bill. One of my colleagues, who in the Czech elections during the weekend just past, ran as the Conservative Party candidate for Prime Minister, has been the person pushing that law through Parliament. Even the media are behind the idea. There are a very small number of people in prison for drug offences—the figure is about 1%.

The Conservatives have been in power for two terms and now the Social Democrats have come into Government, but despite the fact that in the Czech Republic the Social Democrats are more conservative than the Conservatives on drugs policy, I think they are unlikely to change anything, because public opinion is so strong on the matter, especially as it is so expensive. While the United States was doubling its amount of prison cells, the Czech Republic was trying to cut the number of its prisons by half. That is the only way that drugs policy will work.

The number of problem drug users in the Czech Republic is below the European Union average and the world average. This proves that the policy and the practice has worked. Although we could look scientifically at the reasons why it worked, the main point is that nothing has gone wrong. The model is similar to the Portuguese model. There is no HIV, there is low hepatitis and there is no group of problem drug users. The policy has been in place for two decades, so there is no need for fear.

The Czech Republic has a very high number of cannabis users—the highest in Europe—but that does not correlate to problematic drug use. The number is the highest even though the regulations are not as lenient as in the Netherlands or Uruguay, because police practice has tolerated the possession of small amounts of cannabis. It is now no longer a criminal offence, and people in possession of a small amount of cannabis—up to 15 grams—are not hassled by the police.

“the war on drugs is not working and the Czech policy is based on that belief; it is a very cheap policy and has been shown to work”

The war on drugs arose from the 1961 convention. It is not the fault of the convention, but that was when it had all started, and it was later been followed by Nixon’s declaration of a war on drugs. However, the war on drugs is not working, and the Czech policy is based on that belief; it is a very cheap policy, and has been shown to work.

Now is the time to look at such a policy not only in the Czech Republic, Portugal, Uruguay or Guatemala, but globally. Nations should get together. The meeting of the Commission on Narcotic Drugs in March 2014 is important, and should be used to start a discussion that should go on until the UN General Assembly Special Session in 2016. Together, people should look at the possibility of looking at amending the single convention. Perhaps they should not yet change the text of the convention, but they should try to allow a drugs policy for the 21st century. The past 50 years have been an experiment that have cost many lives. There are countries that show that the experiment is no longer necessary, because they prove that policy can move in a different direction. I would advocate for harm reduction in any policy.

Drug Policy Governance

Roger Howard

Former CEO, UK Drug Policy Commission

There are as many financial and practical benefits in scrutinising how policy is made as in actually choosing which drug policies to pursue. That distinction is often overlooked in public debates on drug policy.

The UK Drug Policy Commission carried out an 18-month study looking at how drug policy is made in the UK. I will attempt to explain how the principles and lessons of the commission's work can be applied more generally.

Drug policy governance is the process and mechanism by which policy is directed, controlled and held to account; it includes activities such as performance management, research, evaluation, auditing, scrutiny and mechanisms for politicians and others to engage with evidence and knowledge. Drug policy, on the other hand, is the pattern and legislation of Government actions that aim to affect the use of drugs and related problems. There is a link between the two. While drug policy can be direct, through the law, policing activity, health care and things like that, the indirect policies, such as social and economic development and public health policies, are much more important to improvement in the long run.



Drug policies and their governance are a public spending issue. The UK spends some £5 billion of taxpayers' money every year on drug policy. A couple of years ago, the National Audit Office, the UK's supreme auditing body, carried out a review of drug policy. One of its conclusions was: "Neither the current Strategy, nor the supporting action plan for 2008-2011, set out an overall framework for evaluating and reporting on the degree to which the Strategy is achieving the intended outcomes or the value for money provided." Most countries would not see that as unusual. Criticism of the system for making drug policy has mounted over recent years, both in the UK and elsewhere. The public policy debate has become immensely polarised, with politicians and the public often drawn to simple solutions, because they are attractive, but people are becoming increasingly aware of the unintended consequences of policy.

A growing number of leading public figures, including Ministers and senior public officials, have called for policy change after leaving public office. It is often claimed that drug policy is a toxic issue for those in government. Those that question drug policy are subject to intense scrutiny and often vilification, so the UK Drug Policy Commission thought it was important to look at how UK drug policy is made. The study was simple and first looked at what a good governance framework was by examining how drug policy is developed, implemented and scrutinised. The second task was to check how policy making lived up to the ideals and good characteristics. Finally, suggestions were made on how to improve the governance system.

The first characteristic of good drug policy is that it needs clear, realistic, but aspirational overarching goals. The second characteristic is effective political and administrative leadership.

The third characteristic is ensuring good co-ordination between foreign services, security services, health and justice. There needs to be effective co-ordination of policy effort to ensure commitment and resources. The fourth good characteristic is a policy design based on scientific and other evidence. The fifth characteristic is a governance system that develops and uses evidence. For some countries this might not be possible, but there is much evidence from other countries that could be used.

The sixth characteristic is that the governance system needs to ensure that implementation is flexible enough to take account of local needs. It also needs sufficient resources. For a lot of countries, resources for public health and for health interventions and treatment are probably minimal. The seventh important good characteristic—particularly for parliamentarians—is ensuring there are good accountability and scrutiny mechanisms to hold policy makers to account. Supreme audit institutions and parliamentary scrutiny committees are important. Finally, any good governance system needs good stakeholder engagement, especially in the drug policy field. One thing that makes drug policy different from health and economic policy is polarisation, the challenge regarding the interpretation of evidence and the need for an open public debate.

“One thing that makes drug policy different from health and economic policy is polarisation, the interpretation of evidence and need for an open public debate”

In the case of the UK there have been no rigorous analysis of the effectiveness and cost-effectiveness of supply-side interventions, whereas, on the public health side, there is a wealth of international evidence about effectiveness. That is one reason why there have been 40 years of status quo and being stuck on particular policies.

Some in the UK feel there needs to be a much more vigorous public dialogue, to achieve a degree of cross-party consensus about the goals of drug policy.

