



INFORMAL DRUG POLICY DIALOGUE

An initiative by the
Andreas G. Papandreou Foundation (APF)
and the Transnational Institute (TNI)

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A group of nearly thirty people from a dozen –mostly European- countries and with mixed backgrounds in international institutions, ministries, academic research and NGOs, met in June 2004 in Crete for an Informal Drug Policy Dialogue at the invitation of the Andreas G. Papandreou Foundation (APF) and the Transnational Institute (TNI). Purpose of the dialogue was to have an open-minded exchange of views on current dilemmas in international drug policy making and discuss strategies on how contradictions might be resolved. The meeting was guided by ‘Chatham House Rules’ to encourage a free exchange of thoughts and confidentiality. This report is therefore anonymised, since no individual participant can be quoted without his or her express permission. The following summary of the debate follows the four blocks of the conference programme. This comprised an introductory session to discuss possible common starting points and basic criteria for an open dialogue, followed by sessions focussing on three thematic areas of crucial policy significance - cannabis, harm reduction and illicit crops/supply reduction. For each session a number of participants provided inputs, not as formal speeches but as introductory remarks to spark discussion and to comment on specific questions raised and positions taken by others. Most of the time was devoted to an open and informal discussion between all participants.

I. WAYS OUT OF THE LABYRINTH

The key challenge for the debate in this session is to explore common ground within a set of general parameters by which 'best practice' or effective drug policy is judged not on dogma or on moral principle but on scientifically evaluated, empirical evidence. Rules around policy experimentation and the principle of gradualism may be other criteria for discussion. Any option for drug policy reform must have a built-in capacity for evaluation and for reversal should it prove to be ineffective or counterproductive in terms of the goals set, or were it to have adverse effects outside the immediate goal of drug policy. Doubts around the ability to eliminate the ever-growing illicit drugs market have led countries to question the validity of current policies and to experiment with approaches rooted in pragmatism rather than in the ideology of “zero tolerance”. The existence of so many unanswered questions concerning both supply and demand is a valid reason in itself for exploring the practicality of alternative drug policies. An increasing number of nations has begun to implement different approaches by introducing modifications to laws and to the way in which laws are enforced, or by giving more emphasis to harm reduction targets. Some of these initiatives have led to stern criticism from the international drug control bodies and from individual countries that see them as a threat to the integrity of the global regime. What are the motives and principles that underlie the current round of drug policy initiatives? Is there a widening distance between theory and law on the one hand, and policy practices and implementation on the other? How can potential conflicts with treaties or growing international tensions about diverging policy trends be addressed and resolved? How can the terms and climate of the global debate be improved and what role could the specialized UN and regional agencies play in the process?

In acknowledgement of its location, the meeting started with a reference to the old Greek myth of Theseus and the ball of threads given him by Ariadne, which enabled him to find his way out of the Minotaur's labyrinth. A challenge to the meeting was to find common threads in terms of objectives, definitions and guiding principles that could be helpful to find ways out of the labyrinthine drug policy debate, with its many dead ends. A 'roadmap' document outlining various options for policy improvement was distributed to all participants prior to the meeting, serving as a reference point throughout the meeting. The first session of the meeting was focused on a discussion of strategies that would lead to a more open dialogue on drug policies, with the emphasis on finding common ground rather than holding to polarised positions.

Some of the suggestions that were made included:

- Instead of looking for answers, we should be learning to ask the right questions.
- We need to establish a genuine dialogue to replace the succession of monologues that characterize most drug policy 'debate'.
- The legal framework is determined by the three UN international conventions and these are likely to remain for the foreseeable future, thus any option for change has to be considered in the light of its consequences for the conventions.
- Drug policy dialogue in UNODC is heavily influenced by the priorities of the major donor governments. To a certain extent the donor regime makes UNODC a captive of particular interests and visions. The World Drug Report, potentially an authoritative instrument to improve the terms of the debate, has been unable to develop into a voice of intellectual independence. Alternative financial resources for the UNODC may be required before these circumstances can change.
- There is widespread fear within institutions of marginalisation/isolation if they break ranks from the commonly agreed discourse, but there are also courageous people who put the right questions on the table. There is a strong need for more coordinated action.
- Well worked-out alternatives are scarce and would be a valuable contribution to an open dialogue. Such alternatives have to be formulated according to certain principles. For example, they have to
 - be consistent with scientific and medical evidence
 - respect diversity
 - be pragmatic and politically acceptable
 - be focused on experimentation and gradualism
 - be rooted in an organic policy evolution, driven from below
 - be independently evaluated

