Has the US' War on Drugs Been Lost and What Lessons Should Europe Heed?

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With a greater number of casualties than the Afghanistan and Iraq campaigns combined, and very meager results, the US is starting to reconsider the "War on Drugs", waged since the '70s. The paradox of the "repressive-only" approach - the tougher the government acts, the more profitable the drug trade becomes - is being increasingly exposed by the media, opinion leaders, and politicians. Does Europe have an approach, and is it any more effective than the American one? Should European policies on the matter be more coordinated in tackling the societal challenges which are the causes and consequences of drug use? What is the record of countries that have adopted a decriminalisation approach? Is the "War on Drugs" part of the US' global responsibility, and is it also likely to change as a result of power shift and American global disengagement?

A Citizen’s Controversy with

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Martin Jelsma begins by stating that the world is beginning to question the United States’ approach to the War on Drugs. He then defines the War on Drugs against more typical drug control—it’s the controversial, repressive factors, the militarization, aerial spraying, mixed military operations, mass incarceration, death penalty for drug offenses. One of the biggest consequences of these elements has been the explosion of the incarceration rate—especially dramatic since 1990, when the UN Trafficking Convention of 1988 came into effect. Since then, most countries of the world have had their prison population doubled or tripled, mainly because of repressive drug control. This escalation of the War on Drugs is relatively recent; the drug control system is a century old, but the first half century didn’t have the controversial aspects—it was initially directed at international control of substances produced by the pharmaceutical industry that were abused for non-medical purposes. Escalation to what it is began in the 1970s and 1980s with mass incarceration and start of military operations.

Martin Jelsma then moves on to the impacts of the War and whether or not it has really worked. It was intended to reduce the scale of the drug market, which is difficult to say positive things about—consumption and production rates have remained stable or risen a bit. He says that the availability of drugs has not been impacted. They have actually spread all over the world due to the increased pressure on many trafficking routes, causing the creation of new routes and markets, as contradictory as it seems. However, there are still more negative impacts of the War on Drugs—the overburden of criminal justice system and reduced access to essential medicines, like morphine and codeine, in developing countries. Escalation has not been the only development in international drug control—since the end of the 1980s there has been a movement to deescalate these negative consequences.

The UN summit in 1998, Martin Jelsma contends, had both an escalating and deescalating effect on the War. On the one hand, it called for a 10-year plan to wipe drugs off the planet, to make the world “drug free”; but it also introduced the softer approach of offering alternative development to farmers producing drugs so they would not lose their livelihood. Jelsma believes this was the first acknowledgement of the adverse impact of the drug control policies, and that these issues needed to be taken into account. This is where Europe comes into play, and where the divergence on drug policy began.

According to Martin Jelsma, by 2011 almost all EU countries had adopted main elements of harm reduction in an attempt to deescalate the problems with the repressive approach. At the same time, many countries entered into the trend of decriminalization of possession for personal use, not only in Europe but also in Latin America. In 2000, only three Latin American countries had formally decriminalized all drugs; by 2010 almost the whole continent had done so. Jelsma points out that, although the practical implementation is not working well in every country, it is still extremely telling.

In attempts to deescalate the war on drugs, Martin Jelsma believes that the boundaries of what is allowed under the UN Conventions have been tested to the limit. This has made it unclear if the old, controversial system can still be justified. In certain states in the US, medicinal marijuana has turned into such a generous scheme that almost anyone can get legal access for quasi-medical use. More recently in Belgium and Spain, social clubs have been testing the boundaries of the legality of
decriminalization for personal use but being utilized in a collective manner.

Martin Jelsma takes this as a sign that many of the limits have been explored, and now reached, in finding a less repressive approach. However, Jelsma contends that there are two areas where the boundaries have been really broken. One example is Bolivia, who claimed its Indigenous Right to continue operating illegal markets for coca leaves in its natural form, a practice which is a millennia old, and the UN treaty would have required Bolivia to eliminate it.

The second area, argues Martin Jelsma, is cannabis; public opinion nationwide in the US is in favor of legalization of cannabis and four states already started implementing it: Colorado and Washington in 2012 and Alaska and Oregon in 2014. In the 2016 elections, five or so more states are expected to fully legalize the production, sale, and consumption of cannabis. This is different from when Uruguay fully legalized in 2013 because the individual states in the US are not represented directly at the UN level—Uruguay is. That is how the US has been trying to get around their apparent hypocrisy and dealing with the UN, but this explanation does not sit well with many countries, due to their role in constructing and enforcing the global regime. The big question is how this will impact the US accepting more flexibility in some of the areas in which countries have explored other policies, like coca in Bolivia, where they have been the main opponent.