Paying attention to the themes of good governance delivers better demand-regulation outcomes. The Portuguese decriminalisation and treatment expansion came about through strong political national leadership and a degree of political consensus. In Uruguay it was not necessarily a political consensus on the issue, but strong political leadership that led to it in this case.

Referendums have taken place in Switzerland and in the US, in Oregon and Washington, under particular constitutional arrangements, which could be used to leverage change. New Zealand has used a constitutional device to ask its independent law commission to look at the efficacy of the country’s drug legislation. That eventually led to new proposals, new plans and new legislation, which are operating now, for the control of new drugs. Accountability and scrutiny mechanisms are important.

In 2006, the supreme audit body in the US, the Government Accountability Office, carried out an effectiveness review into a \$2 billion youth prevention mass media campaign. It

found that the campaign actually increased drug use, so it called for it to be abandoned. Some prevention and education can be effective, and some kinds are more effective than others, but some prevention and education interventions can be more harmful than people think. The important principle is to use a supreme audit body to ask the right questions. The Czech Republic has been good at using evidence and research to support its decriminalisation campaign.

Parliamentarians should use bodies such as supreme audit institutions and other mechanisms to try to redress some of the imbalance and to focus on demand regulation.



The Case of Denmark

Pernille Skipper

Member of Parliament and Spokesperson on Legal and Social Affairs, Denmark

Christiania could be an example of a regulated cannabis market that has now been deregulated, and that has had some consequences. Christiania has a street popularly called “Pusher street” where, since 1971, there has been opening dealing in cannabis—marijuana or hashish—but only in cannabis. Cannabis was sold openly in the street from little stands, with prices and THC levels displayed. Regulations among the people who sold it meant there was an age limit: no children below the age of 15 being allowed to buy it. In some cases, dealers asked young people for identification before allowing them to buy. However the use, possession or sale of hard drugs were not allowed. Nothing other than cannabis and marijuana was sold. The market was fairly regulated. It was not legal, but the police and the Government accepted it. It was controlled because everyone in Denmark who used those drugs bought them there. Denmark has 5.5 million people and it is not far from one end to the other, so the majority of sales in Denmark at that time were in Christiania.



“Drug use has come to be seen as more of a health problem and is widely accepted throughout the political spectrum in Denmark, which has implemented the heroin treatment programme and consumption rooms”

Drug use has come to be seen as more of a health problem, and is widely accepted throughout the political spectrum in Denmark, which has implemented two initiatives: the heroin treatment programme and consumption rooms. In 2010, it initiated the treatment programme and today there are 200 people in that programme. They are allowed to attend daily and to inject their drug with the help of health personnel. It has been quite successful. There has been general normalisation of everyday life and a reduction in crime by those on the programme because it is no longer necessary to finance their drug use. There are even examples of fathers who are again in contact with their children. Some regular drug users have ordinary jobs and live quite normally. This is a big success. This year the programme was expanded to include consumption in the form of pills. Formerly, it covered only injected heroin, but the discussion now is whether it should be expanded to other drugs, such as cocaine, which unfortunately is being used increasingly.

A little over a year ago, consumption rooms were established and they now exist in Denmark's three major cities. Drug users come into the room and under the supervision of health care personnel they are provided with clean injection tools, they are helped and guided, and they leave when they have done what they need to do. In addition to health care personnel, general health care is provided, so drug users, who often belong to social minorities, have access to other forms of health care. They often have problems with their feet, and they can be treated for other diseases.

Denmark has little knowledge so far of how consumption rooms are working, but there are two examples. First, in the first 99 days in Odense, which has one of the newest rooms, 11 potentially fatal overdoses were averted by the presence of health care personnel. Secondly, before the rooms were opened, the daily weight of drug-related trash in Copenhagen was 3.7 kilos, and it is now 1.6 kilos. Less trash in the streets means fewer needles near children and everyone else. That shows how Denmark is providing better health and security not only for users, but for people living in the area.



Drug Policy Changes

Politics and Public Attitudes to Drug Policy Reform

Alison Holcomb

Criminal Justice Director, American Civil Liberties Union

Washington state passed a historic measure that for the first time brought the production and distribution of cannabis under a system of licensing and regulatory control. The problem in America started with mass incarceration. One in 100 adults in the United States was behind bars, and one in 31 was on some form of correctional control. The war on drugs has been the primary driver of the significant increase in incarceration since the early 1980s. Arrests for simple marijuana possession in the state of Washington over the past 20 years have increased significantly. That represents roughly \$20 million a year in arrest, prosecution, defence and court administration costs.



The impact of marijuana law enforcement in the USA and Washington state is borne disproportionately by people of colour. An African-American in the state of Washington is three times as likely to be arrested, three times as likely to be charged and three times as likely to be convicted of a marijuana offence as a white person, despite the fact that whites in the state of Washington use marijuana at a slightly higher rate than African-Americans.

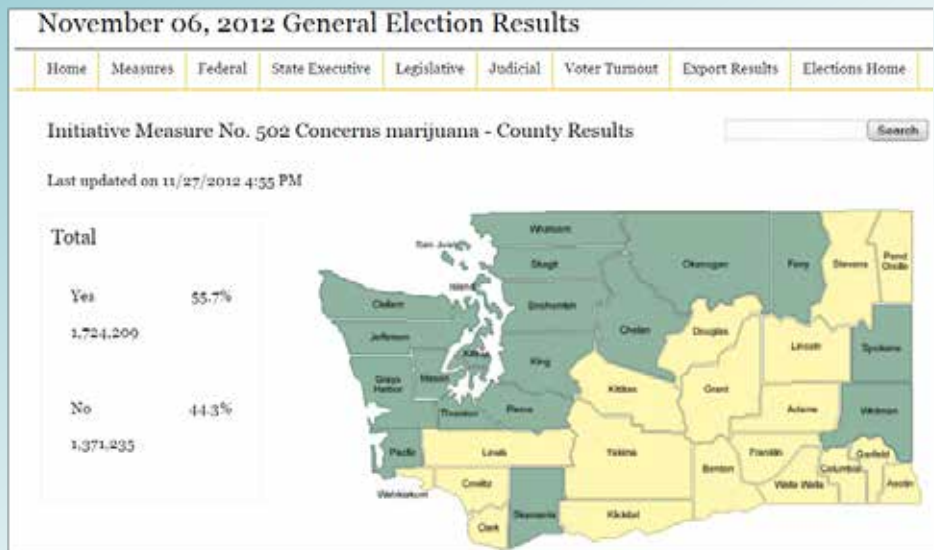
On what moves voters and public support, we first have to acknowledge that voters are very cool on marijuana. Only 24% of Washington state voters report any positive feelings about marijuana, and most people report negative feelings about it. When alcohol prohibition was repealed in 1933, it was not done on a platform that said that gin was good for you. The question is whether voters liked marijuana laws. That was where the debate focused in the state of Washington. Voters agreed that the marijuana laws had failed, were ineffective and were not achieving the policy goals for which they had been adopted. Moreover, those laws were wasting resources that had been allocated to public safety, law enforcement, prosecution and courts, and that could be used on higher priorities, such as combating violent crime, an important matter in the state of Washington.

