

Report

Informal Drug Policy Dialogue

Athens, 24th and 25th of January 2014

The eleventh Informal Drug Policy Dialogue, co-organized by the Transnational Institute (TNI) and Diogenis Association, took place in Athens, Greece. About 35 policy makers, professionals in the field of drugs, academics and representatives from non-governmental organizations participated in the dialogue. Participants from Czech Republic, United Kingdom, the Netherlands, Germany, Italy, Greece, Slovenia, Bulgaria, Hungary and the countries of Northern, Central and Southern America, United States of America, Mexico, Bolivia, Ecuador and Argentina attended the meeting. The Dialogue also included representatives from the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), the Pompidou Group of the Council of Europe, the United Nations Office on Drugs and Crime, the Drugs Policy Unit European Commission and the Office of United Nations AIDS.

This Informal Drug Policy Dialogue was funded by the European Commission and the Open Society Foundations. The programme included five sessions. The first session looked at an overview of the national Greek drug policy and the drug situation in Greece, developments of drug policy in Greece; the second session was dedicated to the current state of affairs in Vienna: preparations for the CND high-level review and negotiations of the Joint Ministerial Statement; the third session discussed global cannabis policy developments; the control of New Psychoactive Substances (NPS) was subject of discussion in the fourth session; and finally, in the fifth session, the road towards the upcoming UN General Assembly Special Session on Drugs (UNGASS on drugs) in 2016 has been discussed.

As usual, the Informal Dialogue was conducted under the “Chatham House Rule”, which allows the participants to express their thoughts and exchange their personal ideas freely, without necessarily being identified with the official opinion of the institution that they represent. For every session some participants had been asked to provide some input to start the discussion. Similarly to other informal dialogues, a field visit has been organized. Participants were invited to visit the harm reduction facilities of OKANA and KETHEA in the centre of Athens.

Session I: Overview of Greek national drug policy and the drugs situation in Greece

During the first session we looked at the national drug policy in Greece, the recent developments in drug legislation and the impact of the economic crisis in the country.

The problem of drugs and the phenomenon of addiction has increased as a result of the economic crisis in Greece. The difficulties and problems linked to the use of drug substances are more and complex compared to the past. Treatment and rehabilitation programmes are under heavy pressure despite the support of the Greek families, which have been always a factor of decisive importance for the psychological and social support of drug depended users. Meetings like the Informal Dialogue- are welcomed because they often offer new possibilities and perspectives.

In March 2013, the relevant national legislation was modified significantly, with the consent of almost all parties of the Greek Parliament. Concerning the planning and the implementation of the national policy important institutional innovations have been introduced with the provisions of articles 48, 49 and 50 of the law 4139/2013. The following changes were made: a) an Interministerial Committee for the National Action Plan against Drugs has been made responsible for the approval of the National Action Plan, the interministerial co-ordination and the follow-up of the implementation of the plan b) the National Drug Coordinator, who –among other duties- attends the above-mentioned Interministerial Committee, has been appointed to represent the country in relevant international bodies. The coordinator is responsible for the implementation and the evaluation of the National Action Plan, and c) a National Committee of Planning and Co-ordination has been established under the Ministry of Health and will be responsible for the development of the National Action Plan on Drugs, planning, international cooperation, co-ordination and promotion of necessary measures, programs and actions, as well as for the follow-up of their implementation.

The Greek Presidency of the European Union is committed to contribute to the adoption of an evidence-based European drug policy. It has given priority, among others, to the issue of the regulation for the New Psychoactive Substances, to tackling the problem of abuse of prescribed medicines, the promotion of a resolution on education and training on drug use disorders and the preparation for the high level meeting of the UN Commission of Narcotic Drugs. The agenda of the Presidency also includes the cooperation with the NGOs. Additionally, a Meeting of the National Drug Coordinators will take place under the auspices of the Presidency on the 16th and 17th of June 2014. It was pointed out that at the coordinators' meeting the Greek Presidency will also discuss the impact of the economic crisis on drug policy.

Attention was drawn to the briefing paper "[The HIV epidemic among injecting drug users in Greece during the economic crisis](#)" published by the Diogenis Association. The paper offers recommendations for a consistent and effective policy on the issue of HIV and to avoid the mistakes of the past years.

