

POLICY BRIEF

TIME TO REVISIT DRUG POLICIES: TOWARDS THE UN SPECIAL SESSION ON DRUGS^{1,2}

REBALANCING THE LEGAL- AND HEALTH-BASED RESPONSES TO THE GROWING GLOBAL CRISIS OF ILLICIT DRUGS

The 30th UN General Assembly Special Session (UNGASS, April 2016) will review progress in implementing the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.^{3,5} Starting 2019, Member States will review the results of the Plan and discuss further measures.

These are major opportunities for reflection on the global response, in the face of growing worldwide recognition⁶ that, as expressed by the Global Commission on Drug Policy (GCDP)⁷, the **“global war on drugs has failed, with devastating consequences for individuals and societies around the world”**. Emphasis on harsh law enforcement of drug policy **“has not accomplished its goal of banishing drugs and has in fact spawned wide, dramatic eruptions of violence”**. Major recommendations of the GCDP were: (1) prioritise health in drug policies;

and (2) give high priority to ensuring access to essential medicines for palliative care, pain relief and treatment of addiction. Political leaders and citizens are now being urged to rebalance the global response to drug crimes with concerns for individual and public health. The global health community has an important role to play and an early, substantive engagement of the Geneva-based global health actors is critical for the direction the debates will take in UNGASS 2016 and beyond.

To contribute to these debates, the Global Health Programme (GHP) at the Graduate Institute of International and Development Studies (GIIDS), Geneva held a public Policy Dialogue on 17 November 2014 aiming to help the technical, professional and diplomatic communities in Geneva to explore options for policy makers.

POLICY DIALOGUE: REVISITING DRUG POLICIES TOWARDS 2016 UNGASS ON DRUGS

This policy dialogue in Geneva brought together engaged academics, scientific experts, policy makers, representatives of international organizations and of governments. Mike Trace (Board Chair, International Drug Policy Consortium; Chief Executive, RAPT, UK) reflected in his keynote address on the aspirations of the 1961 Convention on Narcotic Drugs, the realities that had occurred since and lessons that could be learned. Tanya Dussey-Cavassini (Ambassador; Vice-Director, Swiss Federal Office of Public Health; Head, Division of International Affairs) briefly outlined the historical evolution from optimism of achieving a drug-free world through enforcement measures to a much less ambitious aim in 2009 to significantly decrease the use of illicit drugs by 2019. She underscored the need for a new global drug policy merging law enforcement with inputs from agencies in fields such as health and human rights.

The panel discussion, moderated by Thomas Zeltner, involved Ruth Dreifuss (Former Federal Counsellor, Switzerland; Commissioner, GCDP), Juan José Quintana Aranguren (Ambassador; Permanent Representative of Colombia to the UN, Geneva), David Nutt (Head, Department of Neuropsychopharmacology and Molecular Imaging, Imperial College, London) and Michel Kazatchkine (UN Secretary General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia).



Ruth Dreifuss

In the concluding remarks, both Ruth Dreifuss and Thomas Zeltner stressed the importance of balancing a range of issues while bringing health into the centre of attention alongside crime. Different regions of the world are at different stages in their responses; and new and innovative solutions are emerging. A global, stepwise response must encompass all aspects of the illicit drug problem, bringing everybody to one table.

SURVEYING THE PROBLEM

The key stages to counter illicit drugs are outlined in the References document online (see <http://bit.ly/17VPIhJ>).^{5, 8-11}

THE CHANGING GLOBAL SCENE

Since adoption of the 1961 Single Convention on Narcotic Drugs, the global landscape had changed enormously: all countries now share problems of production, trafficking and consumption and a far greater range of natural and synthetic substances is used.

Each of the three pillars of the prohibition/law enforcement approach has proved very hard to achieve.

