



## INFORMAL DRUG POLICY DIALOGUE

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



**Kolymbari-Chania, Crete – 22 & 23 May 2009**

The sixth meeting of the Informal Drug Policy Dialogue series, a joint initiative of the Andreas G. Papandreou Foundation and the Transnational Institute, took place in Kolymbari-Chania, Crete, on 22 and 23 May, 2009. This meeting was held at the same venue where the dialogue series began in 2004. Subsequent meetings were held in Budapest (2005), Bern (2006), Rome (2007), and Berlin (2008). A similar series of events also recently began in Latin America in 2007 and Asia in 2008. Thanks are due to the Orthodox Academy of Crete and its staff, at which the May 2009 dialogue was hosted, and to Thanasis Apostolou, Martin Jelsma and Ernestien Jensema for preparation and organization of the meeting.

As per the tradition of the drug policy dialogue series, the meeting was held under Chatham House rule, to ensure confidentiality and allow participants a free exchange of ideas. Over 35 people attended, approximately one-third policy makers and two-thirds representatives of non-governmental organizations or academic institutions. Four themes were covered over the two days: the 52<sup>nd</sup> Commission on Narcotic Drugs (CND), including the High Level Segment (HLS) and its Political Declaration; drug law reform, law enforcement and supply reduction; UN system-wide coherence; and the UNGASS review process and the Informal Drug Policy Dialogues. Each theme was prefaced by introductory remarks by key participants, in order to stimulate reflection and dialogue, followed by frank discussion. The report below conveys the highlights of the discussion, although no individuals are quoted, in keeping with the anonymity stipulated by the Chatham House rule. The ideas expressed were those of individuals in their capacity as experts in the field of international drug control, and should not be interpreted as reflecting consensus among the group, or endorsement by the organizers.

**Session I – Friday, 22 May 2009 (a.m.)**

**The 52<sup>nd</sup> CND and the Political Declaration: Assessing the situation in relation to harm reduction and the UN drug policy agenda**

The outcomes of the UNGASS review process measured in terms of the final texts of the Political Declaration and its annexed Plan of Action have disappointed many. With the dust of an intensive and at times frustrating year of negotiations in Vienna settling down, it is time to assess the progress made in the debate these past years in a broader context. Even though inclusion of explicit harm reduction language in the Political Declaration proved unattainable in the end, several key issues have entered the UN drug policy agenda and the tone of the debate has shifted. Has the 'Vienna consensus' been pushed to the limit and reached a CND stalemate that will be difficult to break through in the years to come? How could the UN agenda on harm reduction still be moved forward in the future? What can be the follow up of the interpretive statement of the 26 countries on harm reduction? Which points in the political declaration are of importance for the future deliberations towards a more humane and effective drug policy in the field of demand/harm reduction and what strategies should be considered to promote them?

**Overview**

One of the key issues during the negotiations leading up to the High Level Segment of the 52<sup>nd</sup> CND was the proposed inclusion of the term “harm reduction” (HR) in the Political Declaration. Despite the fact that more than 80 UN member states have policies and programmes that fit the definition of HR (e.g. opioid substitution, needle exchange, low-threshold support services) and that many accept the term in other circumstances, its inclusion in the Political Declaration turned out to be the most controversial issue in the negotiations. The phrase “harm reduction” was important particularly for European Union member states, as the EU has included the term “harm reduction” in its official Strategy on Drugs 2005-2012, and the Council (through its Horizontal Drug Group) in October 2008 agreed that HR interventions should be an aspect of comprehensive drug control policy also at the UN level. While these and other like-minded states worked hard to have the term incorporated into the Political Declaration and accompanying Action Plan, the intransigence of some states and the consensus process of the Vienna negotiations ultimately prevented it.

A question that arises from the lack of progress in the Political Declaration is the viability of the CND forum and procedures, which allow Member States to reject HR there, while at the same time supporting it in other UN forums. It seems that many states perceive Geneva as the place to commit to health and human rights issues, and Vienna as the place to fight against drugs. However, as few states have system-wide coherence in domestic policies, it is not surprising that such discrepancies exist at the UN level (and within UN systems themselves). It was proposed that NGOs work with member states to ensure alignment between domestic policies and representations at the CND.

The 52<sup>nd</sup> CND also illustrated the apparent fragility of the EU unity on drug policy, as it was not followed unanimously in the end stage of negotiations and reflects the different priorities of EU member states. Nevertheless, the progress made by the EU Horizontal Drug Group between 2004 and 2008 shows that progress in building consensus is possible, although it may take longer at the UN level, as the translation of research into policy/practice may take a long time within a complex bureaucratic structure.

## **Pessimism**

The exclusion of the term “harm reduction” in the Political Declaration and Action Plan led to feelings of disappointment among many observers. The work of front-line advocates—often conducted at considerable risk and expense to themselves—was not validated by the international political agenda set by the Political Declaration. It was noted that at the CND, governments often make “political” statements that contradict their own internal HR policies (e.g. Italy and Iran both have HR services in their jurisdictions, but did not support HR in the Political Declaration). Some participants felt that the UNODC has not been offering the leadership on HR and drug policy changes that it ought to. It was noted that the UNODC—a key UN agency in implementing HIV prevention for people who inject drugs—is accountable to both the CND and the UNAIDS Programme Coordination Board, which have divergent perspectives on HR (from law enforcement and public health perspectives, respectively). Even the UNODC’s 2008 “Fit for Purpose” paper may be interpreted as a “pressure valve” exercise, allowing for a small amount of perceived dissent without any real significant change; it was ostensibly intended to stimulate debate, but this has not happened at the CND level.

## **Optimism**

Although there were feelings of disappointment about the 52<sup>nd</sup> CND, a number of positive outcomes were noted that some felt leave hope and can be learned from. Despite the controversy over the *term*, some progress was made on the *substance* of HR. For example, following the regime change from the Bush to Obama administrations in the US, its delegation admitted that demand reduction might include something other than the traditional elements of prevention, treatment and rehabilitation—namely “drug related support services.” Other states were also amenable to this concept, which was thus incorporated into the Political Declaration (combined with the 1998 Guiding Principles of Demand Reduction), so that paragraph 21 stipulates that demand reduction measures include “related support services, aimed at promoting the health and social well being among individuals, families and communities, and reducing the adverse consequences of drug abuse.” The US delegation also suggested including access to essential medicines as part of the political debate for next year’s CND, which is also a positive change, although it is important to ensure that access for substitution treatment, and not just palliative treatment, is included.