Voters in Washington state wanted more tax revenue for the services that they appreciated. They were especially fond of so-called sin taxes—taxes paid only by the people purchasing luxury or vice items, and not levied across the population. Only those people who wanted to buy marijuana had to pay the taxes that would support programmes. In Washington, voters like the idea of taking money away from criminals. It is important for them to see not only that money will be used for better purposes within domestic public safety priorities, but that money that was flowing into the black market will be brought under regulatory control.

Treating marijuana use as a crime had clearly failed. However, it was not enough for people to throw up their hands and say, “The war on drugs has failed; we ought to surrender and move on.” Rather, voters wanted to hear that there was a concrete proposal for how to achieve strong public health and safety outcomes. They wanted to know the alternative to the war on drugs, so the campaign became known as the “New Approach”.

The message of “New Approach” was that it could deliver as good, if not better, public safety and health outcomes as prohibition. The message was important, but so was having the right messengers. As an attorney who works for the American Civil Liberties Union in Washington state, I am not the best messenger to deliver a public safety message and reassurance to the voters of the state, so the campaign has reached out to leaders of public safety enforcement agencies, as well as public health advocates.

Dr Kim Thorburn is the regional health director for Spokane County, a major county east of the mountains in Washington state. We talked about what features of the measure— Initiative 502—would be directed towards producing those better public health outcomes. The sin tax applied within Initiative 502 is mostly dedicated to health care, the general fund and local budgets that supported law enforcement, youth drug prevention and marijuana public health education, ensuring that education is provided to consumers about the risks to safety and health.

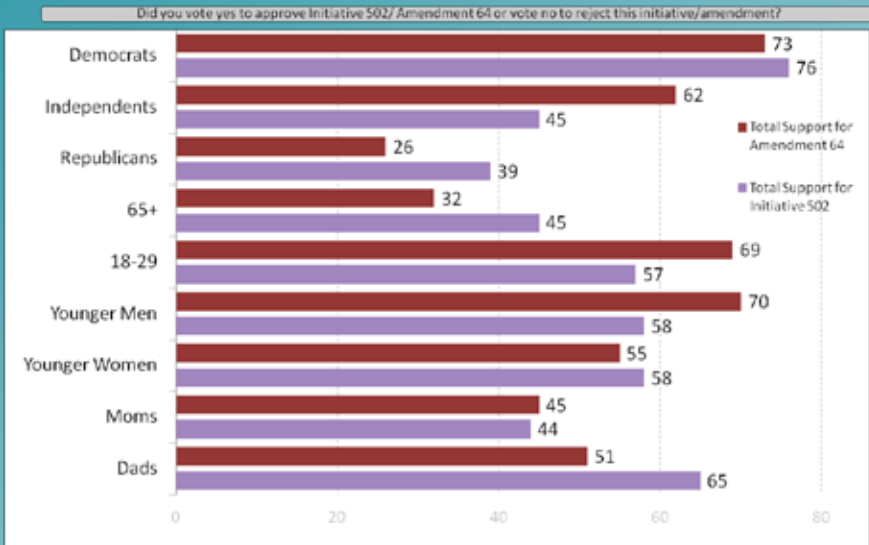


A map showing that the campaign crossed over what is known in Washington State as the Cascade curtain

A cost-benefit analysis of Initiative 502 will be undertaken, and taxes will fund that research and evaluation. Funds will also go to programme administration to ensure that agencies have resources. After the campaign, 20 out of 39 counties were won in Washington State. The Cascade Mountains separate east from west Washington. Eastern Washington tends to be much more conservative and western more liberal. The campaign won counties on both sides.

Initiative 502 ultimately passed with 55.7% of the vote in Washington state, which was roughly 1.7 million voters. President Obama had taken 56.1%, just half a percentage point more than Initiative 502 in the state of Washington. It had done four points better than Referendum 74, the marriage equality initiative that had been on the ballot at the same time. It had done a full four points better than Governor Jay Inslee, the Democrat candidate for governor. Amendment 64 in Colorado—a similar measure to Initiative 502—had done a little bit better than President Obama; Colorado is a swing state, with a more even split between conservative and liberal voters than Washington state. Washington is known as a true-blue liberal state.

Broader Coalition in Washington



A comparison between the demographics of the voters who passed Amendment 64 in Colorado, and those of the voters who had passed Initiative 502

The Initiative 502 campaign took 39% of self-identified Republicans which is a higher number than has ever been seen in public opinion research on conservative support for legalising marijuana. It also took 45% of voters over 65. By comparison, Colorado has done much better with younger voters aged 18 to 29, especially younger men. It has support from 70% of younger men, and 58% of men generally. Colorado's message is more about marijuana being safer than alcohol. That initiative has been drafted to appeal to the base, and especially to people in the medical marijuana industry, who are essentially offered a right of first refusal of licences, so that they can continue their businesses.

