

## INTERNATIONAL DRUG POLICY CONSORTIUM

### FIVE POLICY PRINCIPLES

The International Drug Policy Consortium (IDPC) is a global network of 25 NGOs and professional networks that specialise in issues related to illegal drug use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organizations about particular drug-related matters, and offers expert consultancy services to policymakers and officials around the world.

IDPC members have a wide range of experience and expertise in the analysis of drug policies, and have contributed to policy debates at national and international level. Several members have been involved in the creation or evaluation of drug policies and strategies in an official government or academic role. Following a review of currently available evidence, Consortium members have agreed to promote the following 5 principles in our advocacy work with governments and international agencies.

#### **DRUG POLICY DECISIONS SHOULD BE MORE INFORMED BY THE BEST AVAILABLE EVIDENCE.**

The use of illegal drugs, and the policy responses to it, has a significant impact on the lives of hundreds of millions of people. Developing and implementing effective policies in this field is therefore an important aspect of social policy. It remains a matter of concern, therefore, that debates and decisions on drug policy – in national parliaments, and international settings such as the European Parliament, the OAS-CICAD, ASEAN/China ACCORD, or the United Nations Commission on Narcotic Drugs (CND) – are often dominated by ideological, political or diplomatic considerations, rather than an objective search for policies and programmes that maximise human health and welfare.

The availability of data and analysis on drug use, related problems, and the impact of drug policies, has improved massively over the last 10 years, but not enough of this analysis currently finds its way into international policy debates. Many governments created comprehensive national drug strategies during the 1990s, and committed themselves to ongoing evaluation and review in the light of experience and evidence. In practice, only a handful of countries have conducted independent evaluations – the common experience has been of a cursory internal review, followed by a restatement and continuation of the main elements of existing strategy. Similarly, the United Nations is now approaching the end of a 10-year strategy agreed at a General Assembly Special Session in 1998, which set ambitious global goals for the reduction of the supply of, and demand for, illegal drugs. The arrangements for reviewing the available evidence for this key milestone are, however, worryingly thin, giving the impression that member states are preparing to simply reaffirm the current set of policies and programmes. Given the significant changes in the scale and nature of the global drug market over the last 10 years, and the fact that national policies and international co-operation have not yet been conspicuously successful in reducing drug use, (or combating the consequential harms), we would argue that a comprehensive evaluation of progress so far, and of options for future policy, is particularly appropriate, and feasible, now.

## **DRUG POLICIES SHOULD SHIFT FOCUS AND PRIORITY FROM REDUCING THE SCALE OF THE DRUG MARKET, TO REDUCING ITS NEGATIVE CONSEQUENCES.**

Ever since the first international drug control agreements in the early 20<sup>th</sup> Century, the focus of policy has been on tackling the supply of illegal drugs – by preventing their production and distribution, and arresting and prosecuting users. This strategy was based on the belief that the successful reduction of the availability of potentially harmful substances was the simplest and most reliable way to reduce the harmful consequences of their use. After 100 years of drug control, there are basically two reasons why this paradigm has become outdated:

- The ability of governments and international agencies to stifle the global market in drugs such as Cannabis, Heroin and Cocaine has been limited. Despite localised successes, and the increased concentration of Opium production in Afghanistan, and Cocaine production in Colombia, the scale of the global trade in these substances increased massively in the second half of the twentieth century, and has remained stable at best over the last 10 years. At the same time, the supply mechanisms for drugs such as Cannabis and Amphetamine-type Stimulants (ATS) have become significantly more diverse – with a vast number of small scale production and dealing operations, and increasing levels of home production – making them less vulnerable to national or international enforcement efforts. On the few occasions when supply of a particular drug from a particular source has been stopped, suppliers quickly move to another source, or users move to another drug. Measured in terms of price, purity or ease of availability, illegal drugs are now more accessible in most parts of the world than they were 10 years ago, when we set out on the latest global strategy, that promised significant progress in ‘...eliminating or reducing significantly the illicit cultivation of the coca bush, the cannabis plant and the opium poppy...’. This state of affairs cannot be claimed as a policy success.
- Governments and local administrations have increasingly implemented policies and programmes that are not directly aimed at reducing the scale of the drug market, but that target specific consequential harms arising from drug use – for example, public health measures to prevent overdose deaths and HIV infection, or local action to tackle petty crime associated with drug markets. The key objectives of these policies and programmes are the reduction of the consequential harms, rather than the reduction of drug use itself. Many governments now explicitly recognise in their national and local strategies that a certain level of drug use in their societies is inevitable, and that their prime responsibility is to minimise the harmful consequences. This position has been strengthened by an expanding evidence base demonstrating that properly designed and implemented public education, health promotion, and crime reduction programmes can be effective in mitigating the most negative consequences of drug use. The increasing support for these programmes has led to a growing disconnect between the domestic policies pursued by many governments, and the continued emphasis on supply reduction policies and investment that is promoted through international mechanisms.