Martin Jelsma moves to Europe’s position the last few years, when a lot has begun to move at the international level. He states that the EU most often tries to act with one voice to find a common position, and where they can they try to have a strong impact on the global debate. A strong EU voice was possible, for example, around the sequencing of drug control—whether to first eradicate crops, then give aid, or first give aid, make sure farmers are no longer dependent on the drug crops before forcing the farmers to abandon the crops— because there was consensus on the latter across the EU. It was the same thing with harm reduction and removing the death penalty for nonviolent drug offenses—but the strong EU voice in international debates did not lead to a global consensus on any of these matters.

This leads Martin Jelsma to the areas where Europe has been absent in drug control debates. He believes the issues where there’s not a clear consensus in the EU are the ones they typically stay quiet on. Cannabis is a clear example—the differences in national policy are quite significant in the EU. The consequence is, however, that there is no participation in the debate about what’s happening in the US and Uruguay. The EU has always talked about an evidence-based approach, but in the case of the effectiveness of drug law enforcement, does it have any marked impact at all? Is maintaining cannabis prohibition a wise investment in light of austerity and the budget cuts that are going on? Another area where the EU has remained silent so far at the international level is the outdated and inconsistent elements of the international drug control treaty regime; in absence of a clear common position on the UN Conventions, the EU has agreed not to open the debate about them.

Martin Jelsma begins his conclusion by stating that there many challenges that Europe will face in the years to come. The first issue is the many inconsistencies in the scheduling system at the international level. He cites a scientific study that looked at the harms of different substances, including illicit one, where alcohol was found to be the most harmful substance. For quite a few psychoactive drugs—including alcohol—the scientific scale of harms does not correspond with their legal classification, further highlighting the fundamental problems in the UN treaties regarding drugs.
The second challenge, Martin Jelsma believes, is the global epidemic of untreated pain; in many developing countries, it is extremely difficult for hospitals to get access to the quantity of painkillers they need—including countries where these opiates are illegally produced—due to overly restrictive drug control measures.

The third issue is more about the foundations of the drug control system. As Martin Jelsma initially stated, the drug control system started before the Second World War, where the pharmaceutical companies produced all the available heroin, cocaine and other controlled substances. The system was designed to control the leakage of these drugs into the non-medical market, which merely led to the development of illicit production of those drugs, something the control system was not prepared for. The market is beginning to shift back to the pre-war situation—for a long time, the market was dominated by illicitly-produced heroin, cocaine, methamphetamine, etcetera, but now it starts to be partly taken over again by licitly produced drugs from the pharmaceutical industry with similar properties, such as OxyContin and Ritalin.

One challenge Martin Jelsma identifies that all countries need to address soon is the so-called legal highs—new psychoactive substances that are on the market that are not yet controlled, but have similar effects as other controlled substances. Jelsma argues that chemists are becoming more and more creative, and as such, are designing new drugs almost daily, making it very difficult for countries to have up-to-date control systems. Additionally, the advent of internet sales makes it difficult for law enforcement to stop distribution of drugs. It’s possible to purchase and receive drugs in remarkable quality on the dark web, and the success rate of the deliveries is astonishing—up to 95% are mailed and arrive at the buyer’s location without law enforcement knowing. It’s a huge challenge for countries, and if it continues, we need to start questioning if this is a market that can be controlled at all in the future.

Martin Jelsma’s final point is about the UN summit in 2016 and the EU’s role in it. It’s apparent the EU wants to do more and help shape the agenda. There is the possibility for that in areas where the EU has a common position, allowing them to play a strong role when it comes to drugs and human rights, harm reduction, and alternative development. Politically speaking, however, Europe is in a tricky place of whether or not to ally itself with the Brownfield doctrine—the United States policy of denial that allows countries to look the other way as cannabis legalization continues to happen and to stick their heads into the sand about the fact that this represents a fundamental breach of the UN Conventions—or come up with a more honest response to what is going to happen with this regulation in Europe. Currently, Spain looks to be the first country in the EU that might legally regulate cannabis—there’s a lot of controversy about what that would mean for the EU. At a local level there are many initiatives towards cannabis regulation in the EU—50 cities in the Netherlands, Copenhagen, Hamburg, Berlin, Frankfurt and Geneva are all seriously considering doing so, if national governments would allow them. The question becomes what’s going to happen at the UN summit—is it going to be an opportunity to start the debate about more fundamental questions or is it politically not possible to initiate debate about treaty reform?