- **Cultivation** – a relatively small land area supplies global demand. A “balloon effect” occurs, with many alternative areas entering production as other areas come under pressure. Increased complexity has come from alternative forms of production, including chemical synthesis and growing of cannabis by consumer countries themselves.
- **Distribution** – the concept that tough law enforcement deters drug trafficking proved flawed. High profit encourages risk-taking and developing new supply routes.
- **Consumption** – punishing users proved a limited deterrent and impossible to take to scale (estimates indicate at least 250 million users worldwide, but there is little reporting from Africa, China, Russia, India). USA has imprisoned millions, but ‘zero tolerance’ has had little impact on use. The Netherlands and Sweden, with more liberal drug laws, have similar use rates, both lower than most other Western European countries. **It is not whether laws on drug use are tough or liberal that drives prevalence.**

In 2009, Member States of the Commission on Narcotic Drugs (CND) decided “to eliminate or significantly reduce” illicit drugs by the target date 2019. But, half way to 2019, the reality is different:

- Around 243 million individuals, or 5 per cent of the world’s population aged 15-64, have used an illicit drug.¹²
- According to the United Nations Office on Drugs and Crime (UNODC), over 250 ‘New Psychoactive Substances’ have been reported around the world. The number of potential derivatives of drugs is unlimited.
- Global illegal drug trade is worth > US\$ 320 billion/year¹³; and the cost of combatting drug trafficking is enormous.

Failing efforts to halt the use of illicit drugs and mounting violence, corruption and impacts on health and social and political stability have stimulated growing efforts to develop new responses.

THE NEGLECTED HEALTH DIMENSION

FAILURE TO ADDRESS HEALTH AND WELFARE

The 1961 Convention’s Preamble states that the Parties are “**concerned with the health and welfare of mankind**” and “**conscious of their duty to prevent and combat**” the evil of drug addiction. But the Convention’s operational elements mainly concerned law enforcement to prevent production, distribution and consumption of illicit drugs; and subsequent reviews focused on further strengthening these aspects.

A mistaken assumption in 1961 was that a single strategy would protect health and welfare: legal prohibition of substances of concern and punishment of those producing, distributing and consuming would shrink supply and demand to insignificant levels; and this difficult-to-challenge orthodoxy was compounded by structural barriers to change:

- Attempts to review the drug treaties face much opposition, while the nature of the challenge changed over time (e.g. AIDS, synthetic drugs).
- UN institutional silos inhibit rebalancing: While UNODC, dealing with drug control, is based in Vienna, other UN agencies, dealing

- The CND 2014 Joint Ministerial Statement recognized “**the drug problem continues to pose a serious threat to the health, safety and well-being of all humanity**”; “**many challenges of the world drug problem have persisted and new ones have emerged**”; “**the need to take these new trends into account in the implementation of the Political Declaration and Plan of Action 2009**”.¹⁴
- Notable among the regional responses is that from Latin American countries, for whom the illicit drug phenomenon is cross-border and multifaceted, fuelling violence, corruption and organized crime and undermining the foundations of democratic institutions.
 - In Colombia the problem of trafficking had mushroomed into a multitude of issues including drug consumption, money laundering and politics. It had worked with other Andean states and with the Organization of American States (OAS) to build momentum for change.
 - The 2013 Report¹⁵ of the OAS Secretary General on the drug problem in the Americas highlighted the need for alternative solutions, including a public health perspective; alternatives to incarceration of users; stronger international cooperation to tackle organized crime; and stronger law and order institutions to prevent criminal gangs flourishing.
 - In September 2014, OAS member states underscored the need to reach consensus on alternative approaches to dealing with the drugs problem.¹⁶ They aim to participate with a single voice at UNGASS 2016.
- The European Union also aims at having a common position at UNGASS 2016, a consensus position discussed at the Horizontal Working Party on Drugs (HDG) and based on the EU’s Drugs Strategy 2013-2020.



Mike Trace

with health, human rights, and development are based elsewhere. Bringing both together remains difficult and thus, the ‘health and welfare’ aspect of drug control receives very little attention.