The rejection of HR from the text of the Political Declaration led 26 states (18 of which were EU) to issue an interpretive statement declaring “that they will interpret the term ‘related support services’ used in the Political Declaration and the Plan of Action as including measures which a number of States, International Organizations and Non Governmental Organizations call ‘harm reduction measures,’” and to request that it be annexed to the report of the High Level Segment. Predictably, the interpretive statement was actively opposed by other states (e.g. Russia, Japan and the US). However, added as an annex to the anticipated report of the High Level Segment, it does add the term HR to the official discourse of international drug policy and shows the lack of consensus at the 52<sup>nd</sup> session of the CND.<sup>1</sup>

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<sup>1</sup> Meanwhile, the statement by Germany, speaking also on behalf of Australia, Bolivia, Bulgaria, Croatia, Cyprus, Estonia, Finland, Georgia, Greece, Hungary, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Saint Lucia, Slovenia, Spain, Switzerland and the United Kingdom, was indeed

The CND outcomes and Political Declaration should not be read in isolation, as higher level UN directions—and other UN forums focused on health and human rights—offer a broader context that presents hope for the future. It should be regarded as a success that international drug policy did not regress from 1998 and that there has been incremental progress over the long run (e.g. from the 1980s, when demand reduction came on the CND’s agenda). The High Level Segment of the 52<sup>nd</sup> CND continues this trend, with a change in tone and language, opening discussion to new approaches that can be a basis for future international cooperation. For example, the Political Declaration has a specific call for engagement of women in policy development, strategy, and implementation; it is important to consolidate and build on this. Another positive outcome of the run-up to the 52<sup>nd</sup> CND was the Beyond 2008 process that brought NGOs together; this process must continue and NGOs need to increase their efforts in applying pressure to governments to embrace HR. The continued work of the Vienna NGO Committee on Narcotic Drugs will be important for this effort.

### Next Steps

Several concrete next steps are suggested for moving forward from the apparent breakdown of consensus among both EU and UN member states. With respect to the interpretive statement, governments, international organizations and NGOs should be asked to join the interpretive statement, to strengthen support for it and get a clearer picture of the scope of acceptance for HR. At the same time, supportive parties should begin collocating the terms HR and “related support services,” using them equally and/or together to underline that they have the same meaning. A proposed new definition of HR was put forward, along the lines of:

*Harm reduction measures are drug related support services, aiming at reducing the adverse consequences of problematic drug use for individuals and society as a whole and promoting the health and social well being among individuals, families and communities.*

Additionally, on a pragmatic level, states, sub-national governments, NGOs and other stakeholders should strive to establish, preserve or strengthen HR measures in their jurisdictions. For example, the UNODC-WHO Joint Programme on Drug Dependence Treatment and Care—which aims at building institutions and structures for expanding HR in countries where it does not yet exist—is a vehicle for promoting shifts in attitudes among governments. Such successes are evident in countries such as Vietnam and Indonesia, where opioid substitution treatments have been scaled up in the face of public health crises relating to heroin dependence. Likewise, former Soviet states such as Kyrgyzstan can diverge from Russian influence and implement HR policies, which can then in turn be an example for other states in the region. Bilateral engagement with experts from other countries are an important way to foster such education.

Some participants felt that the Political Declaration is less important than what happens at the country level in the next several years. Experience shows that if programmes can be established with underlying HR principles, governments may begin to change their policies. The HIV/AIDS field is an ideal arena in which to do constructive follow-up, as considerable international health money is directed there (with fewer political strings attached), and more work also needs to

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included in the CND report under the heading ‘Adoption of the Political Declaration and Plan of Action’, see E/2009/28, p. 119, <http://daccess-ods.un.org/access.nsf/Get?OpenAgent&DS=E/2009/28&Lang=E>

happen in public health and primary health care. It is critical to establish avenues for productive dialogue between health and law enforcement, as some of these groups have never heard the issues/arguments of the other side; there needs to be education about why HR principles are being promoted and endorsed. The unintended consequences identified in UNODC's 2008 "Fit for Purpose" report need to be reiterated at every opportunity in drug policy discussions.

On a theoretical level, reasons for resistance to HR need to be understood and countered through education about its pragmatic value, its underlying principles (including the link to other elements of demand reduction) and its conformance to the international conventions. For example, in some Latin American countries, language and attitudes about drug problems are beginning to shift; although "alternative development" is still a key issue, the discourse of public health is becoming more common. It was proposed that broader informal drug policy dialogues may be helpful, inviting participation by representatives of not just like-minded countries, but also countries that are ambivalent but may be open to learning and persuasion. Considering allies at sub-national jurisdiction levels—such as provinces, states or municipalities—could also be useful in furthering HR (for example, Canadian provinces—which have constitutional responsibility for delivering health services—unanimously support HR, even though Canada's current federal government does not). At the same time, it is important to establish the limits of HR and clearly define what should *not* be called HR (e.g. punitive, abstinence-only approaches).

In spite of the omission of HR, other points of the Political Declaration open avenues for more humane and effective demand and supply reduction policies. These include:

- *Human rights* – this approach has improved since the 1998 UNGASS, although it needs to be applied more broadly than just demand reduction (i.e. awareness needs to be expanded in supply reduction and judicial cooperation fields)
- *Health* – this should be the foundation of drug policy (as put forward by both the EU and the UNODC in the 2008 "Fit for Purpose" document)
- *Proportionality* – the Political Declaration does not reflect the principle of proportionality, even though the INCB in 2007 underlined its importance
- *Unintended Consequences* – acknowledged in UNODC's 2008 "Fit for Purpose" document, these are also implicitly included in the Political Declaration, although buried in paragraph 31 on the impact and effectiveness of drug control measures
- *Evidence-based Policy* – this concept is fully accepted in the field of demand reduction (including HR), but not yet in the field of supply reduction
- *Access to Essential Medicines* – adequate availability of controlled drugs for medicine, including both palliative care and maintenance treatment; Paragraph 19 of the Political Declaration reflects this with a "call for continued cooperation between Member States, INCB and WHO . . . to ensure the adequate availability of narcotic drugs and psychotropic substances, including opiates, under international control for medical and scientific purposes"
- *Crop-control* – the concept of "alternative development" has been included in the Political Declaration, and its positioning before "eradication" and "law enforcement measures" in the text is a symbolic success; on the other hand, unconditionality and proper sequencing are not directly mentioned
- *System-wide coherence* – this concept was not adopted within the Political Declaration; the UN system continues to emphasize different principles in different parts of its system

## Session II – Friday, 22 May 2009 (p.m.)

### Drug law reform: Legal and criminal justice approaches

Proportionality of sentences proved to be a very difficult issue in the CND context and did not make it into the Political Declaration or Action Plan. Drug-related offences and imprisonment is a broadly debated issue in many countries. What type of legislative reforms could serve the purpose of reducing rates of incarceration? At national levels, quite a few countries have introduced decriminalisation or depenalisation of consumption and of possession for personal use. Ecuador issued last year a pardon for small drug traffickers imprisoned with disproportional sentences and a new drug law will be discussed in the coming months. Mexican Congress adopted in April a law that decriminalises possession for personal use, and a decriminalisation proposal is tabled in Argentina as well. The Beckley Global Cannabis Commission and the Latin American Drugs and Democracy Commission both recommended alternative policies for the cannabis market, triggering debates in Mexico about the potential contribution to reduce levels of violence. The debate on decriminalisation of cannabis is gaining momentum in the US with rising expectations for possible policy changes under the Obama Administration. What are the possibilities to move these agendas forward?