Regional Security and Counter-narcotics Policies

Benoît Gomis

International Security Programme, Chatham House

Developments in Colorado and Washington, the Organisation of American States report in May, the Uruguay marijuana Bill, and calls for marijuana regulation in Mexico City have broken the policy taboo on legalising and regulating drugs in the Americas.

The three key challenges in making change sustainable in the long term and internationally are, first, the difficult political context in the Americas; secondly, the orthodox players internationally, who tend to favour prohibition and see the drugs problem through the lens of terrorism; and thirdly, the reluctance of European Governments to engage in a drug policy debate.

There is growing consensus in the Americas that the war on drugs has failed, that drugs are primarily a health problem, not a criminal problem, and that drug use and possession should be decriminalised further. However, there is no consensus on what law enforcement should look like in a regulated market, whether supplies should be regulated, as they are in Uruguay, and what public health means in practice in counties that have difficulty controlling and collecting taxes in parts of their territory.

“there is no consensus on what law enforcement should look like in a regulated market”

Popular opinion in the Americas is still against the liberalisation of drug policy. In Uruguay in July 2013, 63% of the population was opposed to the Bill; in Mexico, 32% of the population is in favour of marijuana liberalisation, compared with 13% in Colombia and 11% in Peru. Another problem is a lack of political leadership. A year ago, Colombia was instrumental at the Summit of the Americas, and was among the three signatories to a joint statement to the UN calling for drug policy review at UN level. Juan Manuel Santos and his officials played a key role in bringing the drug policy debate to the table, and he convinced Obama that a review was needed. A year later, things looked more difficult. The presidential elections in March and the peace process with FARC and the ELN rebel groups meant that Colombia was not the natural leader that it had been a year ago.

Mexico is undertaking a series of ambitious reforms of its energy sector and its economic, taxation and fiscal policies. The Mexican Government's diplomatic efforts with the US are focused on immigration and gun control, not drugs. Guatemala is the third key player; it has been punching above its weight, but it is a small country, and it needs partners to make regional change.

US intelligence leaks might have had a negative impact on the political context. In Mexico, Felipe Calderón's e-mails, and presidential candidate Enrique Peña Nieto's text messages, were tracked. In Brazil, US agents spied on the communications of President Rousseff's aides and accessed her internet content. The political elite assumed that these things happened, but now that they are out in the open, Governments need to be seen doing something about it. For those reasons, the environment is not ideal for renewing the focus on counter-narcotics policies.

The second challenge is the orthodox players, such as China and Russia. Russia is concerned about the flow of drugs from Afghanistan after 2014, and is pushing for harsher counter-narcotics policies, despite their failure over the past decade. It is financing counter-narcotics training and programmes in its backyard. Countries in Central America, Asia and Africa still advocate zero-tolerance policies for drug offences, and institutional players in international organisations, such as the International Narcotics Control Board, cause a lot of trouble. In West Africa, Afghanistan and central Asia, the drug problem is still seen primarily through the lens of the war on terror. It is positive that awareness has been raised about the issue. Terrorism is a hot topic, and positive anti-money laundering measures have been introduced. Overall, the focus has been too much on law enforcement and targeted killing at the expense of justice, public health and development.



The third challenge is Europe's reluctance to engage in the drug policy debate, due to budgetary pressures, the rise in conservative opinion throughout Europe, and domestic issues such as unemployment and public debt. Those factors threaten the progress made in countries such as Portugal. There is a feeling that engaging in the international drug policy debate might jeopardise the progress achieved domestically.

UK officials' claims that the decrease in cocaine consumption shows that prohibitionist policies are working ignores the international, interconnected nature of the drug problem. Drugs consumed in the UK are often produced in and transited through foreign countries, which generate organised crime and violence. In addition, the use of legal highs, over-the-counter medicine and prescription medication in the UK have increased in the past decade.

Despite those challenges, change is needed. The current approach has failed and caused more harm than good—Malcolm Gladwell would say that a tipping point has been reached. Current policies are not sustainable. There has been too much focus on law enforcement at the expense of development, public health and a socio-economic response to the problem. The reasons why people commit crimes such as drug trafficking should be addressed. Law enforcement strategies have been ineffective and counter-productive and disregarded human rights. Drug trafficking has fuelled corruption. The problems are not national but global, and there has been a lack of regional co-operation. The response is driven by fear of drugs themselves, and uncertainly about the impact of policy change.

Fear of change is human. Daniel Kahneman wrote about the subject in "Thinking Fast and Slow"; other behavioural economists have written on the topic, too. There are "sunk" costs; so much time, energy and money has been invested in these policies that we feel that we needed to continue with them so that the investment is not wasted. Also, the effects of losing are greater than the effects of winning, so there is a sentiment that there is more to lose than gain from drug policy reform. People often say that more research is needed, or that the drug issue is very complex—a wicked problem—but the complexity of the problem should not be used as an excuse for inaction and policy inertia.

“There has been too much focus on law enforcement at the expense of development, public health and socio-economic responses to the problem”

Uruguay: The case for legalization

Sebastian Sabini

Member of the House of Representatives and President of the Select Committee on Drugs and Addictions, Uruguay

A North American commander said that the difference between a Conservative and someone more progressive is that a Conservative wants change, but not right now. Part of the debate is wrong, because they are not analysing the consequences of illegal drugs. Prohibition generated many more problems than drugs themselves; it was not just a question of analysing the health consequences, even though they were a key issue.

Uruguay is a small country, although it is good at football. It has carried out much research and worked with the community. Its commission has worked with 50 delegations over the last three years. Stakeholders from the community, and specialists from the academic and medical fields and the legal profession, participated. Those involved have dealt with treatments for addiction.

One colleague undertook an important project to analyse cannabis and the



consequences of its use. Uruguay therefore has much scientific knowledge of the effects of cannabis on users. This allowed Uruguay to understand that it now has drugs that are at least as harmful as cannabis.

Uruguay is not jumping into the void; it is trying to base its policies on scientific evidence and on other countries' experiences of regulation. However, few countries have gone as far as to regulate totally the supply

chain, the production chain and everything involved. Uruguay has done that through a Bill that will be approved by the Senate.