The **unbalanced concentration on law enforcement** approaches to achieving the goal of eliminating large-scale use of illicit drugs has demonstrably (1) been **detrimental to the health and welfare** of users and those around them. In addition, it has adversely affected two other important aspects of health more broadly: (2) **severely constrained access to essential medicines for pain relief and palliative care** for 5.5 billion of people globally; and (3) **seriously impeded the development of other new drugs** for treating a variety of diseases.

HARM TO THE HEALTH AND WELFARE OF USERS

There is clear evidence of the multiple ways that consumption of psychoactive and narcotic substances can cause harm both to the users and to others; and proper assessment of the harms caused can

inform policy makers in policing, health and social care.¹⁸ Since 1961, the adverse health and welfare consequences of both the use of these drugs and unintended consequences of the law enforcement responses to them have become increasingly severe.

- The impact of drug use on mortality has not been reduced – acute drug related deaths are under-identified and under-researched, but in most countries where good data exist, drug overdose kills more than traffic accidents.¹⁹
- Stigmatization of use/addiction and punishments and marginalization attendant on tough drug policies have made the lives of many/most users more difficult; recovery less likely; and increased the risks of transmission of diseases and other adverse health impacts.

The health benefits of strategies to reduce harm (prevent deaths from overdose, poor quality or adulterated supplies and transmission of HIV or hepatitis) have been evident for a couple of decades and clearly demonstrated by diverse experiences, e.g. in Switzerland, UK and France.

However, most countries did not adequately respond to the health challenges from intravenous drug use (IDU). Thousands of deaths a year of drug users are seen in some countries (e.g. USA, Russia). By the 1980s-90s it was clear that intravenous drug injections were a major route for HIV and hepatitis C transmission and co-morbidity with HIV was driving a resurgence of tuberculosis; and lack of provision of sterile IDU materials in prisons, even in countries providing community safe injection facilities, greatly increased the likelihood that those imprisoned for illicit drugs use would become infected and also pose a public health threat to others. Governments prioritising being tough on drugs above the public health of their citizens failed to implement the effective prevention strategies – resulting in continuing epidemics and the most clearly missed target from the 2011 AIDS UNGASS (reducing transmission of HIV among people who inject drugs by 50 % by 2015).²⁰ Fear of repression, arrest and incarceration has driven drug users underground and into unsafe practices.

From a health perspective, reassessment of the role of prevention, treatment and harm reduction in illicit drug policy is now urgently required.



Juan José Quintana Aranguren

A further facet of the unbalanced approach to drug control has been an unwillingness to look rationally at the relative harms caused by other, legal substances such as alcohol and tobacco, despite clear evidence that alcohol, in particular, causes far more harm than many illicit drugs.¹⁸

CONSTRAINT ON MEDICAL USES OF DRUGS

The 1961 Convention recognized that the medical use of narcotic drugs is indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes. However, an unintended and unacceptable side effect of the **restrictive measures undertaken to control the supply of narcotics, and their interpretation**, has been to **block access to essential medicines** such as opioids (e.g. morphine, methadone) for 80% of the world's population. World Health Organization (WHO) estimates that tens of millions of people require palliative care²¹ and access to it should be seen as a human right,²² but 80% lack access to adequate pain relief.²³ The World Health Assembly (WHA) 2014 adopted its first ever resolution on palliative care, noting that efforts to restrict access to illicit drugs must not result in inappropriate regulatory barriers to medical access. It called for revised measures on controlled drugs to improve access and rational use of pain management medicines.

CONSTRAINT ON SCIENTIFIC RESEARCH

While a further aim of the Convention was to make controlled drugs available for scientific purposes, in the last 50 years there has been very little research, either academic or industrial, because of actual and perceived barriers. Thus, an unfortunate outcome of the controls introduced is to make research into mechanisms of action and potential therapeutic uses – for example, in depression and post-traumatic stress disorder – difficult and in many cases almost impossible.²⁴

The scientific community has apparently been reluctant even to raise this issue and a new systemic approach is needed to ensure that research is conducted that will ultimately benefit health globally.