Drug situation in Greece

The drug situation in Greece was presented by a representative of OKANA. It was pointed out that the most recent data on drug use prevalence among the general population dates back to 2004, when a research was conducted by the University Mental Health Research Institute (UMHRI). According to this research, that involved about 670.000 individuals between the ages of 12 to 64 years, 9% had used cannabis at least once in their life; 4% had tried an illegal substance once or twice, while 5% repeated use at least three times. According to more recent data, it is estimated that the number of problematic heroin users in Greece in the age between 15-64 years was just over 20.000 in 2011. This is a slight decline compared to the previous year. The estimated number of problematic users - meaning injecting drug users- was nearly 8.000 in 2011.

The Organisation Against Drugs (OKANA) was established by law 2161/1993, as a self-governed private entity under supervision of the Ministry of Health and Social Solidarity. Since March 2013, when the new law on drugs came into force (law 4139/2013) and the institution of the National Coordinator (as mentioned above) was established, OKANA: a) contributes to the planning, the promotion, the implementation of national policy and programs regarding prevention of use and prevalence of drugs and also treatment, professional training and social rehabilitation of drug dependent people; b) contributes to the study of the entire drug problem at a national level; c) is responsible for informing and sensitizing the public opinion; d) proposes and promotes necessary legislative, social and other measures for the prevention and repression of the drug problem; e) collaborates with relevant coordination or research institutions of the European Union and other International organisations and services. In the field of prevention, OKANA collaborates with the institutions of the municipalities and has developed an extensive network of prevention centers all over the country, while at the same time it develops various programs in the sector of treatment and social rehabilitation, trying to cover the various needs of drug users. There are 73 prevention centers operating in 50 provinces in cooperation with the local governments, 56 units for substitution treatment and 5 "dry" therapeutic programs. A social reintegration unit operates also in Athens, as well as a specialized center of social and labor integration, with headquarters in Athens and a branch in Thessaloniki. As far as harm reduction is concerned, there is a unit of immediate assistance and support (MABY), a day care center for addicted individuals and a telephone SOS line (1031).

Since 1996, when for the first time a therapeutic program of OKANA started, the number of programs increased considerably. In 2011, the programs doubled, which led to the increase of the participants to these programs and to the corresponding reduction of the number of people that were in the waiting list. It is hoped that the waiting list, which has taken large dimensions in Greece, will be soon eliminated. However, due to the economic crisis, the problems that surround the phenomenon of drug addiction, are multiple and complex. As the unemployment reaches 27% of the active population, access to health services is getting more difficult and the funds invested in the health sector are reduced constantly. New worrying phenomena make their appearance in the country, such as the increase of HIV positive people and AIDS' patients - mainly among injecting drug users – as recorded in 2011, especially

in Athens, have been shocking the Greek society. To deal with this phenomenon, OKANA in cooperation with other institutions reacted immediately with a series of interventions, resulting in a reduction of HIV cases in 2013.

KETHEA

Therapy Centre for Dependent Individuals (KETHEA) is the largest rehabilitation and social reintegration network in Greece. It has been providing services to drug addicts and their families since Ithaki, the first Greek therapeutic community, was set up in 1983. Its services are offered free of charge on the street and in prisons and rehabilitation units around Greece. KETHEA also helps people suffering from other forms of addiction including alcohol, gambling and the Internet. All services are provided free of charge and without waiting lists: in the street, in prisons, through units all over Greece. According to the institutional framework of operation of KETHEA (law 4139/2013), KETHEA is a self-governed private entity under supervision of the Ministry of Health and Social Solidarity. KETHEA programmes are drug-free and offer a comprehensive range of services which seek to help the individual recover and build a new life for themselves in which they participate in society productively and on equal terms. KETHEA provides counseling and drug treatment, family support, health care, education and training, legal support and assistance reintegrating into society and re-entering the world of work. KETHEA's aims are full and sustained abstinence from substances for the individual and their equitable reintegration into society.