Drug use in Uruguay is not criminalised. The right to use drugs is protected. However, there is difficulty accessing drugs. People are in jail for possession. There are conflicts between gangs that traffick drugs, that affect the population. There are also health issues to take into consideration. Those three

aspects are affected by the policies that were in place.

Uruguay wants to minimise risk for young people and users. When a substance is regulated, its toxicity can be controlled. That happened in the case of alcohol. When consumers buy a bottle of wine, whisky or beer, they know its strength or toxicity. That is possible because we control the quality, and there is traceability. However, it is different with drugs.

Information is important. There are many myths around cannabis. Regulating cannabis allows us to reduce risks. Uruguay is looking at different Bills associated with regulating alcohol. There has been an increase in drug use. Young people have easy access to cannabis; that is the situation in which we find ourselves and the situation we want to change.

The second article is about the state monopoly. That is what the state is aiming for through the rules that it will establish. The aim is to protect people's rights. Some users' human rights are not being respected. It is not fair or acceptable to put someone in prison for having a cannabis plant or 10 grams of cannabis.

Uruguay is a transit

country, unlike other countries in Latin America. However, it needs to instigate change because it has faced failure until now. Families have been destroyed by drug policy, not by the drugs themselves. People have been murdered because of the drug policy in place. People have lost their freedom because of it. No one goes to prison for smoking or drinking. The problem is the consequences we generate with our policies. Uruguay wants to protect people's rights.

The law aims to protect the country's citizens from the risk of being exposed to illegal trade and organised crime. Drugs finance the sale of arms, people trafficking and other illegal activities. The duty of leaders is to resolve people's problems, not follow questionnaires. Drug policies are letting people down in that sense, because organised crime is still rife and still financed by drug money.

Exceptions to prohibition should include industrial plantations, because there is hemp being grown and used in Uruguay that does not contain marijuana's hallucinogenic ingredient. Other substances have lower percentages of that hallucinogenic substance. Prohibition of hemp of that kind is like prohibition

of vineyards for wine production.

For therapeutic uses, both medicinal and scientific, drug-use centres would keep use off the streets. Education is important; there is a need to provide access to information and to develop material on addiction. People have access to information through the internet at work, but for public health, the issue is not legalisation or prohibition, but regulation. Licences and provisions need to be established.

I don't want cannabis to be sold to minors, and the use of particular substances is not to be promoted. Cannabis is not to be associated with friendship, wealth, power and luxury—values linked with tobacco and wine.

Companies should not benefit from addiction. That has a cost, and Uruguay is involved in court cases owing to attempts to regulate the tobacco market in more or less the same way, with a limit on smoking in public places. For minors, driving under the influence of cannabis is to be banned. I am not trying to promote use. People need to be informed of the dangers of cannabis, which is something I have taken into consideration.

Uruguay: The case against legalization

Jaime Mario Trobo

Member of the House of Representatives, Uruguay

When big issues generate controversy in society, countries and politicians need to find consensus through dialogue and formulas that reach the majority of the population. Unanimity is not possible, but overall agreement for legal solutions is the only way to make good and efficient policies.

Surveys show public opinion at one point in time and while politicians take action based on polls, they are also individuals in touch with public opinion. As a result, they form part of the legal solutions. In Uruguay, the harm reduction Bill on marijuana consumption has not been approved, despite its intense international promotion, but it is close to approval and it is assumed that it will pass in the coming months, because the governing party, which has an absolute majority in the House of Representatives and the Senate, has obliged legislators to bring forward a vote.

Public opinion, which was measured by many pollsters, is mostly against the Bill—



some 64% are against it, with 26% in favour, while 10% have no opinion. Even among the voters who support the Government, 53% are against the Bill. It's important that parliamentarians know that most of the Uruguayan public is against the harm reduction policy, which will empower the state to produce and licence addictive drugs such as cannabis and marijuana.

This policy, which has major implications for health, the development of behaviour,

youth, the state and public administration, does not have universal consensus in society. On the contrary, the Government-supporting parliamentary majority has one view, while the Opposition take the opposite view. The Bill includes measures to defeat drug trafficking. It has nothing to do with liberal notions of recognising individuals' right to harm themselves by taking drugs, and nor can they do so of their own free will. That is relevant because the concepts

dominating the Bill could easily be applied to coca paste or cocaine itself, which are very harmful to young people.

Between 2010 and 2012 an all-party parliamentary commission in Uruguay, of which Mr Sabini formed part, studied not just cannabis addiction, but all aspects of addiction in depth. Its conclusions did not include the solution that has driven the current Bill. The Government sent Parliament a Bill under which the State would control and regulate importation, production, procurement, storage, marketing and distribution of marijuana and its derivatives. That was justified on the grounds that the Executive would contribute to reducing risks of harm among people who were using marijuana recreationally or medicinally, but having to obtain a supply from the illegal market.

There will be an effect on the development of future generations, and minority interests of certain groups or sectors have been given greater weight by the Government. The consequences of the experiment might be difficult to reverse because of the influence it might have on future generations. If a holistic approach is not taken, there will be a serious impact on public health, security and social integration. Prohibition is not necessarily an admission of failure, but such a policy implemented

in isolation cannot succeed in reducing the impact of this social phenomenon.

In Uruguay, according to the national drugs council, 230,000 Uruguayans are problem drug users, 52,000 are problem drug users of pharmaceuticals and 28,000 are problem cannabis users. The problem of reducing demand has not been seriously faced with regard to the two most relevant addictions: pharmaceuticals and alcohol, and nor has prevention education or dissuasion been seriously applied. On several occasions, resources to support rehabilitation initiatives have been denied. Such initiatives are often carried out by non-governmental organisations without state support, co-ordination or exchange of experiences. Such views are shared by community and social organisations.

The measure will have international repercussions and will be influential. There will be problems with the Bill because it will contradict international legislation and conflict with the policies of other countries in the region. The possession of marijuana is legal in Uruguay, but illegal in Brazil, and I wonder how the Brazilian justice system will deal with Uruguayans found in possession of marijuana. This law will not solve the problem.