Other requirements for a constructive and serious dialogue would be:

- To clarify the overall objectives of the dialogue
- To be comprehensive, taking in the entire range of drug problems
- To be aware of the complexity of the issues, including the human factors influencing the debate
- To be realistic in objectives and in assessing the practicability of means to achieve them
- To be responsible, taking into account delicate matters such as the link with terrorism
- To be credible, and honest about the kind of society that is being envisaged
- To address the real issues, including the challenge to find effective prevention policies, not only those that are 'trendy' and attract public attention.
- To be consistent
- To avoid being euro-centric, since the main problems are not in Europe

- To think carefully about the long term impact of any proposals made

All the above-mentioned criteria should, it was suggested, be applied equally to the current drug policy regime as well as to proposals for change.

The principle of “Don’t push too hard, too quickly” was proposed. Nonetheless there is room for evidence-based changes in policy, at least for those countries with some degree of economic and political independence. But the room for manoeuvre depends on economic status: the majority of countries, especially in the South, are deterred by international pressure even from experimenting, and therefore have much less room for policy diversity.

Countries that want to move forward can consider some or all of the following steps:

- Coordinate a joint response to INCB criticism and present this during the CND session, making sure their comments are included in the CND report to ECOSOC
- Agree upon a declaration of principles as a useful tool for a group of like-minded nations to clarify their interpretation of the treaties and to formalise every day practice in their countries.
- Establish a legal basis for certain policies that are criticised as not being in conformity with the international conventions. In other words : formalise reality. The time is approaching for the conventions to be revisited, and this could be a first attempt to explore ways in which they could or should be modified. The INCB itself recommended in 1994 the revision of several definitions and provisions of the conventions and presented them to CND.¹ In the lead-up to the 1998 UNGASS those recommendations were never seriously taken into consideration and it could be worthwhile to revisit them and to put them on the CND agenda again. The discussion could open the possibility of the consideration of other changes in the international conventions.²
- Work to agree definitions for key concepts such as harm reduction
- Continue to push for greater policy evaluation. This is a key issue that requires the involvement of the various UN agencies

The importance of sound evidence as a key to change must be recognised, but is not the only factor. Paradoxically, evidence plays a relatively minor role in guiding policy, and this anomaly should be explored further. Moral and religious attitudes, social taboos and fear of the impact of changes are, in practice, factors of greater significance.

Several obstacles may explain the ill-functioning relationship between science and policy making. One factor of uncertainty in medium and longer-term policy-making dynamics is the discontinuity of governments and of government policy. Secondly, discussions are often blocked at an early stage by the polarization between those in favour of a complete ‘zero-tolerance’ ban and those who propose full legalization, often combined with a discourse that

¹ *Effectiveness of the international drug control treaties*, Supplement to the Report of INCB for 1994, E/INCB/1994/1/Supp.1 For an analysis of what happened with those recommendations, see: Martin Jelsma, *Drugs in the UN System: The Unwritten History of the 1998 United Nations General Assembly Special Session on Drugs*, International Journal of Drug Policy, April 2003.

² For example, countries who would like to include the harm reduction concept into the international conventions, might recommend the amendment of article 38, paragraph 1 of the 1961 Convention and of article 20, paragraph 1 of the 1971 Convention. The 1961 paragraph reads “*The Parties shall [...] take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved*”; the 1971 treaty uses the same phrase for psychotropic substances.

tries to minimize the risks of drug use. Thirdly, educating public opinion remains a key challenge. The drug control regime is almost a century old and many people do not have any idea about why drugs have been prohibited in the first place, about their real effects on the human body and their risks, and why some are classified and others legal. Citizens should be reached and informed objectively with reliable information. Opinion leaders and the mass media play an important role in the way the public's views about drugs are formed, and without strong support from public opinion, no politician would dare to propose significant policy changes in such a delicate matter as drugs. And finally, the UN plays an important role. Policy shifts are not easy to make unless they are legitimised by the UN drug control bodies - through CND resolutions, in the INCB report and by UNODC in its documents and programmes.