The therapeutic programs of KETHEA have a psychosocial orientation, without use of medicines or substitutes, since the objective of the treatment is to identify and address the total psychosocial factors that contribute to the creation and maintenance of dependence. With programs of direct access and approach of users in the street, KETHEA is addressing drug users that are cut off from the services or have not applied for any therapeutic program. These programs offer places where drug users can avoid drug use during the day, receive psychological support, primary health care for physical and mental problems, care for their direct needs (feeding, clothing, personal hygiene) and information-training, in order to limit the negative consequences of drug use. Also, the direct access programs carry out regular campaigns (street work), during different hours of the day in places where users hang around. Twenty one (21) units of mental rehabilitation of drug-addiction (Therapeutic Communities and other type) constitute the main and more intensive phase of treatment of the KETHEA programs. The Therapeutic Communities are divided into residential and community based treatment and addresses addiction to drugs to alcohol, gambling and Internet. Centers of Social Rehabilitation based in different parts of Greece welcome the people who complete the main phase of treatment in the programs of KETHEA, providing advisory and psychological support for the progressive and smooth reintegration in the community. The Family Support Centers are addressing the members of the family and people close to the drug users, offering information, advisory and therapeutic support. For drug users in prison the first contact with the services of KETHEA comes via the Advisory Programs of Detainees. After completing the Advisory Program, the detainees are referred to the main phase of treatment either in a Therapeutic Community out of prison (after

obtaining a legal certificate provided by the board of the magistrates, in case they fulfill the necessary requirements) or in a Therapeutic Community of a prison. In the Reception and Rehabilitation centers of ex-prisoners, services are provided to those who have completed their rehabilitation programme while they were in prison. Services are also provided to ex-prisoners that are still active users or those that have only completed a part of their treatment while they were in prison. The multifunctional centers of psycho diagnosis of KETHEA are addressing adolescents and adults who face problems with drugs or alcohol and are suffering of mental illness at the same time (“co-morbidity”).

Often, KETHEA does evaluation activities, assessment of needs of their beneficiaries, cost analysis of the provided services and makes an effort to support the staff of the organisation. In general KETHEA tries to provide a response to the health problems as well as the social problems created by the economic crisis, by expanding its benefits, for example, through the creation of a network to support homeless drug users. In its action plan for 2014-2016, KETHEA aims at reorganising and expanding their services in new regions, offering treatment, supporting users in finding employment, and promoting cooperation with other organizations and civil society.

PRAKSIS (Programs of Growth, Social Support and Medical Collaboration) is a Greek NGO its primary goal is the creation, application and implementation of humanitarian and medical action programs. PRAKSIS is aiming to reduce HIV infection among people who inject drugs. In collaboration with other NGOs within the OKANA network, PRAKSIS is distributing prevention and harm reduction materials. It is organizing street work, conducting optional tests for HIV using mobile units, providing antiretroviral therapy to users that visit the daily reception center for homeless in cooperation with the Infection Unit of a major hospital in Athens, testing, informing and empowering interventions inside prison, informing the general population in cooperation with KETHEA and generally advocating for the rights of the vulnerable social group of drug users.

On the cause of the outbreak of HIV infections from 2011 onwards opinions differ between on one hand the annual epidemiological data of the Hellenic Center for Disease Control and Prevention (KEELPNO) and on the other the data of the Ministry of Health. The group in which HIV was prevalent according to the epidemiological data of KEELPNO were active injecting drug users. The Ministry of Health however stated that there was a relationship between immigration and public health.

According to the statistic data of the “Aristotle” project-which is carried out from 2012 at least up to the date of the Informal Dialogue by the University of Athens and the Organisation Against Drugs (OKANA), with the cooperation of the Non Governmental Organisations “PRAKSIS” and “Positive Voice”- approximately 30% of the new HIV positive diagnoses among the injecting drug users were homeless, over 80% had a co-infection with hepatitis C, while the interconnection with the Infection Units and the adherence to antiretroviral therapy was problematic.

In an effort to analyze the causes that led to this outbreak, the following issues were mentioned: the lack of needle distribution and syringe exchange programs (NSPs) on a large scale for many years; the long waiting lists leaving active users out of the substitute therapy for years although they decide to enter therapy programs; the lack of information regarding the ways of transmission of viruses; the general complacency of political stakeholders and also the economic crisis.

Furthermore the tactics followed, at that time, by the Ministries of Health and Citizen Protection in order to manage the HIV crisis, were strongly denounced. The mandatory HIV testing and the prosecution of tens of HIV positive women who were injecting drug users and accused of intentionally causing severe physical injury, led to 'demonizing' socially marginalized groups such as injecting drug users, sex workers and undocumented immigrants living in the center of Athens. And while the political leadership of the Ministry of Health spoke about foreign prostitutes who are a health bomb in the center of Athens, new diagnoses - based on epidemiological data KEELPNO - found that 83% of the cases concerned were Greek people.

