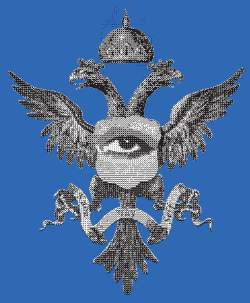
THE BECKLEY FOUNDATION
DRUG POLICY PROGRAMME



FACING THE FUTURE: THE CHALLENGE FOR NATIONAL & INTERNATIONAL DRUG POLICY

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REPORT SIX

FACING THE FUTURE: The Challenge for National & International Drug Policy

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The Beckley Foundation Drug Policy Programme (BFDPP) is a new initiative dedicated to providing a rigorous, independent review of the effectiveness of national and international drug policies. The aim of this programme of research and analysis is to assemble and disseminate material that supports the rational consideration of complex drug policy issues, and leads to a more effective management of the widespread use of psychoactive substances in the future.

INTRODUCTION

A major crisis is now being documented in the official reports on the global drug problem that are produced annually by agencies such as the United Nations Office on Drugs and Crime (UNODC), the International Narcotics Control Board (INCB), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and other regional and national monitoring bodies. This crisis not only impacts on the lives of millions of people worldwide who develop drug misuse problems, but also damages families and children, neighbourhoods and communities, economies and societies.

Not all controlled drugs are equally harmful. While they are all psychoactive substances that can have a profound affect on the brain and nervous system, and all drug taking is therefore risky, many people who experiment with drugs will not experience significant harms as a result, and will not cause harms to others. Nor is the relationship between drug misuse and other problems - poverty, mental health and criminality - straightforward. Nonetheless, there is overwhelming evidence that the widespread use of drugs - particularly strongly addictive drugs like heroin, cocaine and methamphetamine - has massive economic and social costs.

Against this background, the primary objective of the current United Nations drug strategy adopted in 1998 was to reduce (and, ideally, eliminate) the availability of illicit drugs, thereby cutting drug-related harm. But the stark reality is that the global market has continued to expand year on year. According to the UNODC *World Drug Report* 2005, around 200 million people worldwide had used illegal drugs at least once in the previous 12 months, an increase of 15 million on the previous year (UNODC 2005). The wholesale value of the international drug market is estimated at a staggering US $94 billion, compared to $21.6 billion for tobacco, $17.3 billion for wine, $16.0 billion for wheat, $6.7 billion for beer and $5.7 billion for coffee (UNODC 2005). Street prices for users are a great deal higher than the prices paid by the big suppliers - hence the massive profits to be made from dealing drugs. The retail value of the global drugs trade is four times higher than the wholesale value, at an astonishing $391 billion (UNODC 2005). It has been claimed that the illicit drug market is now the third most profitable in the world, surpassed only by oil and arms. Attempts to force or deter criminal organizations out of this market have been ineffective in the face of such a clear profit incentive.

MORE ON THE COSTS OF THE DRUG PROBLEM

The UNODC 2005 *World Drug Report* concludes that this multi-billion dollar trade 'impacts almost every level of human security from individual health, to safety and social welfare', adding that 'its consequences are especially devastating for countries with limited resources available to fight against it' (UNODC 2005). The costs of drug misuse, the drugs trade and aspects of the 'war on drugs' itself are well-known. They include drug related deaths, blood borne diseases, mental health problems, social costs, crime and nuisance, barriers to development, environmental problems, political corruption, human rights abuses and international terrorism. Some examples of these costs are discussed below.

Drug-related deaths

The human costs of problem drug use are starkly illustrated by drug-related deaths. In its Annual Report 2004, the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) concluded that there are 8,000 to 9,000 overdose deaths each year in EU countries, overwhelmingly the result of opiate misuse, adding that this figure is almost certainly an underestimate (EMCDDA 2004,). There are many more deaths that are the indirect result of drug use - for example, from blood borne diseases, violence and accidents.

The World Health Organization (WHO) has estimated that alcohol, tobacco and illicit drugs contributed to 12.4 per cent of deaths worldwide in 2000, and about 8.9 per cent of total life years lost. It notes that the burden from psychoactive substances is higher in developed countries, especially compared to high mortality developing countries. In 2000, tobacco contributed to 8.8 per cent of deaths worldwide, alcohol to 3.2 per cent and illicit drugs to 0.4 per cent, the figures for percentage of life years lost were 4.1 per cent, 4.0 per cent and 0.8 per cent respectively.

While the figures for deaths and life years lost as a result of illicit drug use may appear comparatively modest, this needs to be interpreted in the light of the much higher incidence of tobacco and alcohol use globally. Tobacco use is about seven times higher than illicit drugs use, and alcohol use is more than ten times higher (*WHO regions disease burden in 2000 attributable to selected risk factor*s at www.who.int/substance_abuse/facts/global_burden/en/).

The majority of overdose victims (between 70 and 93 per cent) are young men in their late 20s or 30s. In 2000, the UK's Advisory Council on the Misuse of Drugs concluded that almost as many life years were being lost due to drug overdoses in England and Wales as from road traffic accidents, making them one of the main causes of death amongst young people (ACMD 2000).

Blood borne diseases

Since the UN's ten-year drug strategy was launched in 1998, there has been a massive increase in HIV/AIDS prevalence among injecting drug users in almost every region of the world. Between 1998 and 2003 there was a 73.7 per cent rise in Eastern Europe and Central Asia, 80 per cent in South America, 84 per cent in East Asia and the Pacific and 92.3 per cent in South and South East Asia (UNODC 2005). The 2004 report from the International Narcotic's Control Board (INCB) states that 80 to 90 per cent of new HIV cases in the Baltic States and the Commonwealth of Independent States (an alliance of 11 former Soviet republics, including Russia and Ukraine) are the result of injecting drug use (INCB 2004). There is also growing concern about the spread of Hepatitis B and C, which is more easily transmitted than HIV/AIDS and can result in chronic liver disease. Research studies suggest that around a half of all new hepatitis C cases in the United States are associated with injecting drug use (*Morbidity and Mortality Weekly* 2001).

Mental Health

The EMCDDA reports that a review of the research by Uchtenhagen and Zeiglgansberger published in 2000 concluded that personality disorder affected 50 to 90 per cent of drug users, while between 20 and 60 per cent suffered from affective disorders and as many as 20 per cent from psychotic disorders. The relationships between substance misuse and mental health problems is far from straightforward and remains highly controversial, but many people worldwide will suffer from mental disorders that are triggered or exacerbated by drug misuse (for further discussion, see EMCDDA, 2004a).

Social costs, crime and nuisance

Studies from Denmark, France, the Netherlands and the UK show that four in five homeless people living in shelters are drug dependent; that over half of prison inmates report using drugs in prison and around a third report injecting; and three quarters of people in treatment are living on social benefits (EMCDDA 2003). Problem drug use contributes to the perpetuation of social exclusion and inter-generational disadvantage. While problem drug users are often good parents, the lives of millions of children worldwide are damaged as a consequence of drug misuse by parents or carers. Living with someone who has a serious drug misuse problem - whether as child, parent, spouse or in some other relationship - can have a profound effect on physical, psychological, economic and social well-being (see, for example, ACMD 2003).

Drug problems also contribute to the 'poverty of place'. No one wants to live in neighbourhoods with street drug markets, 'crack houses', public injecting or discarded syringes. People living in the most disadvantaged communities are also more vulnerable to drug-related crime.

Property crime committed to raise money to pay for drug purchases also figures highly in overall crime statistics. Research in many countries has shown that most drug addicts fund a significant proportion of their addiction through prolific petty crime. This has contributed to rising crime rates in cities around the world.