The tensions that arise between a simple focus on fighting supply, and the more complex set of policies focussed on reducing harmful consequences, need to be resolved within national strategies and international programmes. Many national governments now comfortably incorporate objectives relating to drug supply, drug demand, and also harmful consequences. In 1998, the United Nations incorporated objectives relating to demand reduction into its policy and programmes, in order to complement the previous supply reduction focus. The next challenge for the international community will be to find a way of incorporating objectives and programmes relating to the reduction of harmful consequences into international agreements.

## **EFFORTS TO REDUCE THE SUPPLY OF DRUGS SHOULD NOT FOCUS ON THE PUNISHMENT OF GROWERS.**

As long as there is a demand for the products deriving from plant-based drugs such as Opium, Cocaine and Cannabis, and as long as profits can be made from their distribution, these plants will be grown (or alternatives produced synthetically) somewhere in the world. This holds true even for Amphetamines-type Stimulants and Ecstasy that, in spite of their perception of being ‘synthetic’ drugs, are still largely based on ephedra and sassafras plants. All efforts to stifle the cultivation of these plants have resulted either in failure, the relocation of the pattern of cultivation to another area (the ‘balloon’ effect), or at best a short term disruption of supply to consumers. Reductions in Coca cultivation in Peru in the early 1990s and in Bolivia in the late 1990s simply shifted more production into Colombia. Similarly, successful action to reduce Opium poppy cultivation in Thailand and Pakistan in the 1990s has led to a higher level of production in Afghanistan. In the light of this experience, it is difficult to see how continued efforts to reduce cultivation of these substances will ever achieve the stated objective of preventing the supply of the concentrated or synthesised products to consumer markets.

Action by governments and international agencies to tackle the growing reach and influence of criminal organisations and networks, which derive much of their wealth from the distribution of illegal drugs, is clearly important. However, this challenge should be driven by wider objectives relating to the suppression of organised crime, rather than a simple focus on the amount of drugs intercepted. Similarly, international action to bring stability and prosperity to areas of drug cultivation (currently focussed on Afghanistan and the Andean region of South America) are needed, but the priority within these efforts should be the creation of sustainable livelihoods and improved quality of life for some of the poorest people on earth. This is both a more humane and more effective approach. Poor farmers grow crops used in illicit drug production as a means of basic subsistence. Eradicating their often only source of income prior to the establishment of alternative livelihoods results in a downward spiral of poverty for those affected and ensures that they will replant, leading to the geographical expansion of such crops. The continued promotion of forced eradication programmes in the Andes and Afghanistan cannot be justified either in terms of the prospects for success in reducing overall drug supply, or of their impact on the local situation. Forced eradication programmes are often counter-productive, generating social conflict and political violence and undermining government legitimacy. Aerial spraying negatively impacts on the fragile economies and environment in growing areas, and contribute to the poverty and exclusion of rural communities. This brings the anti-drug policies of the US government, supported by the UNODC, into direct contradiction with the development and human rights policies of other UN agencies such as the UNDP, UNAIDS, FAO, UNESCO and the UNHCR.

A more effective and responsible policy on reducing the supply of illegal drugs would focus on development and conflict-resolution goals in areas of current cultivation, rather than treating entire communities and cultures as criminals, and would more explicitly direct law enforcement attention towards the criminal networks that make the largest profits from synthesising and distributing illegal substances.

## **EFFORTS TO REDUCE THE DEMAND FOR DRUGS SHOULD NOT FOCUS ON THE PUNISHMENT OF USERS**

The World Drug Report 2006 estimated that there were around 200 million current users of illegal drugs – around 5% of the adult population. Available surveys suggest that 3 or 4 times that number will have used illegal drugs at some time in their lives. Even these figures are likely to be underestimates due to limitations of reporting systems in many countries. Given the scale of illegal drug use (and the widespread use of diverted prescription drugs, and psychoactive substances not covered by the international conventions), any attempt to criminalise and take enforcement action against this mass of users is not a practical strategy. In practice, most governments make strong statements of disapproval of

drug use, but are only able to take action against a small proportion of drug users. Identifying and taking action against all users would require resources beyond the reach of even the richest nations, would likely involve extensive human rights infringements, and would have severe negative social impacts. This ‘enforcement gap’ undermines the key objective of drug law enforcement – the deterrence of potential users resulting from their fear of arrest and punishment. Users and potential users know that their risks of being caught are minimal. Surveys on the factors why individuals choose to use, or not use, drugs, consistently show that risk of arrest and punishment is of only marginal impact, well behind social, cultural and emotional factors. Furthermore, studies looking at the links between enforcement rates and drug use prevalence can find no clear correlation between the two – some countries with high arrest rates and levels of punishment experience high prevalence, while some countries with more liberal laws have low prevalence.