#### Ecuador

A step toward drug law reform took place in Ecuador in 2008, when the Correa government decreed a pardon for small time drug couriers, or “mules.” It also recently started to draft new drug control legislation. Under current Ecuadorian drug laws, developed under pressure from Washington, penalties for trafficking only a few ounces of cocaine could be as much as eight years imprisonment; little or no distinction was made between major players leading cartels and minor players whose socio-economic circumstances might lead them to risk engaging in smuggling. The result was serious overcrowding in Ecuadorian prisons. However, the government realized that fighting against drug crimes and fighting against organized crime were two separate issues. The new law being drafted, to be introduced to Congress later this year, is presumed to categorize as users people in possession of less than 5 grams of cocaine, and as probable traffickers people in possession of more than 15 grams (although this would need to be proven by the prosecutor). If in possession of an amount in between, the person receives a psychological examination to determine whether they may have a drug addiction. The sentence passed depends on the quantity of drugs, although the issues of proportionality and what quantities merited what punishment have caused some debate. The struggle is to determine an amount that can reduce inappropriate or disproportional punishment. Ecuador is concerned about the process and is monitoring closely (the problem of a judicial system that may be influenced by money). Importantly, however, the one-time pardon issued last year for trafficking of small amounts of drugs in Ecuador has not resulted in increased drug offences.

#### Greece

Greece in the 1980s had a relatively low prison population rate, but this has gradually been increasing over the past 20 years (to the point where it now has a prison population of approximately 12,000 out of a population of close to 12 million). Since the early 1990s, personal possession has been considered a minor offence, and there has been a legal provision to direct drug dependent individuals to treatment rather than to prison. However, often people with addictions are also small-time dealers in order to support their habits, and so get treated as more serious traffickers if arrested. The onus is on those arrested to demonstrate that they are drug

dependent or were in possession for personal use only. Overcrowding in Greek prisons has become a problem in recent years, which has led to prisoner revolts in a number of correctional institutions. As with many other countries, illegal drugs are widely available within prisons. It is estimated that up to 50% of prisoners are immigrants and that up to 50% of prisoners are there for drug or addiction-related (i.e. acquisitive) crimes. Greece has a prison for drug-dependent convicts, where inmates receive therapy during their sentence, although its viability has been hampered by lack of resources. Two prisons have therapeutic communities – originally the prisons were not very supportive of the concept, but now are satisfied with them.

In the Greek judicial process for minor drug crimes, treatment is offered as an alternative to prison. KETHEA (Therapy Centre for Dependent Individuals) is a non-profit NGO operating since 1983 that offers treatment services using a therapeutic community model. Its programmes are free-of-charge and are targeted to various populations (e.g. based on age, drug type, or criminality). KETHEA also has a legal aid programme that promotes social reintegration through treatment, and its services also include prevention and street outreach. The origins of the therapeutic community model suggest a drug-free nature to KETHEA's services, although harm reduction has been incorporated to some extent. Harm reduction in Greece is generally associated with substitution therapies, which KETHEA does not offer but does not object to. Methadone and buprenorphine are available in Greece, but the quality of programmes varies, with issues such as long waitlists and a lack of effective adjunct services.

## **International**

In a number of other jurisdictions, drug law reform has become a significant part of the political discourse, with calls for decriminalization recently put forward by leaders in countries such as Mexico, Argentina and Honduras. Among the driving forces behind this trend is the recognition that incarceration does not help people who use or are dependent on illegal drugs and that the costs of imprisoning drug users do not amount to a wise deployment of government resources. In Switzerland, a November 2008 referendum saw the electorate endorse by a significant margin the national “four-pillars” model of drug control (enforcement, prevention, treatment and harm reduction), which provides an example that a health focus can overcome punitive ideology in drug policy. The same referendum also provided a permanent legal basis to continue with a heroin prescription programme. In the United Kingdom, a Sentencing Advisory Panel recommended in April 2009 changing the sentences imposed for drug crimes, based on the relative seriousness of these in comparison with other kinds of crime; it also looked at the deterrence effect of prison sentences versus other penalties (such as asset forfeiture).

It was observed that there can be policy oscillations, where drug policy moves from a health-based to a more punitive approach. For example, in January 2009, the government of the United Kingdom reclassified cannabis to Class B, after a five-year period of downgrade to Class C, based *not* on expert evidence-based input from the Advisory Council on the Misuse of Drugs (which advised against it), but rather on political motivations. In the past few years, Italy's drug policies have moved towards greater criminalization for drugs such as cannabis, and it also broke from the EU consensus on harm reduction at the 52<sup>nd</sup> CND. Likewise, Colombia's President Uribe has attempted to overturn 1994 legislation that decriminalizes personal possession of cannabis and cocaine in that country. The Netherlands has seen in recent years a clamping down

on cannabis coffeeshops, the criminalization of “*paddos*” (magic mushrooms), and an attempt to tackle an organized crime problem associated with the illegal drug trade.

In the United Kingdom, changing economic circumstances likely mean that budget cuts to social services are going to be required on a massive scale; a senior official has recently inquired about potential effects of decriminalization on the prison population. Likewise, it may be that the United Kingdom’s Sentencing Advisory Panel recommendations on prison sentences have less to do with proportionality, and more to do with budgetary concern. A different take on the push for asset forfeiture as an alternative drug crime deterrence suggests that it is misguided, as it is based on Home Office research on prisoners who have been convicted (i.e. “middle fish,” the ones incompetent or unlucky enough to have gotten caught); some think the “big fish” still at large will not be deterred by risk of either imprisonment or asset forfeiture.

In the United States, despite President Obama’s promises of change on the campaign trail, there has not been much evidence of a move away from the status quo. The US did, for the first time, endorse needle exchange at the CND, but a ban on federal funding for needle exchange has so far remained in place. The appointment of Gil Kerlikowske as the new Director of the Office of National Drug Control Policy seemed like a portent of change, but recent federal budget allocations still focus on enforcement. At the state level, voters in Massachusetts recently passed an initiative to decriminalize personal possession of cannabis by adults, making it one of 12 US states with similar cannabis policies; the use of cannabis for medical purposes is also legal in 13 states. Has the US reached (or is it close to reaching) a tipping point in drug policy? Although some policy reformers are optimistic, others are less so; drug policy is in some respects a peripheral political issue in the US. However, the federal government may allow states more leeway in developing regional drug policy initiatives.