According to PRAKSIS, the National Drug Coordinator of Greece has to take into consideration the suggestions of European experts with regards to the elimination of the waiting list in Athens to avoid that drug users have to wait for long periods to be included in Opioid Substitution Treatment programmes. It is also needed to scale up NSPs, to ensure anonymity in HIV testing, to provide permanent education for the street workers and to cover the needs of housing creating a so-called "one stop shop" (multiple service points), as well as other relevant actions. That is how the country can regain its lost credibility with regards to the implementation of its national drug policy, even at this difficult time of crisis. The challenge for the political leadership here is to bring the situation under proper management, to coordinate, to provide quick and comprehensive response; the solution of outstanding problems cannot wait. Meanwhile, a proper allocation of resources is necessary, not only to achieve results but also to avoid overlap, but most importantly to improve the lives of the people who inject drugs.

Session II: The current state of affairs in Vienna: preparations for the CND high-level review and negotiations of the Joint Ministerial Statement

At the 57th Session of the UN Commission on Narcotic Drugs (CND) a High Level Ministerial meeting will take place on the 13th and 14th of March 2014, to review progress made in implementing the Political Declaration and Action Plan of 2009 and the future challenges for the Drug World Problem. Since September 2013 negotiations for a Joint Ministerial Statement have been underway in a series of inter-sessionals. While already a number of contentious issues has emerged during the process, making consensus among the participants very difficult. The different opinions are intensified mainly in relation to the objectives to be achieved in 2019, and specifically the objectives concerning the elimination or the significant reduction of illegal supply and drug demand, harm reduction, death penalty, human rights and the cohesion of the United Nations System, and the clear delineation of competences of the International Narcotics Control Board (INCB) and the World Health Organization (WHO). The results of the evaluation will provide the framework for the UN General Assembly Special Session on Drugs (UNGASS) which will take place in 2016.

The participants discussed the necessity of a consensus among the member states taking part in the High Level Ministerial Meeting of the 57th CND and raised the important question whether in the end consensus constitutes a *conditio sine qua non* for the desired progress of the UN drug control system. In the summer of 2013 a dialogue has already been launched in view of the upcoming review and UNGASS to address several contentious issues, such as harm reduction, violence in prisons, the interpretation of the conventions etc. Participants remarked that the position of states towards the international drug policy framework can be divided into three groups. One group consists of states that do not feel any need to talk about changing the conventions, but about their interpretation and or if some changes are required they must be minimal. The second group consists of countries that are seeking changes in specific directions and are positive towards innovations. The third group, finally, considers that we should stick to existing the international agreements and intensify our efforts for their implementation.

Although States have shown to be quite critical on several important issues, in the end the discussion returns to the same concerns. The representatives of the Member States wish to see their national position reflected in the declaration. The texts are studied and approached paragraph by paragraph. In this climate, it is very difficult to agree on real innovations. The proposal of Mexico, for example, was to make the session more substantive taking into account the views of Member States, other UN agencies and other actors of civil society. There is a need to consider the possibility to make the session more creative, answering to real dilemmas States are facing, exploring what we want to achieve by pushing in the right direction. Unfortunately consensus is very difficult to achieve, especially since consensus within the UN means compromise to reach a unanimous agreement.

When negotiating for the Joint Ministerial Statement political resistance arises from various sides. Some States, like China, Russia and Iran, draw red lines on certain issues such as human rights and harm reduction. Limits are also set by other countries, including Canada, the U.S., Sweden and Norway, while the countries of Latin America are entering at a slower pace in the political debate. In fact only a small number of points was agreed at the time of this Dialogue meeting and it is doubtful whether eventually a common consensus language will be found. In this context, the question arises whether it is necessary to seek consensus any longer.

In relation to the European Union, it is uncertain whether it has the ability to play a decisive role in shaping the Ministerial Declaration, even though the EU position in Vienna is strong. So far EU Member States have been moving in the same direction and will insist on the fundamental principles of the Union, which has set its own red lines. It has its own fixed positions and wants to show determination. In relation to the Council of Europe it was stated that the Council represents a wider area of countries outside the European Union including also members from Eastern Europe and the Mediterranean. Debate on the UN conventions is taking place in the Council of Europe. Participants suggested that the issue of the interpretation of the Conventions should be part of the agenda in Vienna.

