

Modernising the global drug control system – Can Europe lead?

A civil society perspective

29th May 2012, Brussels, Belgium

On the afternoon of 29th May 2012, a number of representatives from civil society organisations from across Europe gathered to discuss the role of the European Union (EU) in leading the debates around reforming the international drug control system. This meeting comes at a time when the EU is drafting its new Drug Strategy for 2013-2020, and when a number of government officials in many regions of the world are calling for a paradigm shift on drug control.

On the morning of 29th May, the [International Drug Policy Consortium](#) (IDPC) and the [Global Commission on Drug Policy](#) organised a seminar directed at Members of the European Parliament (MEPs) to discuss the issue, with the participation of two Global Commissioners – Michel Kazatchkine, physician and former Executive Director of the Global Fund, and Pavel Bém, psychiatrist and mayor of Prague, who has played a leading role in designing the current Czech drug policy. The seminar reflected the fact that a number of MEPs, as well as the European External Action Service, now seem interested in drug policy reform. On the other hand, there are signs that the European Commission and the DG-Justice seem more reluctant to support a debate on the drugs issue. For a full account of that event, please watch the [video of the seminar](#).

The two Global Commissioners were also present at the afternoon session, Chaired by Mike Trace (Chair of IDPC), to present the recommendations of the report of the Global Commission, released in June 2011. The Global Commission is composed of twenty members and chaired by former Brazilian President Enrique Cardoso. Mr. Kazatchkine explained that the starting point for the Global Commission's work was the realisation that the current drug control regime had failed to curb the scale of the drug market and prevalence of drug use, and had instead generated high levels of violence, threats to public safety and democratic stability, as well as devastating consequences on public health, in particular on the number of overdose deaths and the HIV epidemic – an issue on which the Global Commission is focusing its second report, to be launched in London on 26th June 2012. The Global Commission therefore believes that it is time to re-open the debate on our approach to drug control. The report advocates for drug policies to be based on solid empirical evidence and human rights, and focus on reducing harms to health, security, and the welfare of individuals and society. More specifically, the recommendations of the Global Commission report call for:

- Ending the stigmatisation and discrimination of people who use drugs
- Shifting from law enforcement and coercive strategies towards providing treatment for drug dependence and harm reduction programmes
- Focusing law enforcement efforts on organised crime

- Encouraging the experimentation of alternative policies, including the legal regulation of drugs such as cannabis.

During the morning session at the European Parliament, it was made clear that there are many conflicting views on the drugs issue between the 27 EU member states. Although most of the evidence about efficient and humane drug policies come from Europe, there is no leadership from EU institutions about initiating an informed debate on the issue while the drug policy debate is moving fast in other regions of the world, especially in Latin America.

Mr. Bém explained that a lot of energy and investment had been spent in the EU to respond to the drugs problem. The region has achieved many positive results in terms of reduction in HIV prevalence and other drug-related health harms, mostly thanks to the services provided by NGOs on the ground. However, new challenges have arisen. Over the past 10 to 15 years, despite the huge amount of money spent on law enforcement, there has been no reduction in drug supply and demand, and this is not only the case for cocaine and heroin, but also for new psychoactive drugs. In many countries, the emergence of new synthetic drugs, the so-called “legal highs”, has a serious effect on patterns of drug use and related harms. Unfortunately, law enforcement, criminal justice, health and social systems are unable to react fast and efficiently enough to respond to these new trends. It is necessary to find alternatives to the current drug control strategy, and these need to be balanced.

The Czech experience can be useful in defining what a “balanced approach” can be – the country has one of the lowest HIV infection rates among people who use drugs in Europe, and has proven that their public health-based drug policy is cost-effective. However, it remains difficult to conduct cost-effective analyses on law enforcement and criminal justice policies. In order to respond to new challenges, the EU should focus its new Drug Strategy on rational and balanced policies. The loss of EU leadership in global debates, the missing coordination between member states, and the lack of time to put together the new strategy, are all limits to this objective. However, a shift is needed in EU drug policy and we have an opportunity to act now, while the new EU Drug Strategy is still under development.

These short presentations from the Global Commissioners were followed by discussions between the participants and the panel. One participant highlighted the issue of complacency of the EU towards harm reduction, and the need for formulating the message of the Global Commission differently for the region, by including further elements for reform. It was noted that there was a deficit in harm reduction service provision in Europe, especially in Eastern European countries. This situation is further worsened by the current economic crisis and budget cuts – although law enforcement remains the least effective and most costly method to control drug markets, governments tend to continue these efforts while reducing budgets dedicated to harm reduction programmes, which have proven to be cost-effective. There is a wealth of evidence (mostly coming from Europe) about the effectiveness of harm reduction to reduce drug-related morbidity and mortality, as well as the transmission of blood-borne diseases among people who use drugs who cannot or will not become abstinent. It is necessary for the EU to lead in promoting such an approach globally, especially in forums such as the Commission on Narcotic Drugs, which remains mainly focused on law enforcement-led approaches and where harm reduction remains a controversial concept.

Another participant raised the issue of hepatitis C and the difficulty for NGOs to raise awareness about it with the media and policy makers, despite the high rates of infection among people who use

drugs. In Denmark, for example, 80% of people who inject drugs are infected by hepatitis C. Although the Global Commission report discusses the issue of “blood-borne diseases”, little focus is given to hepatitis C. This point was duly noted by the Global Commissioners. One idea for engagement on the issue included the possibility of organising a network of mayors and former mayors that would raise awareness on hepatitis C across Europe. However, experience showed that it is, in practice, very difficult to put the drugs issue on the agenda during meetings and conferences gathering municipalities and mayors. The best approach to this issue seemed to be a focus on grassroots work by NGOs at the local level to share good practice on how to tackle hepatitis C among people who inject drugs.

Focusing on next steps for advocacy at the EU level, a representative from the NGO Nonviolent Radical Party, Transnational and Transparty presented a petition requesting a transparent review of the effectiveness of current drug policy, the implementation and evaluation of a science-based public health approach to drug use, the decriminalisation of people who use drugs, the endorsement and scaling up of the comprehensive package on HIV prevention interventions among people who inject drugs, and the meaningful involvement of affected communities in the development, monitoring and implementation of policies that affect them. If the proposal gathers enough signatures, it will be presented to the European Commission.

Another participant noted that an effective mechanism for advocacy was to focus efforts towards national governments, as they are those represented at the Horizontal Drugs Group (HDG) at the EU level to discuss drug policies in Europe.

With regards to the European Parliament, it was believed for years that engagement would be ineffective because of the differences of views among MEPs on the dichotomy between prohibition and anti-prohibition. Looking at the morning seminar, however, this no longer seems to be true. One opportunity for intervention would be to create a group of willing MEPs to lead on discussions around drug policy reform. The President of the Parliament could also be a useful ally if the drugs issue fits within its agenda. It is necessary to identify a public leader willing to work on the issue.

Discussions ended with some updates on the new EU Drugs Strategy. The Strategy is being designed by the Danish Presidency, and will be taken over shortly by the Cypriot Presidency. The process is tedious as there is a lack of leadership on the issue and little time to finalise the document – the new Strategy needs to be finalised by the end of the year. There was a general feeling that the process would lack sophistication and structure.

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