Drug law reform in the United States is a less unrealistic prospect with the new Obama administration and Democratic influence in Washington. There are changes afoot at the state level (e.g. medical cannabis), so these movements may in time reverberate in federal government policies. At present, many of the bureaucratic officials from the Bush administration are still in place (e.g. the US delegation at the CND, who were concerned that they would be perceived as out of touch with changes of policy in Washington)—it will take time for leadership to change at senior levels. It could be that changes will come about through Congressional commissions, such as those proposed on the prison system and drug policy (sponsored by Jim Webb) and on Latin America. Diplomatic channels for reform should also be kept in mind, as the US is seeking representation on the UN’s Human Rights Council. At the same time, it should be acknowledged that President Obama is not, and never has been, a radical.

At the international level, there remains a high level of coherence to the international drug control conventions. There has been some “soft” defection from rigid interpretations, but even the fact that 26 states endorsed harm reduction in defiance of the consensus 2009 Political Declaration does not represent a significant upset of the status quo. Some states are exploring wiggle room within the conventions, but the impact of the global drug control regime is considerable, especially in non-Western states. Even if the US were to unilaterally shift its position on drug control to a less prohibitionist stance, it is questionable how much broader effect this would have, as it may be that the UN regime is now self-sustaining. Other actors—

such as the EU or GRULAC (i.e. Latin America and Caribbean states)—could be more important in effecting change, especially through knowledge transfer at the programmatic level.

Issues of drug law reform internationally include the question of how to support national processes that help states acknowledge they have wiggle room in their interpretations of the drug control conventions (or overcoming treaty interpretations in a very strict way—for example, Indonesia used the 1988 convention to justify the death penalty for traffickers). In Kyrgyzstan in 2005, there were 16,000 prisoners among a population of only 5 million people; after a change to the threshold quantities of a drug used to distinguish personal use amount from trafficking, the prison population has dropped to just over 10,000 prisoners. In the Netherlands, there has been a different kind of prison crisis: its prisons currently have 3000 empty cells, so it will now start taking prisoners from Belgium. Some participants observed that incentives for drug law reform may come through global economic crisis, whereby the costs of enforcement and incarceration are recognized to be greater than the marginal returns of supply reduction.

*Session II (continued) – Friday, 22 May 2009 (p.m.)*

### **Drug law enforcement and supply reduction: Market impact and negative consequences current law enforcement approaches**

The international system and national laws have focused for decades on strong legislation, wide spread arrest, and harsh punishment. There is increasing concern that traditional methods of enforcing the drugs laws are not the most efficient use of resources. The scale of the illegal market is enormous and efforts to reduce supply and availability are only having a marginal impact, if any at all, despite increasing budgets. Law enforcement officers are also being criticised for the harmful consequences of their actions. Many now argue that law enforcement efforts must be carefully reviewed in order to minimise, if not eliminate these negative consequences. In which areas of law enforcement are new approaches needed and how can they be achieved? What are the consequences of applying principles like 'evidence-based' and 'cost-effectiveness' to the law enforcement aspects of drug policy? What kind of debates are taking place within law enforcement agencies and how do they see their role changing?

### **Perspectives from Law Enforcement**

The question of how law enforcement effectiveness in drug control could be improved has recently been dealt with in a discussion paper by the International Drug Policy Consortium. As a foundation for addressing this issue, it is important to recognize that law enforcement efforts against drugs and drug crimes have unintended (although no longer unpredictable) consequences, such as those identified in UNODC's 2008 "Fit for Purpose" document. These include: 1) creation of a large black market to supply the demand for illegal drugs; 2) policy displacement, or the opportunity costs of allocating scarce public resource to (relatively ineffective) supply reduction rather than demand reduction efforts; 3) geographical displacement, or the "balloon effect" of enforcement efforts moving or displacing illegal drug production and trafficking rather than decreasing it; 4) substance displacement, or the switch by suppliers and users from one substance to another; and 5) creation of a perception of people who use illegal drugs that stigmatizes and marginalizes them. Law enforcement can play a significant role in ameliorating or eliminating these unintended consequences by:

- Adopting outcome (rather than process) indicators for evidence of success
- Refocusing enforcement against organized crime
- Focusing on reducing drug market-related violence
- Referring drug dependent individuals to public health and addiction treatment services

The perspective of law enforcement on harm reduction includes consideration of harms not only to people who use drugs, but also to families, friends, communities, and institutions (e.g. corruption through influence of criminal organizations). The law enforcement perspective also needs to be understood as not simply homogeneous, but comprised of a number of different perspectives, including: street officers (who may be relatively uneducated and economically disadvantaged), management officers (who may have competing demands, not least of which is career ambition), and politicians (who are generally concerned about votes and management of human and fiscal resources). Two important principles in today's policy circles—"evidence-based" and "cost effective"—can provide politicians with a feeling of safety in delivering a drug policy message that differs from the status quo. These principles are politically acceptable and provide a logical basis for change. However, possible obstacles are the tendency for actors from different fields not to talk to one another (e.g. health professionals and law enforcement professionals may not be communicating effectively) and the fact that not only procedures but also structures need to change.

Within the law enforcement community, there is also a considerable amount of structural resistance to change—it has a lot of power and authority, which translates into popular support. However, there are discussions taking place—such as frustration with the lack of results from policing initiatives against various kinds of drug crimes—that may not be at the tipping point, but are definitely moving towards the fulcrum.

### **Cannabis Enforcement in the Netherlands**

In the Netherlands in 2007, an initiative to tackle organized crime quickly led to enforcement action against large-scale cannabis cultivation, which was a shift of priorities in Dutch drug policy. Organized crime groups in the Netherlands have become very wealthy and powerful, in part through the cultivation and distribution of cannabis, and have begun infiltrating legitimate areas of business and community activity (a kind of “Robin Hood” approach, donating money to charities, etc.). Cannabis users are not an issue for police in the Netherlands; the effects of the consumption of alcohol are a much bigger social problem. There has not been a change in the policy of tolerating possession of small amounts of cannabis for personal use, nor for allowing coffeeshops to sell amounts of up to 5 grams, providing they do not keep more than 500 grams in stock at a time (although some coffeeshops reportedly sell up to 30 kilograms a day). Furthermore, some coffeeshops invest in legitimate businesses in a municipality (or sponsor local youth sports teams), so if police were to shut them down, it would negatively affect the whole local community. If production of cannabis in the Netherlands were only to meet the demands of the domestic market, there would be no problem; however, police sources estimate that approximately 80% of the cannabis grown is for export and only 5% is grown for sale in the coffeeshops.