HUMAN RIGHTS; STABILITY; PEACE-BUILDING

Respect for human rights and judicial procedures need strengthening in dealing with users of illicit drugs. A human rights perspective will not only ensure protection of consumers of drugs from abuse and discrimination; but also that states fulfil their obligations on the supply of essential medicines to those in severe pain or needing palliative care.

The stability and security of fragile states are often threatened by the effects of production, trafficking and consumption of illicit drugs, impacting in turn in diverse ways on the health of the population. Policy measures are needed that will contribute to stability, peace-building and peace-keeping. That implies police and judicial cooperation as well as minimizing the level of violence, intimidation and corruption associated with illicit drug markets.

ROLE OF WHO AND OTHER AGENCIES

In many countries, drug policies reside at the Ministry responsible for justice or law enforcement, or in the Prime Minister's or Cabinet Office, rather than the Ministry of Health. It is evident that **variation in the locus of responsibility leads to different policies** and Ministries of Health may feel reluctant to speak on the subject.

Reflecting this national picture, at the global level the international response to drugs has resided with law enforcement constituencies in Vienna. WHO has not hitherto focused very strongly on illicit drug issues and Member States have not put illicit drugs on the WHA agenda since 1990. It is important that the diverse UN agencies should be really at the negotiating table in 2016 and not just 'allowed to give inputs'. WHO and several other UN agencies are now participating actively in the preparations for UNGASS 2016 and one subject suggested for the High Level Workshop is Drugs and Health.

NEW RESPONSES TO GROWING CHALLENGES

Space is needed to experiment with new approaches to drug policy. Moreover, in a field where policy makers often seem to feel constrained by what they perceive to be strong public opinions on illicit drugs, it is not enough just to present raw evidence if policy makers are to be convinced to change policies: carefully conducted, strategically timed and well-presented evaluation is needed, together with appropriate case examples that show real societal benefits.

EXAMPLE OF SWITZERLAND

Switzerland has implemented an approach that puts health at the centre of drug policies, integral with law enforcement and control. It includes prevention, treatment and harm reduction; aiming to ensure that drug users can overcome their consumption phase with the smallest possible physical, mental or social harm. Specific objectives include lowering risks of infectious diseases (e.g. HIV) and stabilizing and improving the health conditions of drug users. Harm reduction measures aim to lead drug users towards therapeutic services. For society, the measures intend to reduce social costs of drug addiction and ensure public safety. These measures include:

- exchange of syringes (so they are not discarded in public);
- provision of sterile injection equipment (in order to stem the transmission of infections);
- offering contact centres or injection rooms (enabling the authorities to establish contact with the addicts).

WHAT ARE REALISTIC EXPECTATIONS FOR UNGASS 2016?

A PROCESS, NOT AN END-POINT

UNGASS 2016 puts illicit drugs and their related problems into the international limelight – an opportunity to develop a culture of dialogue, discuss current strategies and debate new challenges, new approaches and dynamics with an open mind and in a spirit of shared responsibility.

UNGASS should be viewed as a stepping-stone to the UN review in 2019: part of a process to acknowledge what is working and what is not and to find a consensus on a new Political Declaration on illicit drugs – a global response that will encompass all aspects of the illicit drug problem and be the reference document for the following ten years.

Given the diverse problems and approaches that countries face, it is vital to 'catch people where they stand' and encourage them to take the next step forward, by formulating broad mechanisms that are appropriate to address specific situations. It is important that some countries begin to advocate for this, taking a cautious and step-wise approach supported by scientific evidence and monitoring of outcomes.

HOW WILL WE DEFINE SUCCESS?