Organized Crime and Terrorism

We have mentioned above the huge profitability of the drug market. These profits do not support the legitimate economy, but can fuel other forms of criminal activity, forming the primary source of income for organized crime groups across the world, and providing them with the resources and political influence to avoid detection, and even to undermine democratic governance in many countries. More recently, income from drug trafficking has been linked with revolutionary and terrorist activity:

An independent assessment by Dr Rohan Gunaratna for Jane's Intelligence Review (January 2001) identifies narcotic trafficking as 'a major source of revenue for terrorist and organized criminal networks, particularly groups with a transnational reach'. He argues that Shining Path (Sendero Luminoso) in Peru and the Revolutionary Armed Forces of Colombia (FARC) 'profited by offering protection to criminal groups cultivating, refining and trafficking drugs'. He also notes that 'the Usama Bin Laden network controls the part of Afghanistan where heroin is produced, and taxes the cultivators and transporters' (Gunaratna 2001).

The INCB report 2004 explains that 'drug trafficking, and the money laundering and corruption associated with it, continues to endanger stability in the South American region. As in the recent past, drug traffickers have attempted to intimidate public prosecutors, demonstrating once again the close links between drug trafficking and organized crime'. It further notes: 'the drug situation in Iraq may deteriorate further because of the disintegration of the drug control structure in the country, given its geographical location and the current political and economic instability. The complex links between terrorism, organized crime, corruption and drug trafficking pose a serious threat, raising concerns that the overall situation may worsen' (INCB 2004).

Comment

Research conducted on behalf of the UK Government estimated that the costs of drug use to the taxpayer in one year (2000) were between £10.1 and £17.4 billion, the majority of which was associated with crime related to drug addiction and markets (Godfrey C et al, 2002). Apart from the human cost, this equates to £400 in annual taxes for every adult in the country. This study only looked at the direct costs that accrued to the government, and did not attempt to put a figure on items such as environmental damage, political destabilization, or family break up. The harms associated with illegal drug use are therefore neither marginal nor superficial - they are at the heart of some of the most difficult challenges facing governments and, in some cases, threaten the very stability of legitimate governance. Effective policies and programmes that minimize these harms are therefore urgently required.

THE BECKLEY APPROACH: A NEW PARADIGM FOR DRUG POLICY

The evidence base

While drug problems have been worsening, we have seen some advances towards more open and informed discussion of drug policy. For the first time, data and evidence from across the world is routinely collected and analysed by the UN, regional bodies (such as the European Union), and national governments. The foundations are in place for evidence-based drug policy guided by knowledge of what works from across the world. International comparisons are still hampered by variability in the way policy is monitored in different countries and regions, and systems for measuring drug related harms are still in their infancy, but significant progress has been made towards a more objective review of policy impacts and options.

The policy dilemma

The critical division in the world of drug policy is between, on the one hand, those who continue to believe that the priority should be eradication - or, at least, substantial reduction - of drug use and availability, whatever the costs; and, on the other hand, those who argue that widespread drug misuse will continue for the foreseeable future and that the challenge is to manage this problem as effectively as possible. This fundamental divide is a source of tensions within and between countries. If it is not addressed, there is a danger that it could erode the broad consensus that legitimizes international drug policy under the leadership of the UN.

The Beckley approach

The Beckley Foundation believes it is time for a new global drug policy paradigm. Our proposals are based on an objective analysis of the international evidence base. Elimination of illegal drug markets was a laudable objective. But the experience of the last four decades provides no grounds for optimism. By contrast, there are grounds for optimism that drug-related harm can be reduced. By applying the lessons of the past 40 years as documented in the available evidence bases - national and international - it is possible to save hundreds of thousands of lives, improve millions more and save billions of dollars.

The essence of the Beckley paradigm is clear and straightforward, and was articulated in our first report. It comprises four core propositions.

1. The guiding principle for international drug policy should be to reduce drug-related harm.
2. The principal harms are crime and public nuisance, drug related deaths, physical and mental health problems, social costs and environmental damage.
3. The development of drug policy must be guided by evidence collection and evaluation, which is open to public scrutiny and informs periodic and objective policy review.
4. Drug policy should respect human rights, local judicial norms and divergent cultural attitudes to drugs and drug use.

These propositions are supported by two key acknowledgements:

- That focusing on reducing drug related harm does not necessarily mean abandoning efforts to reduce the overall scale of the market. In some circumstances, these approaches may deliver the best results.
- That the most effective policies and programmes will vary from country to country, as availability of resources, geographical and social factors, and cultural and political beliefs, vary.

Over the last 18 months, we have commissioned analyses of some of the key policy dilemmas facing governments (all reports and briefing papers are available on our website - www.internationaldrugpolicy.net), which have confirmed the need for brave new thinking in this area of policy.

CURRENT POLICY IS NOT WORKING

There is increasing understanding of the limited impact of drug law enforcement on the scale of drug markets. Beckley Report Three, *Law Enforcement and Supply Reduction*, was unable to find any well-documented examples of sustained supply reduction, nor show any clear links between law enforcement activities and changes in the availability of illicit drugs. Successful examples of supply reduction were either for particular drugs only (for example, heroin in Australia, where we found evidence of dependent users switching to other drugs), and/or comparatively short-lived (for example, Australia or Thailand), and/or achieved at an unacceptable cost in terms of respect for judicial norms and violations of human rights (for example, Thailand's 'war on drugs' or the Taliban in Afghanistan). While there are more recent examples that merit investigation – such as the recent fall in drug use among young people in the United States – no causal relationship has been established between enforcement policies and trends in drug use. There has been a striking lack of detailed analysis of this, and other, cases where it is claimed that prevalence reduction has been a result of zero tolerance policies. What is clear is that significant reductions in use or availability remain the exception, not the rule, tend to be localized and are seldom sustained.

There is also a greater recognition of the negative impact of a harsh law enforcement approach to drug production and consumption. Some of the principal costs are outlined below.

Criminal Justice Costs

A punitive approach to offenders operating at the lower rungs of the drug supply pyramid (and those committing non-violent crime to support drug habits) is placing enormous pressures on police, courts and prisons. For example, in the UK, the number of women in prison increased by 173 per cent from 1992 to 2002, by which time approaching half of the average female prison population were serving sentences for drug offences. It is a similar story in the United States. Reporting on Bureau of Justice figures for midyear 2004, the US Sentencing Project states that there are 103,310 female federal and state prisoners, and a further 87,583 women in local jails. It explains that 'the rapid growth of women's incarceration – at nearly double the rate for men over the past two decades – is largely due to the war on drugs (www.sentencingproject.org/pdfs/1044.pdf). In 2003, the total prison population in the United States was over 2 million, of which 23 per cent were drug offenders, overwhelmingly users and small-time dealers. The US Sentencing project reports that one in three Afro-American men aged 20 to 29 were under criminal justice control in 1995 (see Beckley Report Five,

Reducing Drug Related Crime: An Overview of the Global Evidence and Beckley Briefing Paper Seven, *Incarceration of Drug Offenders: Costs and Impacts*).

Reports from across the world show that drug use is rife within prison systems. Beckley Briefing Paper Two, *Drug Policy and the HIV Pandemic in Russia and the Ukraine*, reported that research in seven prisons in Russia had found that 43 per cent of prisoners were injecting drugs, and 13 per cent had been initiated into injecting drug use while in prison. Beckley Briefing Eight, *The Rise of Harm Reduction in the Islamic Republic of Iran*, considered research in Iran that found that 72.7 per cent of injecting drug users had a history of imprisonment. A policy of widespread incarceration is therefore not only expensive in terms of criminal justice expenditures, it can also create the conditions for increased rates of addiction and risks of infection.

Human Rights

Concern has been expressed about potential tensions between aspects of international drug policy and the UN Charter of Human Rights and other human rights instruments. In some parts of the world, a belligerent 'war on drugs' has led to the corruption of law enforcement, extra-judicial killing and a disregard for human rights. Human Rights Watch (HRW) estimates that the Thai 'war on drugs' in 2002/3 resulted in 2,000 deaths and 70,000 arrests, with allegations of corruption and claims that the Thai police were operating a 'shoot to kill' policy (HRW 2004, see Beckley Briefing Paper Five, *Thailand's "War on Drugs"*). In Thailand, as elsewhere, drug markets operate 'pyramid selling' schemes, with users encouraged by dealers to sell drugs to finance their own purchases. The majority of those who were arrested or shot were low-level dealers.