Given the limited impact on drug policy objectives of widespread enforcement and punishment of users, it is hard to see why these approaches continue to be supported, as they have significant negative side-effects:

- Widespread use of policing, prosecution and punishment of drug users creates a significant burden on public expenditure and, in many countries, is a significant factor in the ‘clogging up’ of courts and prison systems.
- Enforcement against drug users is always unequally applied, with poor, urban and ethnic minority users usually the focus of arrests, either because of their greater visibility, or of institutional prejudice.
- Efforts to close the ‘enforcement gap’ often lead the authorities into questionable human rights practices, such as removal of the presumption of innocence, or invasion of privacy.
- To the extent that imprisonment is used as a punishment, the effect is to concentrate large numbers of drug users in a closed environment, which creates the conditions for greater peer pressure on non-users, and for drug-related infections and diseases to spread.

If our objectives are the minimum harmful consequences of drug use, then demand reduction activities and resources should be focussed on helping users and potential users to understand the risks associated with drug use, and to provide easy access to advice and rehabilitation services to those that need it. In practice, this means widespread and honest information and education programmes on the properties and risks of drugs, widespread access to effective treatment for those who become addicted and, most importantly, social inclusion programmes to minimise the poverty and alienation that drives so much of the drug use problem.

### **THE UN SYSTEM SHOULD DEVELOP A MORE CO-ORDINATED AND COHESIVE APPROACH TO DRUG POLICY ISSUES.**

The current structures for dealing with drug policy at the United Nations are somewhat the product of historical accident. With the agreement of successive Conventions on drug control, it was necessary to create institutions that co-ordinated the implementation of these agreements and that policed member states’ compliance with them. The International Narcotics Control Board (INCB) and United Nations Office on Drugs and Crime (UNODC) have grown out of this process and have tended to interpret their mandates restrictively. The INCB has largely acted as a guardian of the spirit and implementation of the Conventions. It is increasingly overstepping its mandate, is quick to criticise member states that deviate from what it perceives to be their legal requirements or who are seen to be weakening the international consensus, and does so without any consideration of UN policy developments in related areas. The UNODC has primarily acted in policy terms as a champion of enforcement-led approaches and as the defender of existing structures and programmes.

At national level, it is recognised that effective drug policies need to be co-ordinated across different disciplines – health, law enforcement, social and economic development, and foreign affairs. In the UN

system, this co-ordination is lacking. UN agencies with a significant interest in drug policy issues either steer clear of the subject, or defer to the priorities or positions of the relatively small specialist agency which, by its nature, has a crime and law enforcement focus. This state of affairs is becoming less defensible as the links between drug markets and development, public health and human rights are becoming clearer. In view of the UNODC policy shift to focus more on the links between drugs, crime and terrorism, a renewed placement of the drugs issue within the UN system as a whole is now necessary.

- The World Health Organisation and UNAIDS should obtain a more prominent mandate, comparable to those of the INCB and the UNODC, in identifying and responding to the threats to public health that are linked to drug use and addiction.
- The UNDP, UNAIDS, FAO, World Bank, and UNHCR, should be more involved in ensuring that action against drug cultivation, distribution and use is consistent with the human rights and development standards and priorities as laid down in the UN Charter and Millennium Goals with regard to poverty reduction and HIV prevention.

There is a potentially strong and positive role for UNODC and the INCB in a more co-ordinated UN system. The INCB could use its broad mandate in not only criticising member states for any perceived deviation from the enforcement aspects of the drug-control conventions, but helping governments to understand the range of policies and practices that would be appropriate to their implementation of the directives coming from the UN system as a whole. To perform this broader function it may be necessary to revise the selection criteria for INCB membership, presently dominated by pharmacological expertise rather than experience of the wider policy context in which drug use takes place.

The UNODC should become more like a co-ordinating body that, apart from its normative functions, facilitates the coherence of a UN system-wide approach to drug policy, acts as a centre of excellence that collates and disseminates best practices in supply reduction, demand reduction and reducing the harmful consequences, and provides (through the CND) a forum in which member states can debate drug policy challenges in an open and objective manner. All of these developments, and particularly the last one, will depend on a commitment from member states to confront the very real challenges currently faced in international drug policy, with a willingness to debate and develop effective solutions, rather than remain stuck in outdated and polarised positions.

The members of the International Drug Policy Consortium are aware that the search for effective approaches in this difficult area of social policy is fraught with difficulty. We have synthesised in this brief paper some highly complex issues, and have made some far-reaching recommendations. We consider, however, that these positions are supported by an objective review of current evidence and experience across the world. We know, however, that there is no simple solution to the problems associated with the widespread use of illegal drugs, and indeed what works in one setting may be wholly inappropriate in another. We will therefore continue to constantly review the available evidence and, where it indicates a modification to our positions, we will adjust them accordingly.

There are also huge political and diplomatic barriers to some of the courses of action we propose. While recognising the complexities of international relations in this field, we think it important that we make a clear statement of what we consider to be guiding principles for sensible drug policies, before engaging in the much longer debate of how such policies can realistically be pursued and implemented.