From the earliest days of drug control, fear has been a dominant factor in determining policy, and it remains so today when governments and institutions consider alternative policy options. Though there is some evidence that current policies are not working as intended, the evidence may not be good enough to show that alternative policies would work. It is difficult –not to say dangerous - for politicians to base policymaking on guesswork. The fear of change can only be addressed by more experimentation in practice with different approaches, by putting more emphasis on the need for ‘evidence-based’ policies and by improving public communications strategies. Still, there is a long way to go to improve evaluation mechanisms and to deepen the scientific component of such evaluations. Unfortunately evidence is still a marginal factor in the construction of drug policy. It should also be remembered that quite a few countries are satisfied with the current regime and do not want to change the status quo, thus have little incentive to develop experimental new policies.

Discussion erupted about the question whether or not the INCB could and should play more of a role in opening the debate and dragging it onto an evidence-based level, given its formally independent nature. Some participants proposed that changes should be made in the election procedure, function and activities of the Board to make it more of a neutral body. Some felt that the Board regularly oversteps its mandate by interpreting provisions of the treaties in a particular manner, while the INCB is not a policy making body but a supervisory and monitoring institution. Others considered that the INCB was correct when it drew the attention of the policy making body, i.e. CND to the contradictions and ambiguities in the international drug control system and that it is the duty of the CND to open debate in order to solve them. Changes to its status as a ‘quasi-judicial’ body and ‘guardian of the conventions’ will not be easily brought about because the INCB was created by the 1961 Convention. The main task of INCB is the supervision of the legal drug trade (including the estimate system, the export-import authorization system, etc.). Any modification to the function and activities of the Board requires the amendment of the 1961 and 1971 Conventions.

Another possible way of overcoming objections to ongoing policy developments might be to establish a system-wide working group with a policy monitoring and evaluation mandate. Not only would UNODC and INCB take part, but all UN agencies with relevant work and expertise in the drugs field such as WHO, UNAIDS, UNDP, FAO, etc. The group could be extended to include representatives from other multi-lateral regional centres like CICAD and EMCDDA.

II. CANNABIS

Recommendations from Parliamentary commissions and recent legislative changes or proposals have fuelled cannabis policy debates around the world. Particularly in The United Kingdom, Canada, Switzerland, Jamaica, Belgium and The Netherlands, heated political and public debates have taken place. In this session some outcomes of the Parliamentary enquiries from the UK, Canada and Switzerland will be highlighted. Discussion will focus on the policy deliberations for now and for the future around some basic questions. Are less punitive approaches leading to major increases in cannabis consumption? Is further research necessary regarding health risks? Should the current scheduling of cannabis and cannabinoids under the 1961 and 1971 conventions be reviewed? What would be the aim of rescheduling? To what extent are international legal restraints an obstacle to further policy experiments in the areas of decriminalisation of possession and/or cultivation? What is the current political landscape (public support, international alliances) regarding the possibility of regulation?

The drug policy debate on cannabis, as on other drugs, is shaped by a triangle between politics, science and practice. The practice of more than 30 years of tolerance towards cannabis in the Netherlands has not led to a significant increase in use compared to other countries. In fact, many countries with a repressive policy have a larger percentage of users than the Netherlands. Discussion of the reports produced in Canada and Switzerland, and of the ensuing parliamentary debates, made it clear that the issue of cannabis policy reform is a very delicate one.

The Swiss law reform proposals consisted essentially of the decriminalisation of use and exemption from prosecution for possession for personal use, but included the unique proposal to waive prosecution –on the basis of an ordinance- for domestic cultivation, trade, production and sale. The INCB’s position that the proposal could not be justified under the 1961 Convention was not publicly refuted but in direct communications it was made clear that the Swiss government did not foresee obstacles to start experimenting along the lines of the proposal. Without the restrictions imposed by the conventions, the government would probably have proposed a legal licensing system for production and distribution. However the vote by the National Council in mid June not to debate the Ministry’s proposal has effectively put the cannabis debate off the table for the immediate future.