There are also concerns about the discriminatory application of drug laws in a number of countries, including the United States. For example, a 1996 HRW report documents worrying racial differences in the arrest and imprisonment of drug offenders in the US State of Georgia. It found that drug laws were enforced disproportionately against black drug offenders, who were arrested for cocaine-related offences at seventeen times the rate of whites (even though more whites are cocaine users) and who receive 98 percent of the life sentences handed down in drug cases' (HRW 1995, also see Beckley Briefing Paper Seven).

Beckley Report Three suggested that some of the most objectively successful attempts to reduce and control the production, supply and use of drugs in recent history were achieved by often brutal regimes, with little regard for democracy and human rights, such as the Taliban in Afghanistan and Communist China between 1950 and 1980. The costs of substantially reducing the production and supply of illicit drugs - or containing it at very low levels - may be unacceptably high. The evidence also suggests that once drug markets do take off (as they did following economic and social liberalization in former Soviet countries), it is extremely difficult to turn back the clock, even by returning to a repressive approach. In democratic countries, there is an almost total absence of documented reductions in production and supply of controlled drugs. The economic, social and political costs of suppressing illicit drug markets may simply be too high.

Arrested Development

Human Rights Watch and the Transnational Institute have also questioned the levels of violence and human rights abuses that have accompanied crop elimination programmes in source countries.

In some instances, drug policies being pursued by richer 'consumer' countries in the developed world may be impeding the development of some of the poorest. The UNODC *2004 World Drug Report* discusses the 'successful' poppy elimination in Myanmar and Laos, with a 60 per cent reduction in land under cultivation after 1996. But it raises concerns that the pace of change is 'putting tremendous economic pressure on farmers, often from ethnic minorities, who have relied so long on opium production as a means of survival', with evidence of an emerging humanitarian crisis in Myanmar's poorest areas (UNODC 2004).

The damage resulting from the chemical spraying of drug crops in Colombia was documented by Professor Martin Jelsma in a speech at the University of Warwick in March 2000. Professor Jelsma explained that 'the aerial fumigation cycle causes chemical pollution affecting humans, animals and vegetation destroying the livelihoods of peasant and indigenous communities, which leads to forced migration'. He continued, 'the displaced move further into the rain forest accelerating the pace of deforestation. The slashed and burned plots are planted with coca or poppy for illicit cultivation. The new plots are eventually fumigated and the cycle starts all over again, exacerbating the on-going armed conflict'. This has destabilized the region and 'enlarged the distance between the peasant sector and the State with a considerable increase in social discontent', helping 'to prepare the ground for the presence of several armed groups'. (The full text of this speech is available at www.xs4all.nl/~tni/archives/jelsma/warwick.htm)

With approximately 2.3 million people (roughly 356,000 households, or 10 per cent of the population) involved in the opium economy, forced poppy eradication may also have enormous negative implications for Afghanistan. Beyond the immediate loss of income, history shows that ill-conceived eradication programmes disrupt informal credit systems based on opium and in some cases actually lead to increased poppy cultivation. Such a counterintuitive dynamic was observed during the Taliban opium ban in 2000-2001. Then poor farmers who had been forced to take advanced payments on opium from opium traders in 2000 were unable to repay their debts. Studies show that one response was to reschedule payments and during the following season plant even more poppy to cover the cost plus the accrued interest. Other desperate measures involved farmers selling land, live stock and even their under-aged daughters (Drugs and Conflict Debate Papers 2005).

Crop elimination without adequate provision for alternative development can leave farmers in developing countries with little option but to return to poppy or coca cultivation, despite the risks, as the only way to meet debts to organized criminal gangs and drug traders. Imprisonment for drug offences at the lower end of the scales can exacerbate the causes and contexts of problem drug use and recruitment into the drugs trade, such as poverty, lack of employment opportunities and inadequate housing. Intensive policing can intensify social division and inflame ethnic tensions. Ironically, tough supply reduction approaches can fuel drug use and create opportunities for drug markets.

As it has become clearer that it is not possible to control the illicit market, and that attempts to do so can have high costs and damaging side-effects, calls for a radical overhaul of the global control system have grown louder.

SO WHY NOT LEGALIZE DRUGS?

The debate about drug policy is often represented as a polarized choice between two options, 'prohibition' and 'legalization'. In this atmosphere, any criticism of existing policy is regarded as a call for a radical change of direction. This is a simplistic way of framing a complex debate and an impediment to positive change. One of the barriers that has delayed or prevented international bodies and national governments from confronting some of the policy challenges of the past 40 years has been a concern that any admission of failure will be interpreted as a concession to, or a step towards, drug legalization.

The reality is that there are multiple options that are in no way reducible to a simple dichotomy between these two extremes. The evidence that a zero tolerance approach has failed on its own terms is overwhelming – drug use and drug markets continue to expand. It does not follow that 'legalization' is necessarily the answer. For example, the management of drug misuse through needle exchange or heroin prescribing is a significant departure from zero tolerance ideologies, but is not primarily about law reform. Liberalization of laws on drug use in countries such as the UK and Portugal have not been steps on the road to drug legalization. On the contrary, the re-classification of cannabis in the UK was partly justified as a means of enabling better resourced and better targeted law enforcement to focus on the illicit trade in the most harmful drugs, particularly heroin and crack/cocaine, and on targeting the drug suppliers instead of an otherwise law abiding group of experimental drug users.

It is inaccurate and unhelpful to represent the debate about the future of drug policy in simple, polarized terms. The full range of options for controlling and managing drugs need to be openly discussed, and different views on drug policy assessed in a much more rational and objective atmosphere, if a way out of the current policy impasse is to be found.

The impact of law enforcement

A massive investment in the enforcement of drug laws has failed to prevent expansion of drug use and drug markets. A global drug control system that has endeavoured to contract drug markets through uncompromising supply-side measures has failed. But supporters of rigorous law enforcement can plausibly argue that it has contained the drug problem, and has therefore had a positive impact on drug-related harm.

The World Health Organization has estimated that, in the year 2000, there were 185 million users of illegal drugs worldwide, compared to 2 billion alcohol users, and 1.3 billion tobacco smokers. Furthermore, they estimate that tobacco related deaths account for 4.1 per cent of total life years lost globally and alcohol related deaths 4 per cent (www.who.int/substance_abuse/facts/global_burden/en/). Deaths related to illegal drugs account for 0.8 per cent of lost life years, a comparatively modest figure. The UNODC's 2004 *World Drug Report* states that 'though there has been an epidemic of drug abuse over the last half century, its diffusion into the general population has been contained. Less than 3 per cent of the global population (or 5 per cent of the population aged 15 and above) is certainly evidence of containment, particularly when compared with the annual prevalence rate of 30 per cent for tobacco' (UNODC 2004). Independent support for the view that law enforcement has constrained the expansion of drug markets is provided by MacCoun and Reuter in *Drug War Heresies*, which concludes that 'legalization is very likely to lead to commercialization of the product', and that 'commercialization will generate higher prevalence and consumption' (MacCoun R and Reuter P 2001). A dispassionate analysis suggests that if psychoactive drugs were to be legally available they would be cheaper, easier to access and more widely used, particularly if they were commercially promoted, as is likely in a free market economy. More generally, this means that the precise impact of changes to drug laws cannot be assessed in an historical, cultural or social vacuum, and will vary from time to time and place to place. The inherent properties of particular drugs will also be an important factor – relaxation of the law on cannabis is likely to have a different impact on patterns of availability and consumption than a similar change in the law applying to, say, amphetamines or heroin.

Prevalence and harm

All else being equal an increase in drug use will result in an increase in drug related harms. It is important not to over-simplify this relationship, however. If a tenfold rise in the number of drug users led to a tenfold rise in drug related deaths, for example, then these would exceed the global total of tobacco related deaths - a very unwelcome outcome. But most drug related deaths are the result of accidental overdoses on opiates, the use of which accounts for only a small proportion of overall drug use. Furthermore, it is plausibly argued by proponents of legalization that, under a legal regime, users of heroin and other opiates would be more likely to be using cleaner versions of the drug in controlled doses, and in safer surroundings, removing many of the risk factors associated with overdose deaths.