The goals of the new cannabis enforcement policy in the Netherlands are to break through the normalization of cannabis cultivation (i.e. reduce public acceptance) and to systematically

identify, fight and reduce cannabis cultivation and trade by organized crime, in its total nature and scope. The strategy being adopted is to integrate the traditional criminal approach with a new administrative/integrative approach. This includes public communications about the goal: that it is not a battle against people who use cannabis, but rather against the organized crime groups that largely control its production and trade. The scope of the organized crime monopoly on cannabis production has resulted in a number of problems, which have spurred the government to take new enforcement actions. For example, indoor cultivation under high-energy lights has led some criminals to steal electricity, and poor wiring in some cultivation operations has sparked fires, which endanger neighbourhoods (although there is a novel technological trend of using new low-energy/high lumen LED lights for indoor cannabis growing).

Some of the tactics that have been adopted by Dutch police in the fight against organized crime in the cannabis business include the introduction of new detection technologies, such as the “cannasniffer,” a device to detect the odor of cannabis growing, and the “cannachopper,” a remote-controlled miniature surveillance helicopter to detect signs of cannabis growing from the air. Once detected, cultivation facilities are dismantled and police may attempt to seize the assets of the individuals responsible. These and other aspects of the integrated approach to enforcement are also widely publicized through the media, in an attempt to communicate to organized criminals the risks of their activities, making them feel unsafe about engaging in cannabis growing. Among the results over the past two years has been a broader national discussion in the Netherlands about cannabis and its links to organized crime. Also, police in neighbouring countries such as Germany, Belgium and France have seen a displacement of cannabis cultivation, as the predicted “balloon” effect drives producers elsewhere.

## **General Discussion**

Some participants regarded the growth of cannabis cultivation in the Netherlands as an example of the failure of prohibition, arguing that demand/supply balance and the “balloon” effect will not reduce the overall issue of either cannabis cultivation or use. It was noted that there is a striking parallel between the issues facing the Netherlands and those facing Canada’s province of British Columbia (as well as the respective law enforcement/political responses). In the Czech Republic, similar kinds of crackdowns had the unintended consequence of fostering larger and higher-THC cannabis cultivation activity. With respect to coffeeshops in the Netherlands, most Dutch police believe that the entire supply chain should be regulated and controlled. However, police must obey their political masters, and it may be that politicians in the Netherlands will be satisfied with their new policies against cannabis production and organized crime; their goal is to push its cultivation out of the Netherlands. The question was raised whether the kinds of enforcement initiatives undertaken in the Netherlands (or regulation, were it to be implemented) could be applied in states such as Mexico, Colombia or Afghanistan.

Discussion on drug law reform also encompassed the topics of training for law enforcement professionals, indicators for drug law enforcement, and how to assess the impacts, or successes and failures, of specific policies and interventions. In the Netherlands, novice police officers are often unable to give a good explanation of HR. In Kyrgyzstan, police education about HR is now mandatory; all police cadets are being trained with a Russian language textbook on HR, which incorporates the experiences of people who inject drugs. There have been some positive changes in policing practices as a result of this. Kyrgyzstan’s law enforcement officials also saw a need to

change measures of effective policing (i.e. not just measuring how many users were arrested). In the United Kingdom, satisfaction with policing by the community is now a primary measure for improving police performance. Problems with indicators were also a factor in Ecuador's decision not to renew a U.S. drug enforcement funding agreement (which included a U.S. counter-narcotics military base at Manta), in part as a response to Plan Colombia's lack of demonstrated success. Ecuador is now negotiating a new agreement with more respectful language and new indicators, which include alternative development provisions, not just US-driven parameters. It was noted that a large amount of information about illegal drug markets is unknown, or unacknowledged, by police and policy makers. The question arose as to whether it would be possible to work with the Heads of National Law Enforcement Agencies (HONLEA) to foster change; if so, any such initiative would need to be done carefully, respectfully and through partnerships, as a direct ideological challenge organized by external parties is likely to be met with resistance and ultimately unsuccessful.

### **Next steps**

As a start, it would be useful to consider what common ground can be identified between the health and law enforcement fields. Objectives and indicators are one potential fruitful area—encouraging both health and law enforcement officials to consider measuring effectiveness not in terms of how much money or how many kilograms of drug were seized in a given week or month, but rather how many addictions were prevented or how many lives were saved. Assertive engagement of law enforcement professionals could also include:

- Pointing out the unintended or unanticipated consequences of drug policies
- Exposing law enforcement officials to new ideas
- Seeking out law enforcement ambassadors (i.e. people who have changed and can educate others)
- Conducting and disseminating impact assessments to look at successes/failures, costs/benefits, etc.

By working together, health and law enforcement professionals can educate each other. One challenge is to identify and foster potential change agents within the law enforcement community. For this to happen effectively, it is important for HR advocates to embrace law enforcement, not only the other way around.

Among law enforcement professionals, some feel that drug law reform would be useful, but many do not; regardless, there is little debate happening about the need for change in the role of police in drug control, as individuals representing the perspectives of reform and status quo do not often communicate about the issue (doing so would create professional tensions). It is also important to recognize that police have considerable influence on policy-makers, both explicitly—by attesting to politicians, the media and the public that repression is effective—and implicitly, by frequently remaining silent on the adverse effects of drug law enforcement. Policy makers, however, are often uncomfortable with police officers who express opinions that oppose their point of view; they would prefer that police stick to their “core business” of catching criminals.

Law enforcement professionals have problems with their role in the field of drugs, such as a double standard of drug “crime.” There is a need for legitimacy in policing (both as an institution

and with respect to particular operations), but perceived legitimacy suffers when ongoing actions have no sustained effect. The drug market remains relatively constant, with no reduction in either users or dealers, but there remains an obligation for police to enforce the law. All police actions have the power of the state behind them, but when actions such as drug law enforcement do not succeed, it shows the ineffectiveness of power (or even worse, shows that there are unintended consequences). As a result, police may resort to redoubling their efforts and becoming even more repressive, or to ignoring the issue and the unintended consequences, or to getting out of the drug enforcement field and seeking a job where they are not confronted with such problems. Still, change is possible, but there needs to be opportunity for dialogue on such issues as the impact of drug law reform on police and professional standards for policing and the law. It is important to keep in mind that police are a closed professional group. They do not like to be told what their professional standards should be; rather, they must be empowered to discover themselves, otherwise they will resort to resistance. A useful next step would be to host—jointly with a policing organization—an informal drug policy dialogue for some of the top law enforcement professionals to discuss issues of policing and the drug laws.