There is a problem

that the state is assuming an inappropriate role in controlling the production and sale of cannabis, which could be extended to coca paste or cocaine tomorrow. The Bill will end the duty of the state to society regarding care and prevention in public health, and also promote a paradigm to new generations regarding the benign aspects of addiction to certain substances.

With regards to the media campaign to promote the benign effects of cannabis, television adverts have stated that people feel that they are entitled to consume marijuana, and that people should have the right to consume marijuana to mitigate the pain of cancer. Such issues may be justified and, if they are, they should be looked at; but the harm that that drug can have on a young person must not be ignored.

Legalising the illegal trade has many economic implications and the Bill will facilitate companies or projects that promote the development of addictive products and legitimise their practice.

Health-based Approach to Drug Policy

Prof Susanne Macgregor

London School of Hygiene and Tropical Medicine

It is important to avoid a polarised discussion. Opposing harm reduction to abstinence or legalization to prohibition is not helpful. It is necessary to seek a balanced approach which will involve proportionate responses to problems in particular countries based on evidence and research.

Harm reduction is not just a list of techniques e.g. needle and syringe programmes, but must focus on the concept of harm and having that principle at the root of the policy to prevent harm and alleviate suffering when that arises. This will vary from country to country. Building capacity and institutions, creating networks of practitioners and learning from the experience of different countries is important.



We also need to recognize the situation is constantly changing e.g. what is happening in East Africa could happen in West Africa, so sharing best practice is important.



“We must strike a balance between regarding addiction as a criminal problem - an illegal act on the part of the user, and preventing users from being excluded from society so that there can be an attempt to give them health care treatment.”

Hon. Fatma Nur Serter, Turkey

Dr Andrew Ball

Senior Advisor, World Health Organization

As an international civil servant working on public health, I recognize that parliamentarians have an influential role in critical decisions related to drug policy and public health and these have very broad implications beyond both sectors. Drug policy is a controversial subject and it is hard to balance very strong opinions from different perspectives based on real concerns and real examples. To balance these views requires a special skill and understanding.



It is important to make sure all decisions are informed and based on evidence. Even having policies that seem to make good sense won't mean that they are good practice or that they are evidence-based. Coherence between national narcotic drug control bodies and public health ministries is also very important. Drug control officials have taken leadership in public health e.g. in some countries it is actually prison managers who argue for alternatives to incarceration and a health based approach to drug policy. Public health can influence drug policy and vice versa.

The message for parliamentarians is to promote policies, regulations and legislations which:

- a) create a supportive environment for critical evidence-based interventions for good public health practice to be applied
- b) seek ways in which marginalization of drug users and their sexual partners is prevented so that they are not driven underground
- c) minimize the risk of new and harmful drug use, new drug production and trafficking whereby public health issues are addressed, and
- d) look at policies and legislation that will help prevent a transition from a less harmful way of using drugs to a more harmful way of using drugs e.g. from smoking to injecting.

There is a clear need for a harmonization of policies and practices at all levels e.g. local, central and federal level. Given that public health and drug policy are cross-border issues, it is important for international forums such as this one to discuss what can be done across borders.

The Role of Drugs in Creating Violence

The Case of Malta

Hon. Robert Cutajar, Member of Parliament, Malta

A lot of research has been done on the relationship between drugs and violence. There are a few salient points from that research which show how parliamentarians might consider working to address the challenges. The phenomenon of drug-related violence started to emerge predominantly in the United States in the late 1970s, largely in relation to the abuse and distribution of crack cocaine. During the 1980s, there was a rise in random or impersonal homicides. This remains the most important aspect of the drug-violence relationship on a structural level, which extends into ancillary areas such as money laundering. There are several other aspects of violence related to substance abuse. In a small country like Malta, incidents of drug-related violence of the structural type are few and far between. However, other aspects of violence related to drugs are much more widespread in society in Malta.



Drugs are related to violence in four main ways: first, the pharmacological effect of drugs can induce violent behaviour. Secondly, violence is common in the drug distribution system. Thirdly, the high cost of drugs often impels users to commit violent crime to support their drug use. Fourthly, drug abuse can lead to interpersonal violence. Substance abuse can be a symptom of other social factors, such as a history of abuse in childhood, crime in the community, and financial and developmental disadvantage, which can cause stress for families if they cannot cope with the demands of everyday life, so culture can create an *a priori* disposition to violence. The social factors that lead to disadvantage also increase a person's disposition to abuse drugs. The combination of this and substance abuse can foster violence.

Different substances have different effects on violence. The link between heroin and violence is virtually non-existent, but evidence shows that sustained periods of using high doses of amphetamines can lead to toxic psychosis, which can lead to violent episodes. Evidence linked the use of cocaine to violent episodes, and suggests that cocaine-associated violence might be a defensive reaction to an irrational fear. A recent cold-blooded double murder, which spared a third person, was a result of toxic psychosis caused by sustained cocaine abuse. It was eventually explained that it was carried out as a result of irrational fear.

Research shows that the purity of a drug can affect the drug-violence association, but it is still impossible to say with certainty what the links between violence and drugs are, because research is based on only a few individuals. However, it has shown that intoxication has a significant impact on cognitive ability and functioning. The nature of the impact varies according to the substance, but it is moderated by the context in which the behaviour takes place.

Violence related to substance abuse is predominantly caused by alcohol abuse. Research suggests that the link between violence and alcohol is stronger than the link between violence and drugs, for pharmacological and social reasons. Alcohol, rather than drugs, is overwhelmingly

involved when crimes are committed: 86% of homicide offenders, 36% of assault offenders, 60% of sexual offenders, 57% of men and 27% of women involved in domestic violence, and 13% of child abusers, were drinking at the time of their offence.

Societies would be better equipped to deal with the effects of substance abuse if they developed drug policies that recognised that violence and substance abuse were grounded in the social context. Drug policy needs to distinguish between different types of drugs and the impact they have on individuals, and between illicit and legal substances and the extent to which they are available. The judicial system needs to better understand the relationship between substance abuse, the social environment and violence. That would improve society's understanding of the problem, and help corrective action to reflect reality.