Regarding the main question of this session of the informal dialogue, it was stressed that the consensus about the critical questions in the world drug policy should remain

an open subject until 2016, when the UNGASS on drugs will take place. Some special subjects, such as for example, cannabis policy, need to be discussed extensively as a result of recent developments, such as the characteristic case of Uruguay. The optimistic element is that certain countries that are part of the system of international conventions, point out certain critical questions at a global level, creating an enlargement of interpretation of conventions.

Some participants remarked that the annual session of the CND needs to create a space to find real solutions around critical issues. Some felt the CND has a long history of superficial and inapt negotiations. Since the world is changing rapidly it would be useful to make these on-going changes part of the negotiations.

Session III: Global cannabis policy developments

Recently very significant developments in cannabis policy have been taking place in the Americas, particularly in Uruguay and the states of Washington and Colorado of the US. In December 2013, Uruguay became the first country that legally regulated cultivation, distribution and consumption of cannabis. Referenda in the states of Washington and Colorado initiated the process towards regulation of cannabis. As a result Colorado has regulated cannabis since January 2014 without federal interference. The state of Washington is still in the stage of preparations for the implementation of the legislation which is foreseen in the short term. These developments are real milestones in the history of cannabis policy; they have triggered a heated debate for more cannabis reform worldwide. So far, however, the policy debate on cannabis has been kept off the table in Vienna. The International Narcotics Control Board (INCB) has condemned the reforms, calling the initiatives of a violation of the international drug conventions.

In Europe trends on cannabis policy could be described as rather confusing. In the Netherlands, there is no comprehensive regulation, officially the substance remains illegal (only drug consumption is not a criminal offence), but licensed coffeeshops are allowed to sell small quantities under strict conditions¹. Commercial cultivation, production and wholesale of recreational cannabis are not just outlawed but actively prosecuted, leaving coffeeshops without a legitimate and transparent supply chain. At the local level, 54 municipalities have proposed to regulate the supply of cannabis to the coffeeshops in order to fight the organized crime which is currently controlling the production and availability of cannabis. But for the time being the Dutch Minister of Justice is opposing all steps towards further regulation and is mainly aiming for

¹ Under the Dutch Opium Act the sale and possession of cannabis remains a statutory offence. However, the government employs the 'expediency principle', a discretionary option that allows the Public Prosecution to refrain from prosecution if it is in the public interest to do so. The investigation and prosecution has been assigned the 'lowest judicial priority'. Based on that principle coffeeshops are tolerated when they follow a guideline – known as the AHOJG criteria – issued by the Ministry of Justice through the Public Prosecution Office: refraining from advertising (A), not selling hard drugs (H), not causing public disorder (O), no sales to minors (J), and sales limited to a small quantity per transaction (5 grams), as well as limits on inventory (500 grams) (G). The new measures added the private-club criterion (now abolished) and the resident-only criterion (I) to the AHOJG guideline.

stricter enforcement of the illicit supply associated with the current system. As a result policymakers outside the Netherlands think that the government is reconsidering the coffeeshop-model while in fact the majority of the Dutch population seems ready to make the next step.

In Europe, in general, two models dominate the cannabis policy reform. One is the Dutch coffeeshop model, which has recently been proposed to be implemented outside the Netherlands, specifically in Berlin, Germany and in Copenhagen, Denmark, where regulation is supported locally. However, critique developed around this model as it only allows consumption and tolerates sale and possession for personal use - without the corresponding controlled production. The model is depending on an illegal supply chain, which in turn leads to criminality. The second model is the model of the Cannabis Social Clubs (CSC)² which originated in Spain in 2002. The CSCs are non - commercial users' associations aiming to grow cannabis for the personal use of its members, thus avoiding the illegal cultivation and trade. The development of this model was based on the fact that the consumption of illegal drugs is not considered a crime under Spanish law and the cultivation for personal use (5 plants max.) has been decriminalized. Benefiting from this "gray" area in the legislation, private clubs are producing cannabis without profit exclusively for a closed group of adult members. The CSC already started informally in the 90s and can be found throughout Spain. A large number of them operate in Catalonia, where one of the biggest Clubs currently has approximately 10,000 registered members. While this model functions in an unclear legal framework, it is introducing a trend which has continually been expanding. In Belgium three similar clubs are currently operating. Slovenia has approved a new drug strategy and a new law including cannabis clubs will be discussed later this year. In France, CSCs started to emerge but have been banned by the judicial authorities. But discussions on the decriminalisation of cannabis are continuing within political parties and on the local level. It be concluded that while there are several initiatives within the EU in favour of cannabis legalisation, the respective national governments are not yet supporting these developments. The Lisbon Treaty has provided in popular citizens initiatives, to this extent 1 million signatures need have to be collected. An [initiative on legalizing cannabis](#) has been launched and may lead to a discussion on EU level.