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Dana Spinant starts by agreeing with Martin. Her only points of contention are where he thought the EU was silent or questions about Brownfield doctrine. However, she wants to focus on understanding where the EU and the War on Drugs have come from and where they are going. First, why introduce drug control? Her take is that drug abuse’s consequences on health—addiction
and associated side effects—as adverse effects on individual’s health and on society as a whole are bad enough to create the incentives for society to ban drugs.

Dana Spinant then moves back to her argument, stating that another key point is that the Conventions’ framework doesn’t only seek to restrict access for recreational use. One of the biggest problems is that much of the world doesn’t have access to needed medicines, despite the second pillar of the Conventions supposedly enabling access. It’s not so much about the letter of the Conventions, as it is their interpretations and implementations. What underpins this double pillar system is the Prohibition Policy—the system of criminal penalties for trafficking, recreation and use.

Continuing to where the War on Drugs overlaps with prohibition, Dana Spinant believes that the War on Drugs is the first public statement that prohibition doesn’t work. The first indication of this was 10 years after the creation of the first Convention, US President Nixon said that drugs were Public Enemy #1 within the United States. Why? Because drugs were so widely used, and because America faced huge individual, public health, and social problems linked to the use and supply of drugs. But this statement from Nixon unleashed a very massive, repressive campaign of the militarization of anti-drug supply actions, which was a massive clampdown not only on drug production, but also on trafficking and users, leading to mass incarcerations.

The result of this massive campaign, according to Dana Spinant, and the War on Drugs more broadly, is difficult to pin down. It’s hard to take figures from before the Conventions and compare them to today. One measurement from 1998 to 2008 showed that drug use worldwide has increased quite significantly; 27% for cocaine, 34.5% for opiates, and roughly 8.5% for cannabis. In 2008, there were 220 million people using drugs at least once a year with 250,000 people dying every year because of overdoses. As far as supply, the scale of the drug market grew in that same period, as has violence within drug producing countries and along the drug trafficking routes. Estimations of the size of the drug market are very hard to give, but many experts place the annual income for drug traffickers between €100-250 billion, with the higher estimate from the United Nations Office on Drugs and Crime.

More importantly, Dana Spinant argues, is what has been observed over all these decades of drug prohibition, and in particular during the War on Drugs—that if a repressive action against drugs and their suppliers can temporarily reduce the production of drugs in a certain place, doesn’t mean that there is an overall reduction of drugs produced in the world; drug production will simply move somewhere else. This is called the Balloon Effect—if there’s a market for these products, someone, somewhere, will cultivate them. There’s also the Substance Displacement effect, which is when clampdown on trafficking and seizures of specific drugs diminish the market temporarily, people switch to using other drugs with the same effects.

Dana Spinant believes that the War on Drugs and its massive budget have not succeeded in their two main goals: reducing drug use and drug supply. In the mean time, the fight regarding drugs has become more complex. It is more difficult to differentiate between drug producing and drug using countries; it was simpler in the beginning, when the plans were based on heroin and cocaine.
coming from specific regions and western markets were the user market. Now, many European countries are producing synthetic drugs—amphetamines, methamphetamines, ecstasy—and cannabis.

Moreover, Dana Spinant continues, there’s a more differentiated picture regarding drug use. In the West, rates of drug use have mostly stabilized, and Europe has declined in certain drugs; but in other parts of the world it has rapidly increased, particularly in the developing world, countries that produce drugs, and in the transit regions. Additionally, there are still major problems with the abuse of prescription drugs and with the new legal highs in the US, Europe, Australia, New Zealand, and Canada.

Of course, Dana Spinant notes, there’s also the actual drug trafficking. Trafficking routes are shifting, and new routes are opening every time anti-drug efforts are increased in certain areas; trafficking methods, means of transport, and concealment efforts are changing, making the problem of stemming the flow of drugs much more difficult. Because of these changes and difficulties, it has escaped no one’s notice that the War on Drugs and prohibition efforts have been failing.

These deficiencies, according to Dana Spinant, are why a global debate started in 1998 about where this is all leading, if this is the right approach, and if the War on Drugs needed a new statement or action plan. There are two sides of this debate: those who say the system works, and those who say the system has failed. Those who believe in the system use the statistic that 97% of the people in the world do not use drugs and 99.7% do not use drugs every day; those who think the system has failed point out that drug use and drug supply have increased and the system has severe unintended consequences. They point to the creation of a huge criminal black market, rampant violence (especially in the countries where the drugs are produced), the marginalization and criminalization of drug users, stigma against them, the lack of access to needed health services, and of course, poor access to medicines in the developing world.