The success of UNGASS 2016 as a process can be measured in terms of three groups of factors:

Participants

Control of illegal production and trafficking of drugs and countering the attendant violence, money laundering and corruption requires involvement of law enforcement agencies and new international instruments and mechanisms, as well as effective use of the existing mechanisms such as the Convention on Transnational Crime or the Convention on Corruption, to deal with a globalized and highly organized crime problem.

To deal with the impacts of narcotic and psychoactive drugs on individuals, families and societies and national and global security and stability, many other actors must contribute substantively to UNGASS 2016. These include:

- Agencies dealing with health, human welfare and rights, including WHO, UNAIDS, UN High Commissioner on Human Rights, UNICEF and UNDP. Many of the relevant agencies are located in Geneva and are well-placed to develop a clear and coherent set of principles and evidence-based recommendations to inform the debate.
- Countries that have experience of both successful and failed efforts need to be encouraged to bring their lessons learned to the dialogue.
- Strong participation of NGOs and civil society is essential, ensuring that the voices of the suffering drug victims and their relatives are heard and that experiences of effective local measures to protect and promote health, welfare, human rights and dignity can be drawn upon.
- It is also essential to hear the strong voice of the scientific community: to highlight the proven problems with the existing Convention and ensure that evidence-based drug policy is at the heart of UNGASS 2016; and that future policy enables rather than inhibits the opportunity for scientific advances to contribute major health benefits.

Subjects, values and approaches

Underpinning principles are vital to ensure that future international drug policy and the consequent drug control legislation meets all areas of concern in a balanced way.

Independent of the state's approach to drug use, it is important that debates about the responses to drug users be informed by consideration of the human and legal rights judicial processes and the need to offer them avenues to escape from addiction, to protect their own health

and to protect public health. Lessons must be learned from successful initiatives in prevention, treatment and harm reduction.

The UN process must aim at achieving better access to essential medicines for relief of pain and palliative care for the 80% of the world's population who lack adequate access at present. It must also aim at creating policies to enhance the stability of fragile states and promote peace building.

A single strategy for achieving all the policy aims is not possible. A multifaceted approach is required, drawing on evidence-based debate on the damage done and a shift of language to help have new policies in the future.

Outcomes contributing momentum towards 2019

Success at UNGASS 2016 should not be seen in terms of the need to reach consensus: but rather in terms of recognizing the need for discussion and exchanging experiences on new solutions; reaching towards a process that will allow countries to experiment and monitor outcomes and engage in a dialogue that will be a step towards reviewing the traditional approaches to drug control starting 2019.

Positive signs in the process emerging from UNGASS 2016 would include:

- Recognition that while drugs are a global challenge requiring a global response, the solutions must be tailored to local circumstances and resources. The diverse sectors involved must avoid blaming one another for the emergence of the problem, but focus on collaborating in developing solutions.
- Emergence of clear regional positions that reflect diverse experiences and contribute to the development of a more rounded and balanced new global policy on drugs.
- Development of a dialogue that relates to all drugs, including alcohol and tobacco; and creates effective policies capable of dealing with new synthetic drugs.
- Much stronger and more equal collaboration among UN agencies, with the health-related ones in Geneva more closely engaged in suggesting new ways of cooperation and in working and reflecting determination to optimize health via reducing harms of drugs
- Encouragement of medical developments and research.
- Determination to achieve effective global access to essential medicines for relief of pain and palliative care.

Furthermore, it is noteworthy that the UN is currently negotiating the Sustainable Development Goals (SDGs), which will succeed the Millennium Development Goals in 2015 as the prime UN goals from 2015. It is important that the discussions on illicit drugs should reflect the SDGs, especially since the UNGASS on drugs will be the first one after the adoption of the SDGs and there are important intersections of the drugs issue with major SDG areas including health, development, peace and security.

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Further materials on this event, including this Policy Brief, the full list of references and videos, can be downloaded at <http://bit.ly/17VPIhJ>