On the other side of the Atlantic, in the Americas, the situation keeps developing in a interesting direction. Two main tendencies prevail; what happened in the United States and what happened in the rest of the region. The developments in Washington and Colorado have had great impact on public opinion in the wider region. In Mexico, for example, the media were greatly impressed by the profit generated by legalization of cannabis in Colorado. The state of Washington will apply a different regulation model which will include more public control on the production and distribution. The results of the "Washington model" will be compared with those resulting from the "Colorado model". Meanwhile, some other states of the US have prepared draft legislation at the state level, which will be put to a vote in the near future.

² For more information: <http://www.undrugcontrol.info/en/publications/legislative-reform-series-/item/1095-cannabis-social-clubs-in-spain>

Uruguay is the only State which has ratified the UN international drug conventions and moved to regulate cultivation and distribution of cannabis at a national level. In Brazil an unsuccessful attempt was made to raise the issue of legalization of cannabis. In Chile, where the therapeutic properties of cannabis are recognized, there is a growing number of organisations which deal systematically with the reform of the relevant legislation. Similarly some countries of the Caribbean as well as Costa Rica are starting to discuss the issue.

In Mexico, without decriminalizing micro-trade, a de-facto policy was developed for the relaxation of controls of those who possess cannabis. Guidelines were given to the police to focus on possession of more than five kilograms, although there is no corresponding legislation. At the same time, an attempt was made to decentralize the control for drugs at national level. Still it remains to be seen what impact the new cannabis laws in Uruguay have on the neighbouring countries.

In Washington State the legalization of cannabis is going to be implemented in two steps: the first step is the decriminalization of use, and the second one the regulation of the market. First all sanctions for possession for personal use were removed to be able to regulate responsible use of cannabis by adults, to allow cultivation for personal use, the occasional non-profit supply of small quantities and controlled cultivation so users can purchase cannabis from a legal source. Decriminalization disengages cannabis users from the criminal justice system, while maintaining criminal sanctions against those who sell large quantities of cannabis. The Washington model resulted from the realization that the prohibition of cannabis has failed. The proposal was promoted with the view that alternative policies have more positive results. In November 2012 Washington's Initiative 502 entered into a referendum and was approved by 56% of the votes. The state will formally start with the implementation in the near future.

Following the initiatives of Washington and Colorado, public opinion regarding cannabis policy has changed significantly, creating opportunities to advance broader reforms. Cannabis no longer causes fear to the public, while the possibility to save money by a regulation of the cannabis market, offers opportunities to benefit further of regulation.

One of the arguments used in the campaigns in Washington and Colorado was the fact that teenagers use of cannabis is increasing in spite of prohibition, and regulation offers the possibility for supervision of the sale and advice on the use of cannabis. These were also the arguments used to convince the prosecutor and the police of the feasibility of these initiatives. The results of the new cannabis policies should be collected and shared. It is important to determine the outcomes of this new policy.

Session IV: New psychoactive substances

The rapid increase in the number of new psychoactive substances is one of the most important current challenges in drug policy. Every year, many new substances appear on the market, the demand is huge and sales generally take place over the internet. In Forums on the internet users exchange information about new available substances. In September 2013, the European Commission presented its [proposal](#)

to regulate new psychoactive substances (NPS), based on the findings of an external evaluation which showed that the existing system needs to be improved.

Already in 2005, the European Commission had created an "early warning system" through which Member States can register new substances that are considered to be a potential risk. The substances are evaluated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and consequently a decision is taken on whether or not to control the substance, either through legislation of the European Commission or through recommendations to the national Governments.

In view of the continuing emergence of new substances on the market, the existing monitoring system had one major disadvantage: the long period that elapsed between the registration and the evaluation of a substance. Once a substance is registered, a minimum period of 2 years is required in order to investigate and formally allow or prohibit a substance. Under the current system, there is neither a proportional nor a temporary ban. After further evaluation of the system the Commission identified the following deficiencies: a) it is not possible to cope with the large increase in numbers of new psychoactive substances, every substance has to be considered separately through a long process, b) the system is reactive rather than proactive. In reality the substances subject to control are quickly replaced by new substances with similar effects, but with small changes in their chemical composition, and c) the system does not provide options for control measures, since the only possible measure is a criminal sanction.