The Canadian Senate Special Committee carried out a detailed study of the impact of cannabis legislation in Canada and elsewhere, and deliberated on the function of law in this area. It examined the role of ethics, government, penal law and science. Rejecting a laissez-faire, free market option, it decided that public policy should be involved to tackle the problems that might arise, particularly concerning young people. The Senate Committee’s recommendations were based on the principle that only actions involving significant harm to others should be subject to penal law, and this, the Committee concluded, was not the case with cannabis consumption. An administrative infrastructure was required to ensure legal access to cannabis through two parallel regulatory regimes: on the one hand to guarantee quality control, and on the other, the delivery of medical cannabis through cooperatives or compassion groups. The proposals included the establishment of an independent research and monitoring body to evaluate the effects of regulation. The government did not adopt these recommendations, but after the Canadian elections in June, parliamentary proposals were announced to decriminalise use and possession for personal use. The Canadian Supreme Court issued a ruling to the effect that prohibition is constitutional as long as a balance is maintained between the effect of a substance and the effect of prohibition. If the balance is unreasonable then it is not constitutional. The Senate has announced that when the governmental decriminalisation bill enters the Senate, they will put this Supreme Court decision to the test.

It was suggested that the cannabis debate had come to a standstill. Many reports are produced and research findings are published, but there is little movement towards a fundamental change in policy. For example, there have been at least 30 thoroughly researched, substantial reports on cannabis produced in the last few decades. Basically all of them point in the same direction: cannabis is dangerous to health and it should be controlled, although by use of the civil rather than the criminal law, and in a separate manner compared to other more dangerous illicit drugs. As far back as the 1970s a document was prepared for the CND, based on a study of 1,500 scientific texts about cannabis, which suggested that the social consequences of cannabis control might be more serious than the consequences of its use. Despite the body of evidence it remains largely a political taboo to transform this into practice by designing a cannabis control regime without criminal sanctions, along the lines of the WHO Framework Convention on Tobacco Control.

While a more tolerant decriminalisation or depenalisation approach is gaining support in countries like the UK, Canada and Brazil, policy makers, politicians and the public seem to accommodate the discrepancy between official policy and practice. There are contradictions which ought to be resolved, but there is a kind of resignation to the situation which borders on contentment. The ambiguity of the provisions in the international conventions about the criminalisation of offences related to personal use has resulted in a diversity of practices. Procedures concerning possession for personal use, cultivation and distribution of cannabis are unclear and ambiguous. Efforts in some states to “normalize” the situation in the chain of production, distribution and use have failed due to contradictory interpretations of the main concern of the provisions in the international conventions, namely “the protection of public health and the fight against international drug-related crime”.

This situation has produced a situation of “forbid it in theory, allow it in practice”. Those who have to deal with the cannabis issue in everyday reality are reconciled to this idea. Local administrators in particular are looking for practical solutions, while their pleas for policy changes to solve the legal contradictions have met with little success or enthusiasm at national level. Science seems unable to bring about a breakthrough, despite the abundance of evidence. But somehow the ‘digital’ scientific language (fact & figures) is not compatible with the ‘analogue’ language (emotional & political) used by politicians. Politicians often decide on their view first, and afterwards look for the ‘evidence-base’ which sustains it and which gives their political position a ring of scientific legitimacy.

One of the main problems in the discussion on cannabis is the fact that the politicians responsible for policy-making do not feel the necessity to prioritise the issue. Relative to other drug users, cannabis users cause little trouble to society and are not a factor of significant cost to public health.. The question of communication, information and timing is a very important factor for political decision-making. This seems to have been underestimated in many occasions when the issue was tabled for serious debate.

Much more effort should go into a better communication of research findings in the form of summaries for policy makers and translation for the general public. More coordination between research centres would be useful to prevent the current overlaps and to focus study on the relevant remaining research questions. More inputs should come from the level of practice to the realms of science and politics: a systematic search for bottlenecks at the local level would provide useful guidelines for the identification of research priorities and of consistent and workable policies at national and international levels.