The Case of Mexico

Iris Vianey Mendoza, Senator, Mexico

The situation in Mexico is dreadful; for six years, Mexico has been fighting a war against drugs that has generated a lot of violence and crime. There are two million displaced people who are homeless and jobless.

The health system in Mexico deals directly with drug addicts who are addicted to certain substances. There are rehabilitation residences and health centres where drug addicts are treated in the same way as cancer patients. Coverage is not complete, as these things are not compulsory. Mexico suffers from violence because it was a transit country. No country has a monopoly over the production of drugs.



The cartels fight for control over not just legal drugs but illegal drugs, and the illegal market wants to get legal access to distribute and sell marijuana. Parliamentarians are trying to combat crime, and work internationally to reduce drug-related violence, through three important actions. Recently they legislated to improve their police service because they had a problem with corruption. Mexico is trying to restructure its police services, so that it does not have any corruption.

The Case of Sierra Leone

Hon. Chernor Maju Bah, Member and Deputy Speaker, Sierra Leone

A distinction has to be drawn between conflicts and violence, and the topic under discussion is violence. Conflict is a broader concept. It is difficult for any society to say that drugs do not breed violence, and Sierra Leone is no exception.

The most common drug in West Africa is marijuana, with occasional isolated instances of crack and cocaine use, and there is not a strong connection between HIV and drugs in the sub-region. Much effort has been made in the sub-region to ensure that the issue of drugs is tackled. The countries are transit, rather than producer or consumer countries. Religion has a large influence in society. Discussing the decriminalisation of drugs is hard for my sub-region, as the taking of drugs is considered taboo on both moral and religious grounds.



The Economic Community of West African States (ECOWAS) region is making a lot of effort on the issue, because it wants to prevent the problem; that is why drug issues are at the forefront of states' and religious societies' attention.

Violence is caused by drug use. People lose their senses when they take drugs, and do negative things that often lead to violence. Sierra Leoneans are no exception. It is no secret that during the war in Sierra Leone between 1991 and 2002, drugs were used to perpetrate violence through the use of child soldiers. Most of the children, both boys and girls, had found it difficult to participate, but as soon as they were given drugs, they became more volatile and dangerous than the adults. Sierra Leone is not at the stage where drug use is as high as in other areas. Its parliamentarians want to make sure that they use all the opportunities available to them and keep their eye on the ball.

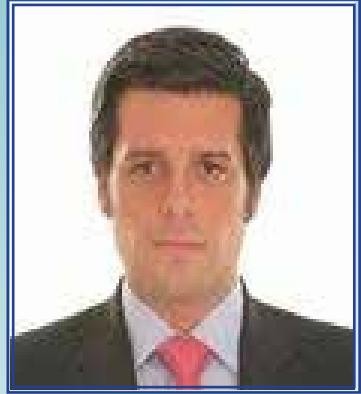
The sub-region has an intergovernmental action group against money laundering in West Africa, and drugs and terrorism play a large role in money laundering. West African countries are coming up with individual national policies and strategies, but the sub-region's Heads of State, Ministers and their counsels are acting collectively on drug issues, particularly as the sub-region has been used for transit. Considering levels of political stability and poverty, they are making a considerable effort. They are talking about drugs used for healing, and whether they are medical or non-medical, legal or illegal. But in conclusion, violence mostly comes from the use of drugs.

The Case of Brazil

Guilherme Mussi, Member of Congress, Brazil

Brazil has two problems pertaining to drugs. First, it is a transit country. Cocaine from Bolivia and Colombia is sent through Brazil to Europe, Mexico and America. Secondly, it is a big consumer of drugs. Crack is a bigger problem than cocaine, because it is cheap and causes violence.

I speak personally, not as a Congressman. There is a big difference between the way that the medical and criminal issues should be treated. I am to the right of the Brazilian Government, and think that drugs should be treated more as a criminal than a medical problem. In Brazil, the drug problem is hidden under the umbrella of health.



Sixteen and seventeen year-olds behave as though they have a licence to kill. They shoot whomever they feel like shooting, including people's parents and daughters. If they are arrested, they spend only two or three years in prison playing football, and when they are released, 90% reoffend. The Government hides that information, and when those teenagers turn eighteen, they start afresh with a clean criminal record. Progress has been made in the public health system: people are now able to get medical care paid for by the Government. There was no such provision a few years ago, and it is a big improvement.

Some people should be treated as though they have a health problem, but I worry about the Government's liberal position on drug-related crimes.



Challenges Ahead

Future Developments

Dr Sandeep Chawla

*Deputy Executive Director and Director, Division for Policy Analysis and Public Affairs
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The UN has a saying, because it works in a special environment: there are only three ways of doing things in this world—the right way, the wrong way and the United Nations (UN) way. That UN way of doing things is driven by the fact that it is 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 has been found in the drug conventions, and now is the time for discussions on how the system will continue to be implemented over the next few years.

To understand the process, it is necessary to know three things about how international co-operation on drugs is structured. First, the Commission on Narcotic Drugs (CND) is an intergovernmental body composed of 50 state members of the UN, with membership by rotation; any member state is entitled to attend, but only 50 are members. CND functions are 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 is controlled or not—is done by the Commission. The CND meets in Vienna in the spring of every year; it also meets for two days in December of every year, to approve the budget, because its other role is as the governing body of my organisation, the United Nations Office on Drugs and Crime. It gives the UNODC governance and policy direction, approves budgets and so on.

Secondly, the CND is part of a complicated UN system that runs under the auspices of another body, the Economic and Social Council (ECOSOC). All economic and social co-operation throughout the UN system is co-ordinated by ECOSOC, and it has many functional commissions—such as on drugs, crime, the status of women or of children. There is a range of such bodies, but the CND reports to ECOSOC, the co-ordinating body.