### **Session III – Saturday, 22 May 2009 (a.m.)**

#### **UN system-wide coherence: Drug control and the public health and human rights agenda: Priorities and suggestions moving the UN debate forward**

The UNGASS review process has revealed serious flaws in the UN system-wide coherence with regard to drug-related policies. Tensions and contradictions between repressive drug control measures, and public health and human rights principles have been spelled out in letters to the CND by the UN rapporteurs on the Right to Health and on Torture, and by the heads of UNAIDS and the Global Fund. Tensions with the human rights obligations were also tabled at the Human Rights Council in Geneva. The WHO still has a marginal role in CND meetings, in spite of its treaty mandates, and tensions between the competences of the INCB vis-à-vis the WHO are regularly surfacing. Jointly, the agencies have tabled the problem of inadequate access to essential medicines in part caused by drug control legislation. Have the recent INCB elections brought any significant changes in its composition that could influence the future tone of the Board? UNODC has tried to put controversial issues on the agenda through various discussion papers, especially 'Fit for Purpose', highlighting the importance of human rights, harm reduction and addressing the negative consequences of drug control. How can coherence among UN agencies involved be improved?

#### **UN Office on Drugs and Crime**

The issue of system-wide coherence (or lack thereof) within the UN is well illustrated by the challenges facing the UNODC following the 52<sup>nd</sup> CND and its High Level Segment. The UNODC is a co-sponsor of UNAIDS (jointly accountable to the CND and to the UNAIDS Programme Coordinating Board) and is the lead UN agency for HIV prevention, care and support for people who inject drugs, people in prison settings, and people vulnerable to human trafficking. One of the challenges stemming from UNODC's joint accountability is that those representing member states at the UNAIDS Programme Coordinating Board and the CND are different individuals with different backgrounds. This can lead to contradictions and inconsistencies, especially with respect to issues such as HR. The sharing of information between these two UN bodies has also been an issue—although the UNAIDS Programme Coordinating Board Secretariat generally shares letters about resolutions on HIV with the CND,

the CND Secretariat has only recently begun to reciprocate (and has not consistently shared such information with member states).

The UNODC's HIV programme covers 60 countries with 100 staff, who advocate for and support implementation of programmes, including needs assessment, capacity-building, assisting with expertise, data collection, monitoring and evaluation. The UNODC also assists with developing evidence-based policies, legislative reviews, drug policy reviews, and helping countries in drafting Global Fund proposals (including grants to address injection drug use and prison issues). In partnership with WHO, the UNODC develops normative guidelines and tools, often helping with the translation of relevant documents. It establishes multi-sectoral working groups, involving other UN agencies and stakeholders from health, law enforcement, and civil society (e.g. a new project for Afghan refugees involves partnering with Iran, Pakistan and UNHCR).

Although the 2009 Political Declaration did not include the term “harm reduction,” it did endorse the promotion of drug related support services, many of which are supported through UNODC efforts: needle exchange, opioid substitution, education material on safer injecting, HIV testing, condom distribution, and access to anti-retroviral therapy for people living with HIV who also inject drugs. Moving forward will require consolidation of progress already made in some countries and persistence in making advancements elsewhere. Specific strategies for UNODC include addressing the inconsistencies in national and international drug control policies, engaging multiple sectors in dialogue on HR, and possibly working with missions in Vienna to organize inter-ministerial meetings. The high risk of HIV transmission in prisons is a concern for UNODC—this issue affects all countries, and is often overlooked by other UN agencies; working with the judicial sector is key, as judges need to understand the implications of jail sentences, especially for young people who use drugs.

Funding continues to be a challenge for UNODC, especially resources for treatment and prevention programmes for IDUs (most funding is bilateral or global, but this is not sustainable). UNODC encourages governments to follow up on strategic plans (which may be excellent on paper, but not adequately funded) by allocating national resources, and not just depending on foreign aid—when national funding is committed, there is a greater chance of scale-up and local buy-in. The discrepancies in funding allocations for HIV and health programmes compared with those for drug control efforts can create tensions between the two sectors. Some in law enforcement feel that HIV services are better resourced (at least at the UN level), although it was pointed out that within member states, supply reduction bodies receive the lion's share of funding and so should not be eyeing public health funding pots. System-wide coherence within UNODC is also a concern; for example, the UNODC HIV programme works on HR issues, but the UNODC treatment programme is more focused on training of service providers to work in treatment services. There is some cooperation happening between these programmes (e.g. Indonesia Global Fund programme), but it could be improved.

A more critical take on system-wide coherence noted that it is odd to have a global drug control system that creates harms and then must invest resources to mitigate them. A query was put forward as to whether UNODC has a poverty reduction strategy and whether the World Bank pays attention to the demand reduction implications of its policies. Funding issues with respect to

UNODC need to consider the relationship between money and power, acknowledging that financial clout may be used to offer or withhold large donations to ensure policies and language fit with a drug war ideology.

### **Security, Development and Human Rights: The UN Pillars**

Coordination and system-wide coherence at the UN can be assessed at both the policy and programme levels. With respect to policy system-wide coherence, it is helpful—especially for the drug policy advocacy of NGOs—to consider the overall frame of the UN and its three pillars: (human) security, (human) development and human rights. At a programmatic level, the UN’s “Delivery As One” initiative illustrates a commitment, at least in principle, to improvement in system-wide coherence with respect to gender and service delivery. It is also important for member states to query their staff in Vienna, Geneva and New York about how they might work more cooperatively. The UN’s eight monitoring bodies on the human rights treaties potentially have a key role to play in influencing the drug control system—the UN High Commissioner on Human Rights made a statement at the 2009 High Level Segment, and the UN’s Special Rapporteur on Torture and Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health are both supportive of harm reduction. There is a lot of educating to do across the UN system about the relationship between human rights and drug control.

Another way NGOs and civil society can address lack of UN system-wide coherence is by reframing the debate. Issues such as security, development, and human rights considerations (e.g. access to controlled medicines and HIV treatment) are not easily shoehorned into the two streams of the CND. Member states focus almost exclusively on supply and demand reduction indicators at the CND, although some progress was made on the issue of access to controlled medicines, through its inclusion in the 2009 Political Declaration (and as an agenda item at the 53<sup>rd</sup> CND in 2010). After the 52<sup>nd</sup> CND, INCB and WHO had meetings to address why only 10% of countries use 90% of the global supply of essential controlled medicines and some countries report a need for an absurdly small number of patients. Next year, member states should be encouraged to talk about access to controlled medicines—for both pain treatment and maintenance treatment—an initiative NGOs could assist with by preparing background information for interventions. The UNODC has been working on development of treatment standards, but it is questionable as to whether good (or any) standards are available for activities such as compulsory or coerced treatment (e.g. when it is acceptable or how success might be measured).