With the research and experience currently available, it is not possible to predict accurately the precise interplay of these factors. What we can say, however, is that there are other options available to policy makers. The development of harm reduction initiatives - such as needle exchange, heroin prescribing and drug consumption rooms – can achieve the benefits of safer drug use without risking the major expansion of consumption that would almost certainly result from drug legalization. Nor would legalization be any guarantee of drug purity, as illicit markets for legally available substances would continue to exist. For example, the cigarette producer Philip Morris International reports that 90 per cent of smuggled cigarettes with the Philip Morris brand seized by governments in 2002 were counterfeit. A BBC documentary has claimed that counterfeit cigarettes on the UK market contained '75 per cent more tar, 28 per cent more nicotine and 63 per cent more carbon monoxide' than genuine cigarettes, and it found that some were 'contaminated with sand and other packaging materials such as bits of plastic' (see www.philipmorrisinternational.com/pages/eng/busenv/Counterfeiting.asp).

Drug-related crime and other harms

A similar set of issues arises with the consideration of drug related crime. The forms of crime associated with illegal drugs that cause most harm to communities are twofold: the violence and intimidation associated with drug markets, and the property crime committed by addicts to fund their drug purchases.

Beckley Report 5 concluded that there are credible arguments for the proposition that 'prohibition leads to more economic-compulsive and systemic crime'. We found consistent evidence that 'where the enforcement agencies are successful in limiting the supply of a particular drug in a particular area …. users may simply steal more to pay the higher prices'. But the drugs/crime relationship cannot be viewed as simply a function of prohibition. It has been plausibly argued that both criminal behaviour, and the propensity to heavy drug use, are produced by

the same underlying social factors - poverty, alienation and childhood trauma.

There is clear evidence from substitute prescribing programmes that, when receiving supplies of opiates from doctors, addicts do significantly reduce their criminal behaviour. But this means that, once again, there are alternatives to legalization for addressing drug-related crime that do not bring the same risks and uncertainties. Most drug users do not commit criminal offences. Overwhelmingly, drug-related property crime is committed by a small group of problem drug users – typically with dependency on hard drugs such as opiates and/or crack cocaine. The effective use of substitute drugs, prescription of heroin and timely treatment interventions are alternative means of reducing or removing the need to resort to criminal activity to fund drug purchases on illicit markets. Nor do we know whether some people would continue to commit acquisitive crimes to pay for legally purchased supplies, and, if so, how serious a problem this would be.

It is often and plausibly argued that tobacco and alcohol distribution companies, however questionable their commitment to the public interest, do not conduct their business with guns and knives. There is, however, a tendency to exaggerate the vulnerability to violence of the majority of consumers purchasing drugs in illicit markets. Conversely, it is unlikely that criminals currently involved in the drug market would turn to legal and harmless sources of income if the drug market was legitimized. Drug legalization would create the conditions for the emergence of a large counterfeit market, presenting opportunities for criminal organizations, which are already involved in counterfeiting and/or smuggling of cigarettes, alcohol and pharmaceuticals. The World Health Organization has estimated that 10 per cent of global pharmaceutical commerce, or US $21 billion, involves counterfeit drugs (www.medscape.com/viewarticle/465906_3). The increase of on-line pharmacies and the concerns that this has given rise to provide a graphic illustration of the problem of developing effective controls on the distribution of drugs, which do not simply abandon the circulation of powerful psychoactive substances to market forces.

It is also important not to lose sight of a wide range of other harms where there is likely to be a more straightforward relationship between prevalence and the incidence of harm – for example, the impact of drug consumption on mental health, the impact of the cost of increased drug use on the welfare of poorer families, and the inherent harm of dependency and addiction. There are also issues about moral beliefs and cultural and religious values. In addition, as MacCoun and Reuter argue, there is no neutral balance for weighing different and incommensurate forms of drug-related harm – for example, increased health problems or increased consumption versus reduced crime. As they also argue, if they are to be politically viable, 'any net gains from legal changes must have a high certainty, and the projected changes should not offend fundamental values, such as substantially increasing the extent of intoxication and use, particularly among the young' (MacCoun R and Reuter P 2001).

Impact in Source and Transit Countries

The effects of the global market in illegal drugs are felt most keenly in those countries where the plant-based substances (primarily opium and coca) are cultivated. In the coca growing areas of the Andes (Colombia, Bolivia, Peru) and the opium growing areas of Asia (originally Pakistan and the 'golden triangle' of Myanmar, Thailand and Laos, but more recently concentrated on Afghanistan), the existence of a thriving illegal market has dictated the recent history of the countries involved. While the effect of international efforts to eradicate the drugs trade have had significant impact on the exact nature and location of cultivation and distribution over time, the scale of both of these lucrative commodity markets has continued to increase despite enforcement efforts. It is often claimed that, simply by legalizing and regulating the production of coca leaf and opium poppy, the authorities could ensure a better standard of living for peasant farmers, and a move away from the corrupting effect of the illegal market. In a country such as Afghanistan, where the opium trade accounts for an estimated 60 per cent of GDP, this is a reasonable question. The attractive vision of legitimately generated wealth, however, masks a complex set of interrelated factors, as is clear from the study of the production of licit drugs – for example, coffee – and poverty, exploitation and violence in the developing world.

Professor Martin Jelsma, one of the foremost experts in this area, has highlighted the lack of detailed attention to the impact of alternative forms of drug regulation and control on survival economies in developing countries. For example, he argued in a speech at Feldafing, Germany on 8 January 2002, that 'the concept of legalization is still quite ill-defined and several very different scenarios have been proposed, varying from liberalization to legal regulation. Moreover, the debate on different models has fully concentrated on the demand side. There are no studies, for example, about what a scenario like a "fall of the wall" regarding prohibition would mean for millions involved in the survival economies built around it over the decades. The need to develop improved strategies is high, and no option should be excluded from that search. However, it seems wise to think in terms of a gradual transition process, where experiments with different scenarios can take place, instead of advocating the radical replacement of the prohibition regime by a vague concept of legalization. The polarization that this has brought about has not been very helpful' (www.tni.org/archives/jelsma/altdel.htm).

With this in mind, recent feasibility studies for transforming Afghanistan into a licensed producer of opium for medicinal purposes warrant close attention. The Senlis Council, the European drug policy NGO responsible for the proposition, calculate that Afghan farmers and intermediaries could receive revenues from the scheme that almost match their current earnings from illegal opium production (Jack 2005). While the realization of the licensing plan faces significant obstacles, both political and logistical (Szalavitz 2005), the proposal certainly challenges the international community to consider alternatives to potentially damaging and largely ineffective crop eradication strategies within Afghanistan.

Comment

There is sufficient evidence available now to suggest that policymakers in national governments and international agencies should be taking steps to move away from their reliance on supply reduction and law enforcement approaches to reducing drug related harm. These approaches – forced crop eradication, interdiction, arrest and imprisonment of consumers - have received the majority of resources and political attention in the global 'war on drugs', but have produced very little in terms of reducing the scale of drug markets, or the harms that are associated with them. The continued policy and resource focus on 'winning the war' on drugs, that is still evident in the statements and actions of many governments and international agencies, leads to a massive misdirection of public funds and is stifling the search for effective solutions. This lack of progress does not justify dismantling the current system wholesale. Such a revolutionary policy change, with our current level of understanding, would be too unpredictable in its consequences.

But persisting with policies that have manifestly failed and objectives that are clearly unrealistic is not an option either. A new approach is necessary.

The BFDPP has consistently argued for a shift of focus and resources to the management of supply and consumption, in ways that minimize the consequential harms. In practice, this would involve, for example:

- in source countries, concentrating on developing alternative forms of income and social development for those currently cultivating coca and opium;
- managing local drug markets in ways that minimize the violence and intrusion suffered by ordinary members of the community;
- concentrating interventions with drug consumers on those whose patterns of use are causing problems for the people around them; and
- pursuing interventions with problem drug users that minimize the consequential harms, rather than simply punish the behaviour.