After numerous consultations with the member states and various experts, the European Commission proposed an innovative model consisting of a combination of legislative instruments that allow a flexible approach in order to substantially enhance the capacity of Member States to address NPS. In accordance with the principles embodied in the proposal, the reaction of the system should be faster, any restrictions should be proportionate to the risk represented by the new substance, and the restrictive measures taken should be modulated to avoid an obstruction of economic activity and the free movement of legal products and substances in the European Union. The new legislative initiative is based on two new tools. A mechanism to identify and ban new addictive substances, including directly applicable provisional measures. It also takes into account the principle of proportionality, as for the average risky substances administrative and not criminal sanctions can be taken. At the moment, the EC proposal is under discussion with the EU Member States and the European Parliament.

However, there are some concerns whether the reform of the European system of assessment of new psychoactive substances will be proven to be effective enough and will be able to effectively follow the rapid growth of new substances. Many new psychoactive substances are showing up replacing the already banned substances, and often the new ones prove to be more harmful. Clearly a more effective monitoring system has to be implemented as soon as a substance is appearing a demand is created. At the moment 300 substances are monitored. As not only the substances but also knowledge about them is constantly changing, it is necessary to apply a system that will be more functional than the previous one and will enable

preventive action. For example the Czech Republic banned 27 substances in 2012, but in 2013 there is no sign of any reduction in demand or harm.

Session V: The UN General Assembly Special Session on Drugs (UNGASS on drugs) 2016.

The General Assembly of the United Nations will convene a Special Session on the world drug policy in 2016, the last UNGASS on drugs took place in 1998 in New York. The impetus to convene a Special Session of the General Assembly earlier than the designated target of 2019 was a result of growing calls for reform coming from Latin America. In recent years several countries in the region have expressed doubts about the effectiveness of the current drug control model.

The Organization of American States (OAS) has been engaged in a process of reflection and policy debate on various scenarios for future directions of drug policy in the southern hemisphere of the American continent. In view of these developments, the participants of the dialogue discussed the role of the European countries and the European Union in the process towards the UN General Assembly's special session: what are outcomes of the UNGASS; whether and how global consensus could be achieved; how the widest possible participation of the Member States could be ensured; which discussion points will prevail at the negotiations and other related questions. The High Commissioner of Human Rights Ms Pillay has announced she will prepare a document to feed into the UNGASS.

With the UNGASS a critical challenge arises: on what framework can Member States agree, can we be more optimistic and find a common ground for clear reforms? At the very least it will be important to create room for the start of a meaningful political dialogue. To this end, four steps are necessary: 1) open the discussion and agree that a debate about the reform of the international drug conventions is possible; 2) create competent scientific committees and form specific round tables to prepare the process towards 2016; 3) decide on recommendations towards on a political dialogue on the drug conventions; 4) find mechanisms for an evaluation of the international conventions with specific indicators and data.

It is also important to note that among the five priorities set by the Russian presidency of the G8 for 2014, the first priority is the cooperation within the G8 in the fight against drugs.

With respect to the desired consensus, some participants argued that it should be acknowledged that drug policy should rely more on the initiative of the Member States and should be embedded in their own national circumstances and needs. Especially countries in Latin America have pleaded their sovereign right to formulate their own national policy, without too much pressure from supranational organizations. It is characteristic that it has been decided to change the language that is used for drug policy. Policy on drugs should be formulated in terms of a "social phenomenon" and not in terms of a "problem". This is an attempt to take into account

the different cultures, religions, customs and general social conditions that affect the overall situation. It is irrational to consider the drug phenomenon solely as an economic issue. By that the human factor would be ignored and underestimated whereas it is just very important and dominant.

Some participants stated that the international consensus is only a myth. Absolute consensus cannot be reached and in most cases parties are left unhappy with the outcomes of international meetings. The question whether one Member State dares to stick its neck out to violate the fiction of political consensus, becomes under these circumstances merely an academic question. The essential issue is how we can achieve a positive outcome of progress. In general, the mood is optimistic about how things develop, though at the same time the majority of countries still lack adequate health services for drug dependent people, while continuing to criminalize use and to punish users. The UN has established a task force to determine what the UN hopes to achieve with the UNGASS. Member states and NGOs should also define what they want to achieve, what they would consider a successful outcome. Sometimes we fail to recognize the successes, because they are very small and come gradually. Today, the issue of health care for users is high on the agenda of the global debate, perhaps more than any other time. It would be useful if each of the UN agencies would prepare its own report so that the United Nations can be able to shed light on the international drug control from different angles. For example for UNAIDS to prepare a report in the impact of drug control on the Aids epidemic. Unfortunately other UN agencies show apathy towards the UNGASS. It would be good if more fundamental principles are introduced on this level, then there is a chance they become accepted as "mainstream". The Council of Europe, for example, is planning to focus its message at the UNGASS on the protection of human rights.