Any action has to be well coordinated by a group of nations. Relevant issues for the international discussion up to 2008 remain:

- the medical use of marihuana
- the rescheduling of the substance (WHO Expert Committee on Drug Dependence recommendation in 2003 to transfer *delta-9-THC* from Schedule II of the 1971 Convention to Schedule IV³, the Brazilian initiative under consideration to request removal of cannabis from Schedule IV of the 1961 Convention, the UK Expert Advisory Group on reclassification of all drugs according to harmfulness)
- consider the merits of the CND calling on the WHO again to express its view on the harm and related policy options for cannabis, or explore the possibility that the CND itself would establish an Expert Committee on Cannabis to study and assess the worldwide cannabis situation including policy innovations in a number of countries, to revise the outdated definitions for the cannabis products (as recommended by INCB in 1994), to design provisions that facilitate the marketing of cannabis products for therapeutic purposes, and to recommend new provisions or treaty amendments for a more realistic control framework
- the opening of the debate about options for regulation of cultivation and distribution, including dialogue with traditional producer countries such as Morocco
- the idea that a group of countries interested to jointly explore alternative policy options take the initiative to install a high-level commission (chaired by someone like ex-president Carter or a similar high-profile figure) to come up with viable proposals

III. HARM REDUCTION

The successes of Harm Reduction practices are prompting increasing numbers of countries to introduce measures such as needle exchange programmes that reduce the transmission of HIV/AIDS among injecting drug users; the establishment of drug injection rooms to reduce the number of overdose deaths; substitution treatment and medical heroin prescription programmes for long-term addicts, etc. The zero-tolerance positions taken by UNODC and the INCB have led to inconsistencies within the UN system, since WHO, UNAIDS and UNDP have explicitly embraced Harm Reduction philosophies in their policy documents and project implementation. This has led to mixed messages and policy recommendations from UN agencies around the world, though most recent UNODC and INCB documents seem to indicate an acknowledgement of this unfortunate situation. Are we on the way to a harmonised system-wide UN acceptance of Harm Reduction practices? What can be learned and expected from the latest CND resolutions addressing this? What would be a broadly acceptable definition of the Harm Reduction concept? Safer injection rooms are still strongly denounced by the INCB, thus are treaty adjustments needed to accommodate the functioning of these user rooms?

Over the years the harm reduction movement has brought about a change of approach towards drug users. The prescription of substitute substances and needle exchange are now accepted principles for many countries. Participants described how harm reduction measures were being implemented in their respective countries, as well as the support for or obstacles to their implementation. The recent developments in the HIV/AIDS epidemic have facilitated the acceptance of harm reduction within public health policy on drug use, especially in Eastern Europe and Asia. But there are still questions and dilemmas to be debated and which need better answers. There are pragmatic concerns, such as finding a balance between compassion and help for users at the same time as not shielding them from the consequences of their actions. Some believe that if drug users do not ‘hit rock bottom’ they are not sufficiently motivated to give up.

³ WHO Technical Report Series No 915, Geneva, 2003

Other questions/dilemmas include :

- How to extend the logic of low threshold services to bring in marginalized users within the scope of harm reduction
- The arguments for consumption rooms and safer use
- The principle of continuing use versus abstinence (an acknowledgment of defeat?) and the role of abstinence within harm reduction policies
- The Trojan horse theory (harm reduction as a covert way to legalization?)
- The prescription of drugs-of-choice as a consequence of substitution prescription
- Pill-testing
- Modifications or more clarity in interpretation of the provisions of the Conventions to solve ambiguities as to the legality of consumption rooms and heroin prescription⁴

Considerable progress has been made in recent years, and much has been agreed to in international bodies which is not yet widely known. These issues need to be addressed in CND meetings. Resolutions approved at CND sessions ought to advance the understanding of harm reduction measures, and countries in favour of harm reduction need to promote this. The documents on this issue that have already been approved can support such efforts. Even when the text of resolutions has been heavily amended their impact on the debate can be positive (see the case of Brazil's resolution on Prevention of HIV/AIDS among drug users at the 2004 CND). Some of UNODC's donor governments could propose specific projects to facilitate the further acceptance of harm reduction.