The lack of currently available evidence does not necessarily mean that the legalization option should be permanently rejected. This remains a policy option that, like all others, should be evaluated in an atmosphere of objective and rational analysis. However, two concluding points should be noted.

First, a revolutionary reconfiguration would inevitably have unintended consequences that could not be anticipated in advance even if there is a significant improvement in available knowledge. Hence the social theorist Karl Popper argues for 'piecemeal', and against 'utopian', social engineering, explaining that 'the piecemeal engineer knows how little he knows. He knows that we can learn only from our mistakes. Accordingly, he will make his way, step by step, carefully comparing the results achieved, and always on the look out for the unavoidable unwanted consequences of any reform; and he will avoid undertaking reforms of a complexity and scope which make it impossible for him to disentangle causes and effects, and to know what is really going on' (Popper K 1967).

Second, the BFDPP believes that drug policy development, while being rooted in the international evidence, should also be responsive to local beliefs and values. Decisions about drug laws should reflect local norms and priorities and should not be determined in an overly general and prescriptive way by national governments and particularly international frameworks. As such, our position combines a commitment to the repatriation of drug policy - to facilitate greater room for policy experimentation within nation states - (Bewley-Taylor, D.R. and Fazey, C.S.J. 2003, Bewley-Taylor, 2004) and the promotion of a set of universal minimum standards.

As a matter of minimal universal standards, the discussion of drug policy in all countries at all times should be based on reliable information that is widely diffused amongst the public, and not upon myth and misperception. In addition, all governments have a duty to protect and promote basic human welfare. No jurisdiction should persist with policies where there is strong evidence that harms to fundamental human interests far outweigh any benefits – for example, by failing to provide needle exchanges where this is a means of averting an HIV/AIDS epidemic. All drug policy should respect human rights and local juridical norms and practices. But within these broad limitations, different countries should be free to develop more or less permissive or restrictive drug laws guided by local values and norms and the outcomes of public debate.

THE WAY FORWARD

A growing recognition of the limits of a supply-side approach is leading to disagreements within and between countries on the broad trajectory and ultimate objectives of international drug policy. There are growing tensions within the United Nations, and even between the different UN agencies. The broad international consensus on drug policy is likely to fracture unless it adapts to the emerging evidence base. With the current ten year UN drug strategy due to conclude in 2008, the BFDPP believes that the time is ripe for a fundamental review of drug policy underpinned by a commitment to building and disseminating the international evidence base, encouraging open and informed public debate, and, ultimately, to reducing the costs of drug misuse in the modern world.

While the way forward in this complex area of public policy is not clear, and different social, cultural and political conditions will lead to different policy conclusions in different countries, the Beckley reports have highlighted five areas of clear responsibility for policymakers:

1. **Building the evidence base**. This issue was addressed in Beckley Report Two, *Assessing Drug Policy Principles and Practice*. The monitoring and evaluation of drug policy is improving, nationally and internationally. But a number of problems remain that need to be addressed if future policy development is to be guided by objective evidence and rational debate. First, there have been no internationally agreed standards for measuring drug-related harm (the UNODC is now developing an Illicit Drug Index, which is discussed in the *World Drug Report* 2005, and there have been attempts to develop statistical measures of drug-related harms in Australia and the UK). Second, international comparisons are hampered by variations in thoroughness and professionalism of data collection from country to country (in part, because many poorer countries lack resources for monitoring and research capacity). Third, too little has been done to report on progress against strategic targets, and to disseminate and debate research findings and their implications. National governments and international agencies need to step up their efforts to develop mechanisms to produce, disseminate and analyse reliable data.
2. **Refocusing Law Enforcement**. The work undertaken by the BFDPP raises concerns about the effectiveness of supply-side measures, and the extent to which they have targeted recreational drug users and those operating at the lowest rungs of the production and supply ladder. A UK study of the policing of cannabis found that one in seven of all known offenders in England and Wales were arrested for the possession of cannabis. Most were otherwise law-abiding young people - this was at a time when the national drug policy was to focus on more serious offences. The financial costs of policing cannabis were £50 million a year, and this absorbed the equivalent of 500 full-time police officers, at a time when shortage of officers was inhibiting other crucial areas of police work (May T et al 2002). In addition, there is a tendency for law enforcement to have a disproportionate impact on disadvantaged people, who get involved in production or trafficking of drugs against a background of intimidation and exploitation (for example, young people in deprived inner city areas, female drug mules and peasant farmers).

Decisions about drug laws are not simply evidential, as there are issues about values, which will be resolved differently in different communities at different times. However, criminalising users and small-time suppliers in a world where around 200 million people will use drugs in a single year will inevitably involve substantial inequalities and costs. These costs will include the diversion of substantial criminal justice resources from other priorities (including targeting the criminals who run the trade in hard drugs), an explosion in prison numbers and the criminalisation of high numbers of otherwise law-abiding people. The BFDPP has found no evidence that harsh drug law enforcement is effective in reducing the scale of drug use, or that the sorts of liberalization of drug laws that have occurred for example in the UK and Portugal have resulted in significant increases in drug use or drug-related harm. Official Government research published in January 2005 in the UK, one year after the reclassification of cannabis, reported that cannabis use by young people had remained stable over the previous 12 months, and was significantly down on the figure for 1998. Twenty eight per cent of 16-24 year olds had used cannabis in 1998 compared to 24 per cent following re-classification (Fuller E, 2005) It therefore seems advisable for the authorities to focus their law enforcement resources on specific measures that are targeted at reducing specific market-related harms such as violence or community inconvenience.

3. **Managing drug related harm.** Drug-related harm is not only a function of prevalence, but also the methods and circumstances in which drugs are used. It is therefore a valid policy objective to manage certain forms of drug use in ways that minimize the harm to the user and those around them. Harm reduction principles can be applied to many aspects of drug policy - the management of production, control of local drug markets, reducing drug related property crime, and reducing the health risks associated with drug use.

   The BFDPP believes that harm reduction initiatives should be assessed on the basis of the evidence, and neither rejected nor endorsed on narrow ideological grounds. There is now a substantial body of evidence from around the world to support the further development of interventions that can help to reduce some of the most serious harms associated with drug use. But the availability of interventions of proven effectiveness in reducing drug-related harm is uneven in the modern world and, despite the evidence, they remain controversial in policy debate. For example, the human and financial costs of failing to develop needle exchanges in areas of the world facing HIV/AIDS epidemics driven by injecting drug use will be huge, but their implementation is still resisted by many governments. It is disappointing that, too often, the development of new approaches to reducing drug related harms is inhibited by concerns that they do not contribute to eradication efforts. Governments and international agencies should put more effort into enabling and evaluating new programmes that have the potential to more effectively address current problems.

4. **Expanding Treatment For Addiction.** In every country of the world, a significant number of citizens develop addictions to some form of psychoactive substance (legal or illegal), and these addictions can lead to misery for the individual and their family, and significant costs to the wider community. There is a large body of evidence, however, to show that offering some form of addiction treatment to these individuals can reduce drug-related harm, and the economic and social costs of drug misuse. It has been calculated in the UK that £1 invested in treatment saves between £9 and 18 in criminal justice costs alone (Godfrey *et al* 2004).

   A UNODC review of the evidence base on contemporary drug abuse treatment, published in 2002, concluded that 'there is strong evidence to show that treatment programmes are able to meet their goals and objectives and confer important benefits on patients, their families and the wider community and society', adding 'there are differences in outcome associated with different types of treatment approach, setting, medication and patient group'.[1] The term 'treatment' covers a multitude of different things, which vary depending on their mode (for example, substitute prescribing or a twelve-step programme), purpose (for example, harm reduction or abstinence) and intensity (from picking up a methadone prescription at a drop in clinic to intensive residential programmes). The quality of treatment is vital, as is the appropriateness of a given treatment_modality to the needs of particular individuals at specific times. Despite the weight of evidence for the effectiveness of drug treatment, its availability around the world varies widely, from well-resourced and comprehensive systems in countries in Europe and North America, to an almost complete absence of treatment in some countries with high addict populations.