UN system-wide coherence is also evident in the relative statuses of the INCB and WHO at the CND, as the INCB seems to have more power than the WHO. Traditionally, WHO has been marginalized at the CND; however, WHO (including its expert committee) is assigned an important role in drug control through the international conventions, so they should have an equal seat at the table. Part of the problem for WHO participation is the process for other UN organizations (and NGOs) to speak at the CND. A speakers list must be submitted to the CND Secretariat, who then allot a time; however, the time for NGOs and other UN organizations comes only at the end (after member states)—an exact time cannot be scheduled, which makes it difficult for busy WHO officials who may be unable to wait around for their speaking time to come.

Recent INCB elections inspired some discussion about this monitoring body relative to counterparts elsewhere in the UN system. The other monitoring bodies at the UN all meet together, so it would be nice to see the INCB to attend some of these meetings. INCB elections are opportunities for change—efforts this year saw some dividends in terms of the tightness of the race, although Latin American lobbying on INCB should have started earlier. There may be more opportunities in the future, although it would be prudent to begin preparing a year in advance for next time. Unfortunately, more progressive members of INCB tend to stay quiet, while more conservative members tend to be more vocal and dominant (at least on HR issues); being a knowledgeable and conscientious scientist is not necessarily an asset on a body that is so politicized.

### **Next Steps**

There are a number of next steps for NGOs and civil society actors to consider following to improve UN system-wide coherence. First, NGOs need to be vigilant about possible opportunities for engaging other parts of the system; for example, the issue of drugs came up at a recent Human Rights Council meeting, but there was only one NGO present. It is important for civil society representatives to push for the WHO to increase its status and power (e.g. being on the podium at the CND) – the issue of access to controlled medicines on the agenda for 2010 is a good opportunity for this. Also, NGOs need to maximize resources in engaging member states about potential INCB candidates, being less haphazard and more organized in dividing up labour; documents to be shared during engagements need to be in language that will not alarm member states. Presently, it would be useful to open dialogue with new INCB members, as the INCB needs encouragement on such issues as better reporting on member states' fulfilment of treaty obligations to provide access to controlled medicines.

The UNODC's work with law enforcement agencies could also be more proactive with HR education, promoting HIV knowledge in law enforcement training curriculum and documenting best practices of HR in policing (e.g. work done by UNODC staff in Russia and Eastern Europe). UNODC's work could go even further than just HIV education and ensure that police are not interfering with HR activities; UNODC staff may witness law enforcement officials committing human rights abuses, in which case they must be empowered to stop or report these. The 2010 International AIDS Conference in Vienna will have injection drug use as a major theme, so that will be an important venue for fostering collaboration between health and drug control interests. With respect to the UNODC's World Drug Report, it was suggested that an important improvement would be for it reflect the unintended consequences that are consequences of the global drug control regime – to include data on what is going wrong in international drug control, not just how well things are going.

## Session IV – Saturday, 22 May 2009 (p.m.)

### **The UNGASS review process and the Informal Drug Policy Dialogues: Intentions, goals and outcomes (2004-2009)—lessons learned, the way forward**

The informal dialogues started five years ago in response to the disappointing 2003 mid-term UNGASS review and since then five meetings took place in the TNI/APF series, five in the TNI/WOLA series in Latin America and a first one in the TNI/GTZ series in Southeast Asia. All dialogues devoted part of their agenda to the UNGASS process. How do organizers and participants assess the contribution of these events to the debates on various issues in Vienna? Can cross-fertilisation between the European, Latin American and Asian policy dialogues be improved? What are issues likely to come up at CND sessions coming years, and how can the informal dialogues contribute to constructive debates and proposals? What are the issues that will be important on the regional agendas in Europe, Latin America, North America and Asia?

#### **Overview**

The Informal Drug Policy Dialogue (IDPD) series started in Greece in 2003, at the time of the mid-term UNGASS review. The idea was to have “corridor talk” structured over a two-day period in an informal setting, using Chatham House rule to foster candid and perhaps outside-the-box discussions about drug policy, including strategies for improvement and reform. Dialogues have sometimes been co-sponsored by governments, and attendance is by invitation, with organizers striving for a balance of government, NGO and academic participants. Although started in Europe, IDPDs have also begun in Latin America and Asia. All the IDPDs (taken together) have influenced the process and the debate around the UNGASS review. However, some participants have expressed disappointment about the lack of substantial shift in direction by the CND. Moving forward with further IDPDs would require broadening their scope to include what else can be achieved outside the CND, such as what more humane drug policy could look like, and how principles of HR can be extended into the domain of supply reduction (e.g. law enforcement, interdiction). IDPDs also provide an opportunity to consider national drug policy reform initiatives, including examples, lessons learned, and opportunities.

#### **Dialogues in Latin America and Asia**

The Latin America IDPD series has seen five dialogues held over the past two years (in Uruguay, Mexico, Bolivia, Brazil and Ecuador). Based on the European model, these fora have generated space for interchange of ideas and open discussion among government and NGO representatives. The dialogues were helpful for governments to follow the UNGASS review process and keeping abreast of movements in Vienna, and were also a good opportunity for drug policy discussion outside the Inter-American Drug Abuse Control Commission (CICAD, a hemispheric multilateral drug policy forum for the Americas, which some observers suggest is more US-dominated than the CND). Some progressive statements were made by Latin American states at the 2009 High Level Segment. However, the results at CND for Latin American countries were disappointing, and only one (Bolivia) signed the interpretive statement of 26 countries. Among the reasons for impeded progress at the UN by Latin American states are that a lack of resources makes it difficult to be present at negotiations (their missions are often stretched thin). Also, Latin American states are divided on drug policy issues, both among each other, and in some cases within themselves domestically. Many Latin American countries are

jaded with the international drug policy process; they do not see fora such as the UN and CICAD as meeting their needs. For example, many saw the CND debate as very Eurocentric, essentially the US versus Europe on the issue of HR. It was felt that there are many exciting ideas in Latin American drug policy discussions (e.g. decriminalization, prison reform, coca leaf policies, HR initiatives) and that the US is behind the curve on this debate, although there are examples of opportunity for change (e.g. the Obama administration is looking at restoring US-Bolivia bilateral relations).

The organizers of the IDPDs see the events as contributing to the evolution of drug policy. The 2008 Berlin dialogue was a substantial success from the perspective of many participants, as it helped their government officials prepare for the 52<sup>nd</sup> CND. In the Latin American and Asia regions, dialogues reflect regional agendas: violence and security; communication among Andean countries in Latin America; dealing with the consequences of the opium ban and the influence of China on southeast Asia in the Asia region. It may now be time for cross-fertilization among the regions that have hosted IDPDs, although the Asian dialogue process has only recently begun. There is good reason to think that future CND discussions and actions may be influenced through further IDPDs, especially if these take up issues identified as needing more exploration, such as how HR can be conceptually framed for integration in supply reduction efforts and made relevant to concerns of producer states.