During the discussions at the dialogue it became apparent that specific questions raised at this dialogue in relation to the UNGASS are extremely difficult to answer. On paper achieving consensus seems to be a feasible prospect, but in practice, the consensus has been broken for two decades already. International drug policy is important, but it has been used as a tool to exercise influence. Considering the conventions as a religious affair, leads to many problematic issues.

The shaping of the UNGASS agenda can be influenced in the margins, but it is a challenging process. Some participants reminded us that all transitions are difficult and that - figuratively speaking - the "big ships" move quite slowly. Good management of the process is adamant. Often we do not move ahead towards the best choice, but we seek to achieve a convenient option that merges different views on a topic.

Related to the above, the Czech Republic is considering the possibility to submit to the 57th Session of the UN Commission on Narcotic Drugs (CND) a resolution on *Reinforcement and modern interpretation of the evidence based commitment to the Single Convention on Narcotic Drugs of 1961*. The purpose of this resolution is to open the process of a search for a consensus discussion that would lead to a modern interpretation of the Single Convention, in order to strengthen its role in shaping international drug policy. Taking into account the cultural and national

differences between countries, a debate of this kind should lead to a renewed approach and - most importantly - an approach that is based on empirical evidence (evidence-based) of the problem of drug trafficking, and reduction of harms to public health and safety. This resolution can in principle serve as a tool for the creation of a reasonable number of scientific committees and roundtables that will seek to draw conclusions and recommendations to be used in the context of the UNGASS 2016. It will also help participants at the UNGASS to agree on an amendment of the Single Convention. Such a comprehensive reassessment of the Convention would help countries and the international community to develop strategies, policies and programs designed to achieve better and measurable results in tackling the illegal drug trade than we have so far achieved. The spirit of this resolution requires enhancing the coordination to address drug policy challenges evolving in the 21st century.

In order to advance the procedures some things should be promoted such as evidence based policy. It would also be useful if preparations are made in cooperation with those familiar with the procedures of the CND. Maybe the Joint Ministerial Statement to be adopted at the High Level segment of the CND57 can at least acknowledge a debate on topics on which there is no consensus? Would it be possible to have working groups on specific issues such as harm reduction and human rights to participate in the process towards UNGASS?

The self-censorship in Vienna makes the system irrelevant. At the moment there is no will to recognise there is a new reality in the global drug situation. As it has been pointed out repeatedly, the consensus is meaningless if it remains just a wish on a paper, but makes sense when different delegates try to seek common ground. And it is a fact is that there are some countries that are putting more efforts in this direction than others. The EU is not yet thinking of 2016, they are working on austerity. On the other hand, objective information and data can work effectively in the debate and be of important influence. It is characteristic that the European Union seems to be more receptive when it comes to issues associated with empirical data. The input of NGOs can be helpful; it would be useful if governments can decide on a way for NGOs to contribute to the process towards 2016.

The reality is that major changes on the drug market are taking place globally, the distance between production and consumption is becoming shorter. For some important issues such as harm reduction there is room for manoeuvre that can be used. But what is most needed is not just a change of interpretation of the conventions but actual reform. A re-interpretation has its limits: you can't reason your way out of the damaging aspects of the treaties. Perhaps some states can work towards a *modification inter-se*³ in which a group of like-minded states can modify treaties between them. Participants noted that drug control through international conventions will remain necessary; it is not a question of full liberalization of drugs or a disengagement from international standards.

³ See The Rise and Decline of Cannabis Prohibition- Chapter 4: Treaty Reform Options.
http://www.tni.org/sites/www.tni.org/files/download/rise_and_decline_ch4.pdf

At the moment there is a denial of the real problems related to the international drug conventions; states fear to start a fundamental discussion, worrying that they may end up in a situation that is worse than the one currently existing. We must keep in mind what we have achieved so far and acknowledge that changes occur very slowly.

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