The successes of certain policies merit more attention. There is fairly robust evidence of the effectiveness of needle exchange and of substitution therapy, even though little of it comes from developing countries. It was suggested that an estimate could be made of the number of lives saved since the introduction of needle exchanges during the mid 1980s – perhaps tens of thousands. This might be helpful when challenging politicised objections at the CND level, as when the US delegation at the 2004 session claimed that needle exchange was 'not effective at all and might even be counterproductive and speed up the spread of HIV'. Nonetheless the character of the 2004 session was quite different from 2003, when the more liberal-minded countries were forced on the defensive (especially because of the resolutions trying to attack so-called 'lenient policies'). In 2004, mainly due to the HIV/AIDS issue and to pro-active resolutions from Brazil and the Pompidou Group, the 'zero-tolerance' positions were more on the defensive.

Harm reduction services should be regarded as an integral element of the overriding goal of improving the treatment system as a whole. Harm reduction services can function as stepping-stones for individuals to enter other treatment services, where the 'ultimate goal' may either be 'freedom from dependence' or 'abstinence', which are not the same thing. The problem of including abstinence in harm reduction is that it needs to be measured, and thus in many cases will fail. Drug treatment services should be linked across substances to cover alcohol and tobacco as well as behavioural disorders.

An examination of the shifts in terminology over the years illustrates a genuine transformation of approach to drug use and treatment (drug addiction, drug dependence, hazardous use, harmful use and dependence, problem use and recreational use, etc.). Many

⁴ Especially the issues of the inclusion of heroin in Schedule IV of the 1961 Convention, the interpretation of article 38.1 of the 1961 Convention and article 3.2 of the 1988 Convention taking into account the 'spirit of the convention' and the UN official commentary to the articles.

existing UN texts can be used as a starting point for further clarification of definitions: the WHO's *Lexicon on Alcohol and Drug Terms*⁵, UNODC's *Demand Reduction – A Glossary of Terms*⁶, the 1998 UNGASS declaration and action plan on demand reduction, the 2001 UNGASS declaration on HIV/AIDS, the recent position paper of WHO-UNAIDS-UNODC on substitution treatment and the May 2004 WHA resolution *Health promotion and healthy lifestyles* which refers to harmful use of alcohol as one of the major risks to global health⁷. There was discussion of the issue of definitions, and of the desirability of finding a universally acceptable definition of harm reduction.

The rapid development of harm reduction practices has proved that new ways in treatment can be introduced, despite controversy over their legitimacy. In this area theory has tended to follow practice, not the other way around. The pragmatic, bottom up approach implemented in some countries has led to allegations that the spirit and/or the letter of the drug conventions have not been respected. On the one hand it could be argued that the method of “just do it” seems to work quite well. On the other, it is not wise to show open disregard for international conventions. The conventions are ‘ours’, and as stakeholders we have to retain the ownership of these international instruments. Future steps towards the normalization of harm reduction practices and their formalization in the international conventions must bear these considerations in mind.

Attempts should be focused on the improvement of the treatment system as a whole, and to this end, the creation of a network of experts and policy makers would be of essential importance. Practitioners should influence policies from the evidence of their own experience.

IV. SUPPLY REDUCTION

In comparison with demand-related policies, the space for policy diversity under the UN drug control conventions with regard to supply is much smaller. Since the 1998 UNGASS target “to eliminate or significantly reduce the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by 2008” several production regions have experienced an escalation of repressive approaches. The search for more humane and pragmatic approaches toward production can be observed within the debate on alternative development, with proposals that urge the complete delinking of forced crop eradication from an approach that seeks a balance between longer-term drug control, development and conflict resolution goals for areas with illicit cultivation. Is a harm reduction-oriented approach possible for the production side, in particular regarding small farmers involved with illicit crop cultivation but also on the level of small scale trafficking (dealers/couriers)? What options are considered to confront the booming opium harvest in Afghanistan that do not immediately put at risk the delicate balance of reconstruction efforts and conflict prevention? Is a revision of the status of the coca leaf, as recently proposed as an outcome of the dialogue between farmers and government in Bolivia, a way to resolve the longstanding conflicts in the Andean region? Could a decriminalisation of cultivation at subsistence level (or non-enforcement of eradication obligations) be justifiable with an appeal to the UNGASS Action Plan, which says that in “cases of low-income production structures among peasants, alternative development is more sustainable and socially and economically more appropriate than forced eradication”?