   There is a particular issue about the delivery of drug treatment inside the criminal justice system itself, as tackling drug problems is an effective way of preventing re-offending. There is also evidence that diverting non-violent offenders with drug problems from prison and onto community-based sentences with a treatment component is an effective way of engaging problem drug misusers and reducing crime.

5. **Recognizing the Social Context.** While the use of controlled drugs in one form or another is prevalent across all social and economic groups, the problems that most concern the authorities - drug related crime, deaths and infections – are overwhelmingly associated with patterns of use in poor and socially excluded communities. The interactions between poverty and addictive drug use are complex, but it is clear that economic and social deprivation is a major factor in creating harmful patterns of use, and that drug addiction itself contributes to the processes of social exclusion.

It is crucial to remember, therefore, that many of the solutions to drug problems cannot be found in drug policies alone. The use, production and supply of drugs are inextricably bound up with a whole range of economic, social and cultural issues, particularly the experience of poverty, deprivation and marginalization. Problem drug use and, to a certain degree, the drugs trade itself, are dimensions of wider structural, social and cultural problems. There is overwhelming evidence that harsh social and economic conditions, in which large numbers of citizens are excluded from the mainstream, provide fertile ground for widespread and problematic drug use and thriving drug markets, however effective the specific drug prevention and treatment programmes. For addiction treatment programmes to succeed, these 'reintegration' issues - adequate housing, education and employment opportunities, and family or social support – will have to be addressed. Similarly, in producer countries, the creation of alternative livelihoods for those involved in the cultivation of opium or coca is a prerequisite for sustained reductions in production.

[1]UNODC (2002) Contemporary Drug Abuse Treatment: A review of the Evidence Base, Vienna, Austria.

THE CHALLENGE FOR POLICY-MAKERS

We hope to have laid out here a convincing argument that a new openness is needed in the consideration of future drug policy options, and that a failure to move policy forward is likely to be seen by future commentators as a missed opportunity to reduce human suffering. We are committed to helping policy-makers in national governments and the international agencies to develop more effective drug policies. To this end, the rest of this report looks at the specific forward agendas of the key policy-making bodies, and makes recommendations on how they can move forward.

The focus of these recommendations is particularly, but not exclusively, on the role of bodies such as the UN and the EU in the development and dissemination of the international evidence-base, the creation of a discursive space in which policy options can be debated in an informed, honest and rational way, and the need for expert bodies to reach out and engage a wider public in an informed discussion of a public policy issue that has a profound impact on the lives of hundreds of millions of people worldwide. This emphasis is also a reflection of the BFDPP's view that the role of the UN, European Union and other international bodies should be reconceived. These bodies should focus more centrally on providing research and data collection, policy advice, and the dissemination of best practices. Their role should be to advise and enable national governments to develop effective solutions, and therefore should be less concerned with the enforcement of a rigid policy framework

THE UNITED NATIONS

While global policy on controlled drugs is specifically the remit of the Vienna-based United Nations Office on Drugs and Crime (UNODC), many other global intergovernmental bodies have an interest in the issue from their particular perspectives - UNAIDS, the World Health Organization, the World Bank, the UN Development Programme, UNICEF, the UN Commission on Human Rights, and many others have a policy and programming interest in the way that illegal drug use is managed. UNODC is the agency charged with overseeing the world community's implementation of the three United Nations Conventions on controlled drugs, signed respectively in 1961, 1971 and 1988. Taken together, these conventions represent the global drug control system, which requires member states to take steps to prohibit the non-medical production, distribution, possession and use of a wide range of psychoactive substances, and to ensure the controlled production and distribution of these substances for medical and research use. Almost all UN member states have ratified these conventions, but have implemented the contents with varying interpretations and enthusiasm.

Consistent with the spirit of the three Conventions, the early work of the agency concentrated on supporting national governments in creating the necessary laws and institutions to enforce the control system in their territories, and promoting law enforcement co-operation between countries. More recently, however, its activities have diversified to include a greater emphasis on data collection and evaluation, the collation and dissemination of best practices in supply and demand reduction (see box for one current example), and managing multilateral programmes on behalf of donors.

UN Member States meet annually to review the global situation regarding drug use, and progress in the implementation of UNODC policies and programmes. At this meeting, formally known as the Commission on Narcotic Drugs (CND), Member States agree, through resolutions and declarations, the policy and priorities that guide the work of the UNODC.

The UN produces two key reports on a regular basis:

- The UNODC *World Drug Report*. The 2005 Report is the fourth to have been produced by the UNODC and its predecessors. Like previous publications (1997, 2000, 2004) the 2005 Report aims to provide a comprehensive overview of illicit drug trends at the international level. In doing so it covers trends in the world drug markets, HIV/AIDS and drugs, production, seizures, prices and consumption. A welcome addition to this year's report is the presentation of the UNODC's work on estimating the value of illicit drug markets and, as noted above, the creation of an Illicit Drug Index. As we observe in the introduction to this report, the 2005 *World Drug Report* 2005 estimates that some 200 million people have used illegal drugs at least once in the past twelve months: an increase of fifteen million over the previous year. The Report also shows important shifts in patterns of use. For example, cannabis in treatment demand has increased in North America, Oceania, Europe Africa and South America since the late 1990s while cocaine has declined in overall drug treatment demand in North America but is rising in Europe. Based on Member States

UNODC AND THE INTERNATIONAL NETWORK OF TREATMENT AND REHBILITATION RESOURCE CENTRES

In 2003, the Commission on Narcotic Drugs approved a 5-year demand reduction strategy to be pursued by the UNODC. Central to this strategy was the collation and dissemination of best practices in various aspects of drug demand reduction. The vision was to create a repository of evidence-based practice within the UN system, and provide governments and practitioners with guidance and practical help to develop and refine the delivery of effective demand reduction activities appropriate to the needs of their country.

The principles within this strategy have been pursued most clearly in the area of treatment for addiction, and the rehabilitation of drug addicts. Based on a global overview of the evidence base for effective treatment and rehabilitation that was published by the UNODC in 2002, officials in Vienna have succeeded in establishing a structured programme for the dissemination of this knowledge and guidance to those countries where addiction treatment is not well developed. Phase 1 of this project was launched in June 2005, and will see the establishment of 20 resource centres of excellence, which between them will provide global coverage, and expertise across the four priority topic areas:

- Community-based addiction treatment
- Treatment and Rehabilitation in prison settings
- Treatment and rehabilitation in HIV/AIDS prevention and care
- Sustainable livelihoods, rehabilitation and reintegration

When this network of centres is established, it will work with UN field offices to identify situations where treatment and rehabilitation services need to be strengthened, and will design and deliver an appropriate package of technical support. This work will be supported by the development of best practice guides on each of the four priority topics.

The intention is for the resource centres to become the focus of good practice development in their regions, and to stimulate greater support and financing for treatment and rehabilitation initiatives from national governments.

perceptions of the development of the drug situation in their countries, UNODC analysis suggests that overall drug consumption continues to spread at a global level. Data from those countries that reported to the UNODC the number of drug seizures made shows that seizures have plateaued, with more than half the cases being cannabis. The Report claims that production is "rather stable" for opium, declining for coca but seems to be increasing for cannabis, as well as, following some declines, for Amphetamine Type Stimulants. With regard to opium, the Report notes that the long-term trend towards rising levels of opium production in Afghanistan has largely offset the declines reported from Myanmar and Lao PDR in recent years.