Thirdly, there is the General Assembly, which is the supreme legislative body of the UN. All member states are represented on it, and it operates on the system of one country, one vote, with no weighted voting. The General Assembly decides overall positions and policies for the UN. There are some difficulties in the UN between the General Assembly and the Security Council, which is meant to deal with political matters and has only five permanent members, but generally, the General Assembly is the supreme body.

The schedules are 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 will be the mid-point of the decade starting in 2009, so the CND will conduct a high-level review of what has been achieved under the declaration and action plans over the past five years. The next review is supposed to be in 2019, at the end of the 10-year period.

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 overthrew the 10-year timetable organised by the CND for the General Assembly. The assembly, however, which

can decide what it wants, because it is the supreme body, decided that it would have a special session in 2016. That created a problem about how the two timetables need to coincide.

The CND will meet in the spring of 2014 for its mid-decade review session. It will also have to play a role in planning for the 2016 General Assembly session—that is to be decided by the assembly in the next four or five days, during negotiations on the annual resolution on drugs. Mexico usually supervises those negotiations, as the country that traditionally proposed the first draft of the resolution. One way or another, each country has an opportunity to contribute to the discussions on how the process will 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 UNODC.

There are four areas in which the UN has no position—it cannot tell member states what to do, so it has had no position on the recent drug policy debates. UN and UNODC work is based on the conventions. There is almost universal agreement among UN members 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 can supply that neglected dimension.

Secondly, it is also pretty widely agreed among UN members that there is 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 moved in two different directions, but the idea is now to bring them closer together and recognise drug users' rights as human rights.

Thirdly, many, though not all, countries tend to recognise that unless the drug problem is dealt with as a health problem, they will 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 will be an economic effect.

Finally, it is also being recognised that there is a need to balance action on the supply side, and not only eradicate drug crops but provide balancing development. Again, there is pretty wide agreement on that, and it is hoped that much of the discussion will go in that direction.



Propositions emerging from the seminar

Baroness Meacher
Member of the House of Lords
and Chair of the Drug Policy Reform All-Party Parliamentary, UK Parliament

The first proposition is that it has to be accepted that humans have always taken drugs and always will, whatever laws and punishments there are. Drug use is 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 will not be influenced by the toughness of punishments or similar factors. Part of the proposition is to leave behind the one simple objective of a drug-free world, which can never be achieved and is not helpful, and replace it with several objectives.



The second proposition is 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 are bad, as are drug takers, who should be punished and will then go away. That approach has not worked and it is necessary to turn to evidence to see whether something better can be done.

The third proposition is that it is not right, at this stage, to try to change the conventions. Persuading Russia to change one word would be an achievement, but there is also China, Thailand and other countries to consider. It will 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 is a need to raise the debate.

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

“There are two ways of countries getting the freedom to decide drug policies to benefit their populations: the Bolivian way and the Uruguayan way”

The next proposition is that there are two ways of getting that freedom; it is up to delegates and their Governments to decide whether they want 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 does not damage

other countries. That is an important provision, which is in the conventions: whatever a country does, it cannot damage other countries' interests.

The other way is what I call the Uruguayan way. This is to use article 3 of the 1988 convention, which permits a country to establish criminal drug laws subject to "its constitutional principles and the basic concepts of its legal system". Passing a law makes it part of the concepts of a country's legal system, and the article seems to allow an individual country much more freedom than has been thought.

Within the framework of the next proposition there is 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. This is not realistic for poor countries, which also need reduced inequality, good employment opportunities and other social policies that reduce drug addiction. It is no accident that a country such as Sweden has low drug addiction rates, because it has very good social policies.

The second policy is 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. Respect for human rights dictates that people should not be punished because they are sick.

The third policy is not criminalising young people in general, but treating them and taking the "health approach". George Soros said that arresting drug addicts is not economically sensible and wastes money by achieving nothing, prolonging addiction and preventing people from getting better.

I hope 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.

The drug supply is a difficult issue, but the seminar has managed to focus on two issues. The first is tackling money laundering. I am 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. There must be a global effort to tackle money laundering. It must be made prohibitively expensive for people to continue to deal drugs, as they are getting away with murder, both literally and financially.

The other supply-side response that has been examined, is the "Swiss heroin treatment model", which is also pursued effectively in Germany, Denmark, Spain and elsewhere. Switzerland has 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.

All the countries that I mentioned are doing an excellent job and the Inter-Parliamentary Union should be promoting the combined treatment centres 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.

I remember asking about cocaine when I first went to Switzerland, and I was told that cocaine use also goes right down for those in the system, or they come 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.

Two words—“legalisation” and “decriminalisation”—have been used over and again because those are probably the two major policies that will unroll across the globe over the next five or 10 years. However, there is some misunderstanding about the terms, with people thinking decriminalisation means legalisation. The word “legalisation” is misleading, meaning a regulated system where drugs are very tightly controlled, not sold in supermarkets.

Cannabis, for example, if it were regulated in Uruguay or anywhere else, it 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. Purchasers would avoid dealers altogether by buying their drug from a legal outlet, which I think 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. Regulated drugs can also be taxed.

Decriminalisation is completely different from legalisation. It would not get rid of dealers but would ensure that young people do not get criminal records. A fine example is the Portuguese system, where a lot of money is 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.

“both legalisation and decriminalisation have benefits, so should be promoted, but it should be made clear that they are different policies with different benefits”

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. The challenge, to be promoted through 2014 and 2016, is reducing the unintended consequences of existing policies, which are colossal and devastating to certain countries, and to reduce addiction to benefit the population.



Fallen Angels Dance Theatre

Fallen Angels Dance Theatre is a professional Dance Theatre Company which exists to break down barriers and change perceptions of what live theatre can be. It works with addicts, people in recovery and the wider community to inspire and support them to make positive choices through its outreach programmes.

Their vision is to strive for excellence in artistry whilst raising awareness that addicts do recover.

Fallen Angels Dance Theatre has a portfolio of outreach and education activities within recovery support and the wider public including:

- Front line work with workshop participants
- Projects in prisons
- Schools workshops
- Training for artists around work with vulnerable people
- Speaking in arts, health and social service sectors

For more information see www.fallenangelsdancetheatre.co.uk