⁵ http://www.who.int/substance_abuse/terminology/who_lexicon/en/

⁶ http://www.unodc.org/pdf/report_2000-11-30_1.pdf

⁷ *Health promotion and healthy lifestyles*, World Health Assembly, WHA57.16, 22 May 2004. The resolution addresses “major risks to global health, and highlights the role of behavioural factors, notably unhealthy diet, physical inactivity, tobacco consumption and the harmful use of alcohol as key risk factors” and urges “to give attention to the prevention of alcohol-related harm and promotion of strategies to reduce the adverse physical, mental and social consequences of harmful use of alcohol”.

http://www.who.int/gb/ebwha/pdf_files/WHA57/A57_R16-en.pdf

The discussion during this session was focused on the search for more humane and pragmatic approaches that would benefit human rights and the democratisation process. Such measures would reach a balance between longer-term drug control, development and conflict resolution goals for areas of illicit cultivation of opium and coca. The cases of Colombia and Afghanistan were the main examples involved in the discussion.

The main issues to be taken into consideration included:

- The roles of the military and of the police. Bringing the military into domestic law enforcement role has created a confusion of roles and conflict between military and police forces. Demilitarisation of drug control is a necessity, police operations and respect for human rights are a point of concern.
- The fight against terrorism has made the situation worse. The post-9/11 discourse has blurred the distinction between farmers, drug traffickers and terrorists or guerrillas even further.
- Actions are concentrated on short-term results and focused on coca / opium producers and not on cocaine / heroin laboratories, nor on traffickers and money laundering.
- The emphasis on enforcement practices leads to human rights violations and restriction of civil liberties (many laws are passed without any discussion).
- Crop eradication efforts are accompanied by high costs and severe social consequences. In particular, forced eradication and aerial fumigation (in Colombia) generate social unrest, instability and violence. No comprehensive study has been done to date on the long term effects of fumigation (though one has begun under CICAD)
- Forced crop eradication and repression against small farmers is incompatible with alternative development.
- Crop eradication –in a gradual and voluntary manner- must be accompanied by viable alternatives for income generation.
- The focus on short-term goals and immediate results (in terms of hectares reduced, shipments seized and persons arrested) is a mere ‘head counting’ exercise which should be abandoned as a measure of effectiveness. There must be more emphasis on accountability, transparency and respect for human rights.
- The room for manoeuvre in the field of production is non-existent. It has been suggested that a “harm reduction” strategy for production and distribution of substances should be taken into serious consideration.
- Small producers should be exempt from prosecution and punishment.

The idea of applying harm reduction principles to the production side and of the decriminalisation of small-scale cultivation triggered further debate. How could ‘small’ production be defined, how could small and larger scale production be distinguished? Would we not lose a key instrument of intervention on the supply side –deterrence through repression- if illicit cultivation were partially decriminalised ?

The analogy was drawn with developments on the demand side, where similar questions in the early stages of policy development threatened to undermine acceptance of the harm reduction and decriminalisation trend: how to define ‘possession for personal use’, how to distinguish possession for ‘use’ and for ‘trafficking’? If we imagine a scale from repression to assistance, policy developments regarding drug users have shifted considerably over time. From pulling out the teeth of drug users in Egypt centuries ago, to incarcerating, to forced abstinence-oriented treatment, to integral treatment systems including harm reduction services and decriminalisation of consumption. The basic philosophy behind demand

policies have shifted on the scale from repression towards care, while on the supply side of the equation the mentality of pulling teeth and counting heads still prevails. The journey along the policy scale towards a vision of care and assistance has yet to begin. The introduction of Alternative Development has softened the discourse, but only to the point of ‘forced abstinence-oriented treatment’ and then only as long as it quickly shows measurable results in terms of supply reduction. If not, farmers still have to be punished, incarcerated, killed, their means of subsistence destroyed, or else they are driven from their lands.