- The Annual Report of the International Narcotics Control Board (INCB). This body was established by the 1961 Convention, specifically to monitor Member States' compliance with the Conventions, and their implementation of systems for managing the licit market for research and medical purposes. These reports have also tended to discuss and make comment on policy issues that are of concern to board members. Released by the INCB every March, the reports provide the Board's assessment of the global situation during the previous year, incorporating data up to November of that year. Since 1992, the first chapter of the annual report has been devoted to a specific drug control issue on which the INCB presents its conclusions and recommendations "in order to contribute to policy-related discussions and decisions in national, regional and international drug control." Chapter one of the report for 2004 focused upon the interaction between supply and demand, emphasizing the need for a balanced and integrated approach. As has been the case in previous years, the rest of the report examines the operation of the international drug control system and provides a continent-by-continent analysis of the world situation. Special topics included in this year's examination of the international system included the control of cannabis for medicinal or scientific purposes, the issue of internet pharmacies and the situation in Afghanistan, particularly its compliance with the UN drug control treaties. The Board also highlighted the issue of HIV/AIDS infection among injecting drug "abusers." It urged Governments to heighten awareness about injecting as a mode of transmission HIV/AIDS and other infectious diseases and ensure that drug policies "do not perpetuate the vicious circle of injecting drug abuse and HIV/AIDS". The President of the Board noted, "Measures to prevent the spread of infectious diseases must not be seen as facilitating or even promoting drug abuse, which is, after all, the root of the problem." (INCB, 2004)

It is at the United Nations that the differences between Member States are most evident: increasingly over the last 10 years, there have been sharp differences of opinion between producer and consumer countries, and between those countries who favour an uncompromising 'war on drugs' approach, and those who argue for greater acceptance and management of continued drug use. There are also growing differences of emphasis emerging from the various UN agencies. For example, tensions exist between the policies promoted by the UNODC in producer countries such as Afghanistan and agencies with other priorities such as the UN Development Programme, or the UN Human Rights Commission. Similarly, the approach of the World Health Organization, UNAIDS, and the UNODC to preventing HIV transmission amongst drug injectors has not always been consistent. The UNODC has stayed largely true to its original mission in emphasizing the primacy of drug prohibition objectives in these debates, but has more recently tempered this responsibility by taking positions that acknowledge the social, cultural and political complexity of the issue, and the range of Member State views. It is our contention that it is crucial for the agency that this process of 'modernization' continues. If the UNODC continues to represent an unswerving faith in prohibition measures and strong law enforcement - in the face of growing evidence questioning that faith, and against the wishes of a large number of member states - then it runs the risk of becoming marginalized and irrelevant to the policies and programmes pursued at national and local level. This would be a great shame, as the creation of a UN agency (backed by widely ratified Conventions) on such an important but complex social policy issue can be seen as a major achievement of the late twentieth century. That said, the agency must find ways of accommodating these complexities within its policies and programming, and its relationships with donors.

We therefore suggest the following key challenges for the UNODC, and partner UN agencies, in the coming years:

1. Key publications (the *World Drug Report* and the INCB Annual Report) must openly acknowledge the problems with the prohibition-oriented system, and bring forward proposals to address them.
2. The 2006 Commission on Narcotic Drugs should agree a robust and transparent process for reviewing progress against the objectives set in 1998, to include a fundamental review of policy options for 2008 onwards.
3. Within the programme priorities of the UNODC, much greater emphasis and resources should be applied to the function of providing policy advice to national governments on how to respond to their domestic problems (beyond simply framing laws and strengthening law enforcement structures), and collating and disseminating best practices.
4. UNAIDS, WHO and UNODC should urgently bring forward a programme of action to support affected countries in upscaling their HIV Prevention efforts amongst injecting drug users, and present it for support from donor countries.
5. UN bodies, particularly the INCB, should seek to create a more enabling environment for new policy and programme approaches, maximizing the flexibilities within the conventions. New approaches should be evaluated, and their results disseminated through the UN system.

EUROPEAN UNION

Amongst the 25 Member States of the European Union, there are a wide range of perspectives and experiences on how to tackle drug problems. However, good progress has been made collectively in improving understanding of drug use and problems, and the impact of policy and programme responses. There are a large number of stakeholders who have an input into the development of policy at EU level, policy that is enshrined in the EU Drug Strategy, and successive action plans for its delivery.

The European Commission – The 'civil service' of the EU has a large number of directorates with an interest in drug strategy. These, often competing, interests are managed through a small Drugs Co-ordination Unit based in the Justice and Home Affairs Directorate in Brussels. Given the broad scale of the issue, and its importance to EU citizens, (drug issues always rate highly on the

regular 'Eurobarometre' surveys of public concerns), it could be argued that this unit should be given more resources and executive powers to ensure a consistent approach across the EU institutions.

European Union Agencies – Uniquely, the EU has a specific agency (The European Monitoring Centre on Drugs and Drug Addiction – EMCDDA) that was established in 1994 to improve the availability and comparability of data on the drugs issue. The EMCDDA, based in Lisbon with around 70 staff, ensures that a steady flow of data and information on drug use and problems, drug policies, and the effectiveness of government interventions, is made available to policymakers at local and national levels. EUROPOL, the European Union law enforcement agency, is also involved in the drug strategy through brokering co-operation and information exchange between the law enforcement agencies of the individual Member States.

Member States – While the EU Drugs Strategy is officially an EU Document, supported by the 25 Member States, it is governed by the principal of subsidiarity – that the primary responsibility for policy and programme development sits with the individual national governments. Therefore, each national government decides its own drug policies – laws, priorities and expenditure – within a broadly agreed EU framework. This flexibility allows countries with such diverse approaches as Sweden and the Netherlands to work positively together on areas of mutual interest at EU level.

European Parliament - While the agreement and implementation of activities under the EU Drug Strategy is the responsibility of the Commission and Member States, the European Parliament has the right to scrutinize and comment on proposals. It does this through providing representatives to sit on the key committees, reviewing the EMCDDA Annual Report, and commenting formally on draft strategies and action plans.

Horizontal Drugs Group - This is the working group consisting of representatives of all the Member States, the Commission, the EMCDDA, Europol, and the European Parliament, that manages the ongoing programme of work under the EU Drugs Strategy. The group meets monthly to review progress on the agreed work programme, and the positions that the EU will take on the drugs issue with external governments and international agencies.

The current EU Drug Strategy runs from 2005 - 2012, with an Action Plan listing agreed activities for the first 4 years. One weakness of the strategy is that (unlike its predecessor) it does not include a clear list of objectives, against which progress in reducing drug problems can be measured. A careful reading of the document shows that the broad objectives - reducing the availability of illegal drugs, the prevalence of illegal drug use, and the related harms - remain the same, but are less clearly articulated. However, a clear commitment has been made in the strategy to the pursuit of a balanced and evidence-based approach, and an annual review of progress. Furthermore, there are signs that the European Union is taking a more co-ordinated and consistent approach in international debates - for example by making robust and well-argued defences of harm reduction practices in recent CND and UNAIDS meetings. Similarly, more robust efforts are being made to disseminate knowledge of best practices in supply and demand reduction to countries with less experience of these issues. These are important roles for the EU, whose Member States have between them a long and varied experience of attempts to tackle drug problems, relatively well developed professional and academic networks, and access to the most reliable and comparable data.

With such broad experience to draw upon, and relatively strong institutional frameworks, we therefore suggest the EU should take the opportunity to;

- Expand and strengthen efforts to collect and analyse data on drug use and policy responses, in order to improve understanding of policy impact. Greater efforts should be made to make this information accessible to the general public.
- Conduct objective and transparent annual reviews of progress under the EU Drug Strategy, to report on the extent to which objectives are being met, and suggest adjustments to future policies and programmes.
- Develop a co-ordinated programme for the dissemination of best practices in drug demand reduction between Member States, and to external countries in Asia, Latin America, Africa, and the former Soviet Union.
- Take strong and proactive positions on drug policy debates with other countries, and in international fora such as the Commission on Narcotic Drugs, UNAIDS and the WHO.
- Create mechanisms that enable open and respectful engagement between governments, and experts from the NGO and academic sectors.

THE ORGANIZATION OF AMERICAN STATES AND THE INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION

The Inter-American Drug Abuse Control Commission (CICAD) was established by the General Assembly of the Organization of American States (OAS) in 1986 as the Western Hemisphere's policy forum on all aspects of the drug problem. According to CICAD its core mission is to "harness the collective energy of its member states to reduce the production, trafficking and use and abuse of drugs in the Americas" As such it is an agency of the OAS that:

- Fosters multilateral cooperation on drug issues in the Americas.
- Executes action programmes to strengthen the capacity of CICAD member states to prevent and treat licit and illicit drug abuse; combat production of illicit drugs, and deny the traffickers their illegal profits.
- Promotes related research, information exchange, specialized training and technical assistance.
- Develops and recommends minimum standards for drug related legislation, treatment, the measurement of both drug consumption and the costs of drugs to society, and drug control measures, among others.