### **Dialogue Format and Content**

Regarding the format of the IDPDs, their main benefit is providing a safe space for open discussion between governments and civil society experts, allowing dialogue about drug policy challenges and solutions. They also open minds and change perceptions and have helped with the influence of civil society at CND. However, a participant who has been at a number of dialogues in different regions has some suggestions for making them more effective:

- Have fewer issues on the dialogue agenda (e.g. 2 issues over 2 days, rather than 5);
- Have “critical provokers” from outside, who can facilitate an external view and promote broader discussion
- Open the dialogue to people who work in areas other than drug programmes, such as law, development, etc., in order to educate about the drug issue—this may help to mainstream issues and broaden the impact
- Consider inviting people who disagree (e.g. spoilers)—if only like-minded come together, how can progress happen?
- Consider developing some indicators for success of the IDPDs

Some discussion has been taking place on adding other regions to the IDPD series. The International Drug Policy Consortium is exploring how to add civil society representatives from Africa to its network, and the IHRA had a meeting in Nairobi in 2008 – these could be seeds for follow-up with an informal drug policy dialogue in that region. Likewise, the countries in the vicinity of Afghanistan may benefit from an informal dialogue on drug policy, but the flavour of the meetings would be different (HR is perhaps less appealing, and violence, security and cultivation much more prominent).

## **General Discussion**

Discussion took place about whether and how the law enforcement sector could best be engaged in future IDPD processes. If this moves forward, participants from health and human rights perspectives may be challenged by having to learn about (and respect) the positions of law enforcement participants. There may be differences between short- and longer-term engagement strategies for law enforcement; in the short term, thinking should go into how to improve access to HR services (e.g. structural changes to policing activities, such as a mandate by a chief for officers to not hassle clients of needle exchange sites). However, in some countries, segments of law enforcement may be corrupt, with officials extorting bribes or committing rapes in the name of “enforcing” drug laws. It was noted HR issues cannot be separated from corruption issues. In many Latin American countries, the police are under military control—there can be deep-rooted resistance to HR and human rights issues, and reluctance to engage with NGOs. However, Nicaragua is an interesting model in Latin America—it went through a significant police reform process in the 1990s and now human rights are thoroughly embedded in policing practices (and 40% of management in Nicaraguan law enforcement are women). Not so long ago in Germany police resisted HR, but this has changed (drug consumption rooms in Germany could not operate without a formal agreement of police consent), in part through dialogue among community stakeholders, police, social workers, and organizations of people who use drugs.

The possibility of learning from other UN initiatives on widely consumed psychoactive substances—tobacco and alcohol—was raised. The WHO Framework Convention on Tobacco Control may be a model to consider for alternative ways to internationally control a drug that can cause significant health harms. The WHO has also undertaken work to develop a “global strategy to reduce the harmful use of alcohol,” which included regional consultations in 2008 and 2009, as well as consultations with “economic operators” (i.e. alcohol producers and distributors) and other stakeholders. A draft strategy will be presented to the World Health Assembly in May 2010.

Issues and opportunities to consider for the near future include the 53<sup>rd</sup> CND and the direction of the UNODC in 2010 and beyond. For the 53<sup>rd</sup> CND, the US has proposed human rights for debate, and a number of African states have proposed cannabis—a decision on these and other potential agenda items will be made at inter-sessional meetings over the coming year. Governments need to be encouraged to respond to the human rights questions, especially with respect to HR, HIV prevention and treatment, and access to controlled medicines. The “consensus” mechanism of the CND is still problematic—no country loses face, but the resulting text in resolutions and declarations has little value; also, blocks of countries vote together, or work together to put up procedural obstacles through sometimes pointless objections, which impedes progress.

## **Next Steps**

The conclusions organizers and participants have drawn from the IDPD series is that it should continue (in all 3 regions), but with new agenda priorities. Linking to UN debates is important (not just CND, but also other UN bodies), to bring INCB, UNODC, CND in line with other UN objectives. Some lessons learned for future dialogues are that HR needs to be demonstrated to be relevant to producer and transit countries (e.g. with respect to issues of supply reduction, public safety and security), that there needs to be significant focus on internal politics (i.e. promoting

discussion and debate at the national domestic level), and that collaboration among Latin American, Asian and European countries on issues of commonality needs to be encouraged.

Possible thematic content topics include the rising debate about cannabis policy reform within the US, although a more fulsome discussion about regulated markets for cannabis would likely require a separate, focused dialogue. Likewise, Evo Morales' call for the removal of coca leaf from the international drug control conventions is an important dialogue topic. How to modernize the international conventions and address their inconsistencies is a topic of ongoing concern, although there are no easy answers for this. A couple of important anniversaries are coming up that could be useful frames for dialogue, such as the 50<sup>th</sup> anniversary of the creation of the 1961 Single Convention in 2011, and the 100<sup>th</sup> anniversary of the 1912 Hague Opium Convention in 2012.

With respect to engaging law enforcement, a good first step would be to identify police officials who are already willing to think about reform (some do exist in every country). Imaginative policy shifts in law enforcement, even within the current prohibitionist drug control framework, can make significant improvements in health and safety outcomes. Impact assessment was proposed as a useful way of engaging law enforcement, and perhaps more motivating than the issue of harm reduction, as it is a process and not an ideological position. Looking at outcomes is a neutral starting point and can help mainstream the discussion about the need for reform. The Transform Drug Policy Foundation's recent "Counting the Costs" document was proposed as a potential advocacy and dialogue tool in this regard.

The direction of the UNODC beyond 2010 is an important issue. Raising awareness among other UN bodies—in the name of system-wide coherence—including perhaps a letter to the Secretary General, was suggested as a way bring the UNODC (and the INCB and CND) into line with broader UN goals and objectives. The 2010 AIDS conference in Vienna was noted as an opportunity to engage the UNODC on further HR and human rights causes, although any such process needs to start early. The UNODC's data collection function and the resultant World Drug Report are also concerns, as some of the data collected are highly questionable. There is, however, a process set in motion to try to improve the quality of data collection and handling for the World Drug Report, which may offer hope for the future.

## **Conclusion**

In conclusion, the Informal Drug Policy Dialogue series has been a useful mechanism for knowledge exchange and networking among government officials, NGO representatives and other expert stakeholders. It was agreed that the series should continue, both within regions where dialogues have been ongoing (Europe, Latin America and Asia), and in other key regions. A multi-regional "meta-dialogue" was also proposed as a potential future event to continue broadening impact on global drug policy.

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June 2009