While the global discourse is filled with references to a ‘balanced approach’ between demand and supply reduction, in reality policy trends on the two sides are diverging more and more. This has led to new tensions, such as the objections from traditional southern producer countries to the so-called ‘leniency’ trend in the North. Room for manoeuvre has to be opened up under the conventions to allow for pragmatic approaches towards cannabis, coca and opium poppy cultivation. As an alternative to applying the harm reduction concept, this might also come about by a more explicit introduction of human rights arguments into the drug supply reduction debate. There is a lack of public information on human rights abuses, and this would be a more effective argument than the rights of peasant farmers to grow drug crops. In addition, the historical bias against natural drugs at the time of the 1961 convention and the ill-defined escape clause for ‘traditional use’ have to be revisited. Both INCB and WHO have pointed out inconsistencies in the scheduling for all three crops. A new initiative for a review of the position of the coca leaf is in preparation in Bolivia.⁸

As far as Afghanistan is concerned the situation is extremely unstable. At best it would take 5-10 years to achieve sustainable results. Certain ‘framework conditions’ have to be in place at social, economic and political level in order to be able to work at project level. Issues of conditionality, sequencing and mainstreaming are complex and crucial areas for discussion.

CONCLUSIONS ON THE WAY FORWARD

- The informal and private character of the meeting was highly appreciated, as were the pleasant atmosphere and location. The exchange of ideas and experiences is optimal in such a setting, while the risks of being associated as institutions with any ‘conclusions’ are minimal. An open dialogue like this one allows for ways of discussing about ‘taboo issues’ among professionals in a unique ‘semi’ official way, enabling to address questions, strategies and tactics that would be impossible to address in any other kind of meeting.
- The quality of discussion was generally appreciated as being rich and sophisticated, not dogmatic in any way and consistent with the complex realities of the issues being debated, aimed at defining common ground instead of polarising positions.
- There is a need for more voices to be included in these discussions. The composition of the group was too ‘euro-centric’ in spite of the presence of a small minority from the Americas (Canada, US and Brazil). It would be important to have more representatives from Asia, Africa and Latin America at a next meeting.
- There is a need to define more clearly the goals and strategies of these meetings. Governments currently lack a sort of think tank in an informal advisory capacity to

⁸ The 1961 Convention does not allow the production of coca leaves for coca chewing or for the production of coca tea or other coca products. Sale of coca leaves for those purposes has to be considered as *illicit traffic* and the consumers are *drug abusers* -including the millions who are drinking coca tea every day. The INCB’s recommendation in 1994 to reconsider that was never discussed in a serious manner by the CND.

tease out ideas under consideration, to examine new approaches, evaluate practices and formulate proposals for policy innovation.

- The discussions would have more direct relevance in the presence of policy makers with a clear political mandate to explore ways to achieve more effective policies, or if joined by prominent international actors (the Carter example) or opinion leaders.
- There is a need to link drugs to the issues of human rights, poverty and to other forms of substance abuse and unhealthy behavioural patterns.
- The mix of participants from governments, NGOs, international organizations, research and science should be maintained. A cross-disciplinary approach is essential.
- The meetings must remain practical, comprehensive and inclusive. Qualitative discussions must contribute to overcoming misunderstandings.
- There is a strong preference for the facilitating character of these meetings as opposed to becoming an ‘operative’ group. If the discussions, suggestions and proposals during the meetings result in action at the decision-making level of governments, international fora and, in the end, at the UN level, the goal of the meetings will have been achieved.
- A continuation of the ‘informal drug policy dialogue’ series should be orientated towards the UNGASS evaluation in 2008. A series of similar meetings could be planned in the years to come, focussing on specific themes relevant for the UNGASS evaluation, and possibly a bigger and more open global conference could be considered for 2007 in synergy with other international drug policy initiatives.

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