In 1998, CICAD responded to a mandate from the *Second Summit of the Americas* by embarking on a multilateral process of assessing the progress that each member state, and the hemisphere as a whole, is making in addressing various aspects of the drug problem. The Commission formed an Intergovernmental Working Group (IWG) to design and monitor what is known as the Multilateral Evaluation Mechanism (MEM).

Seen by many as a response to the unilateral US certification process (Youngers, 2005), the MEM is at the centre of CICAD's activities. Its publicly stated objective is to "strengthen mutual

confidence, dialogue and hemispheric cooperation in order to deal with the drug problem with greater efficacy" and in so doing, it follows the progress of individual and collective efforts of all 34 OAS Member States. The current MEM process involves a two-year cycle of full country evaluations. A follow-up evaluation report on the implementation of the recommendations is completed in the alternate years between the main evaluations, thus constituting an annual reporting system. The MEM reports (*Evaluation of Progress in Drug Control*, the *Hemispheric Report* and *Progress Reports on Implementation of Recommendations*) are consequently among the key documents produced by CICAD.

Country evaluations rely upon data generated by responses to the MEM Questionnaire. This is divided into four main sections: Optimization of National Anti-Drug Strategy, Demand Reduction, Supply Reduction and Control Measures, with the latter including indicators on corruption, firearms, extradition, transnational organized crime, and money laundering. CICADs evaluators then produce a report based on this data, summarising each country situation.

In a similar fashion to full evaluation, the MEM follow-up process requires all countries to complete a standard form to describe progress being made in response to the recommendations given in the previous full evaluation report. Based on these responses, a *Progress Report on Implementation of Recommendations* is drafted for each member state, and is presented to the CICAD Plenary for consideration and approval in the year following the full evaluation report.

The MEM's third evaluation round began in October 2003 when, after consideration by the IWG, a revised and updated questionnaire of 86 indicators was sent to the OAS member states. Both these third round 2003-2004 full evaluation reports and the Hemispheric Report have now been made public. The fourth evaluation round covering the years 2005-2006, will begin after the IWG has met to review and improve all operational aspects of the MEM in 2006, including the questionnaire of indicators for the forthcoming round.

CICAD and the MEM are certainly positive additions to the supra-national structures dealing with illicit drug problems. Nonetheless, our assessment of this system of review suggests a number of areas worthy of further consideration:

- The CICAD-MEM is good at monitoring the implementation of recommendations, but the recommendations tend to preserve the status quo. Future reports could consequently shift their focus from process in implementing agreements, to outcomes in reducing drug problems. This would involve a concentration on levels of drug use and drug related harm, and how these are impacted by specific policies and programmes.
- CICAD could benefit from further engagement with NGO and academic sectors.
- Through structural linkages and encouragement to sign UN drug control Conventions, CICAD-MEM does little to address fundamental problems within the UN based international drug control framework. CICAD could consequently initiate evaluation of some UN policies rather than accepting them as exemplars.
- While the MEM reports are made public, and the MEM process is considerably more transparent than similar mechanisms within other organizations, the national responses upon which the reports are made are not. Furthermore, the close collaboration between CICAD bodies and nation states during the report drafting process ensures that initial evaluation and recommendations are likely to be compromised and somewhat sanitized documents. A more open process may highlight some uncomfortable issues, but will encourage a search for real solutions.

NATIONAL GOVERNMENTS

Within the parameters set by the United Nations Conventions, and international strategies agreed by bodies such as the EU or the OAS, it is national governments that make the key decisions on drug policy - which laws to implement, what strategies to develop, and which programmes to promote and provide resources for. The challenges faced by different governments in responding to drug problems in their territories have varied in terms of:

Time - the growth of illegal drug use has occurred at different times, and at different rates, in different parts of the world. In the late twentieth century, widespread illegal drug use was recorded in Western Europe and the USA in the 1970s and 1980s, but only spread to parts of Asia and Eastern Europe during the 1990s, and is still relatively patchy in the African continent.
Intensity - the scale of drug use has varied between, and within, countries. For example, the prevalence of heroin use in Europe has been much higher in Mediterranean countries than in Scandinavia, and even higher rates are now being recorded in the countries of the former Soviet Union.
Related Problems – crime, social and health problems related to drug use have manifested themselves in different ways in different countries. For example, the UK seems to have a greater problem with overdose deaths than other European countries with similar levels of drug use, and the problems caused to communities by open and visible drug markets have been of particular concern in Switzerland.

It is therefore appropriate that each national government, and municipal authority, responds to the drug related problems that are of most immediate concern to its citizens. However, there are a few common principles that should be taken into account by all governments as they consider the way forward on drug policy:

- National drug strategies should not include objectives or statements predicting sharp reductions in the prevalence of drug use. These are unrealistic and misleading to the public.
- Governments should seek to end the situation where the majority of their available resources are spent on drug law enforcement. Much better returns can be achieved from investment in demand and harm reduction programmes.
- Governments and municipal authorities should take steps to understand in detail the causes, nature and patterns of drug supply and use in their territories, and concentrate resources on the situations where the greatest harm is caused. Policies and programmes that treat all drug users as equally problematic should be avoided.
- Politicians and officials should find ways of communicating the fact that drug use cannot be eradicated, but must be managed in ways that minimise the consequential harm to individuals and communities. A more honest dialogue - beyond 'we must fight hard to defeat the scourge of drugs' - needs to be developed between government, media and the general public.

CONCLUSION

The first step out of the current policy impasse, as we approach the end of the UN's current ten year strategy in 2008, is a frank and open admission of the limits of the current global drug control system. The results and prospects of a zero-tolerance approach are not at all encouraging across a whole range of harm indicators, including crime and anti-social behaviour, environmental impact (urban as well as rural), health (especially blood borne diseases) and drug-related deaths. Nor can we indefinitely continue with a policy that criminalizes 200 million people worldwide every year. Most are otherwise law abiding. Many have dependency and other drug-related health problems (including HIV/AIDS and Hepatitis infection) that should be viewed primarily as a public health matter. To ignore these stark realities and to refuse to engage in a fundamental policy review at this juncture is to sacrifice the credibility of official drug policy.

More positively, the past decade has witnessed extremely promising developments in many countries, including the expansion of treatment and harm reduction initiatives, and a more efficient targeting of law enforcement measures. It is positively beneficial for the international community if the global drug strategy permits and encourages countries to innovate with such promising programmes. A diversity of approaches provides a laboratory for world drug policy. It is responsive to local variations in the nature of drug problems and recognizes the need to develop policies and programmes that are appropriate to the scale and nature of the problem in particular countries. It respects local cultures and democratic processes, in a public policy area that is inherently controversial and value laden. The BFDPP supports a repatriation of drug policy.

That said, drug policy in all countries at all times should be based on reliable information that is widely diffused amongst the public. Values differ, but no government should base public policy decisions of such importance on false information, myth, hype or sensationalism.

The four core universal minimal standards proposed by the BFDPP, and which we would like to see at the heart of future drug strategy documents, can be summarized as follows:

1. drug policy to be based on openness, honesty, information, monitoring, assessment and evidence;
2. drug policy to aim at reducing harm and to be measured by its effectiveness in doing so;
3. no government to persist with drug policies or initiatives where there is evidence that these policies result in profound harms to fundamental human interests, or to omit to introduce drug policies or initiatives where the harms to fundamental human interests of failing to do so significantly outweigh costs; and
4. drug policy to respect human rights, democratic processes and local judicial norms and practices.

Adoption of these broad principles would enable the spread of policy initiatives of proven effectiveness in reducing drug related harm, while allowing countries a significant degree of 'wiggle room' – the flexibility to implement and experiment with new approaches that are relevant to local conditions, and have the support of the local electorate. The international agencies can support this process by providing a framework within which effective policy and practice can be objectively evaluated, and lessons disseminated around the world.

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