Dana Spinant moves to Europe’s place in all of this. Compared to the other powers in the world, Spinant argues it’s not good, but it’s better than many other countries. First of all, the use of the most harmful drugs is declining throughout Europe—though it’s hard to create a scale of risk with one drug listed as more harmful than another—and there have been stable levels of use throughout the EU over the past year. However, there is one caveat: the decline in use of cocaine and heroin was offset by the increase in the use of synthetic drugs and legal highs. On the other hand, the number of drug deaths has declined quite significantly over the past 3 years. In 2008 there were 8,500 recorded overdoses in the EU, was down 28.2% to 6,100 in 2011. Additionally, the infection rates of blood born diseases has fallen among drug injecting communities, and the former public health crisis in many countries regarding that issue is now under control.

For arguments sake, Dana Spinant compares Europe to the situations in other parts of the world. The United States had 41,500 overdose deaths in 2012, with a smaller population than that of the EU, and half of those deaths related to pharmaceuticals. According to the US CDC, the abuse of pharmaceuticals kills more people in the US every year than heroin and cocaine combined. Russia registered, according to official statistics, 100,000 drug related deaths in 2013, which they claim was lower than the years proceeding. When comparing these statistics to the EU, while not great on its own, comparatively it is much better than many other regions in the world.

Dana Spinant returns to why the EU has some comparative success. One of the main reasons is that the EU adopted an approach early on that was
based on public health. This means that many countries treat addiction as an illness that requires treatment, not as a crime; there are very few countries in the EU where a person will go to prison simply due to possession for personal use. Additionally, the EU has a balanced system in drug policy, which means that public health interventions are equally important as law enforcement interventions. Effectively, it has stopped privileging the repressive aspects over the public health ones.

More importantly, Dana Spinant notes, is whether or not there are equal resources for public health and law enforcement aspects. The full statistics for the amount of money spent on drug demand reduction versus drug supply reduction are not available for Europe; this is problematic as it’s the area that needs the most monitoring in order to make sure that one is not privileged over the other. Drug demand reduction, which means prevention and harm reduction, is crucial for also reducing supply and the harms that they cause. The easiest way to reduce the production of drugs is to reduce the number of people buying them.

This brings Dana Spinant to where the international system goes from here. In 2016 there will be another United Nations General Assembly Special Session (UNGASS) on drugs which Spinant believes will provide an excellent opportunity to improve global drug policies. There are two well positioned camps in this debate—the reformers and the conservatives. The reformers come from countries in the front line of the drug problem, primarily Latin American countries, which have suffered from organized crime, rampant violence, and now have drug use problems. The conservatives are those like the United States, Russia, China, and many other Asian countries who simply want to maintain the status quo.

Where does the EU fall in all of this? According to Dana Spinant, the EU is in between because it has and will continue to support the UN Conventions in the shape that they are; but the EU will, at the same time, push for improving the implementation of the UN Conventions. It will continue pursuing the balanced approach, promoting the public health based approach, and is pushing a UN level recommendation for a public health and human rights based approach.

As for whether or not the EU is following the Brownfield Doctrine, Dana Spinant believes it has developed its own form of drugs policy. Recently there were very tense, but also very fruitful negotiations at the UN about the high level review of the current UN Action Plan on drugs. The EU went to the table with some very clear points on where the Action Plan needed improving and it succeeded on most points. This is likely to be its position for the 2016 UN Drug Policy Summit; it will affirm that the integrity of the UN Conventions as the basis of our drug policies, but also push for drug policies based on human rights, for the need to abolish the use of the death penalty for drug related crimes, and for recognition of the concept of harm reduction at the UN level, which is already facing quite a strong opposition. The conservatives, Russia, China, many Asian countries, but also from the US, are not happy with the use of this concept, though the US is seeking to replace it with a concept that would encompass some of the practices use in harm reduction. While the EU is not guaranteed success on these points, it’s going to very long discussion—particularly with the US—on them, and the EU will seek to transpose its drug strategy and what it sees as a system that works.

There are different experiments in the world that will inform and influence the debate in the lead up to UNGASS 2016, according to Dana Spinant. There’s Portugal decriminalizing personal use of all drugs more than 10 years ago, which seems to have been a success as it has largely controlled and reduced its drug problem, and there’s the tolerance policy the Netherlands currently
employs. Spinant also notes that in the EU, experiments in drug policy are normally at the local level. It is unclear whether a country in the EU will succeed in fully legalizing cannabis in the near future.

**Dana Spinant** believes the possibility is very interesting, but there haven’t been signs of it coming yet. Even if there are opinion polls showing that young people wish to legalize cannabis, it hasn’t succeeded. The mobilization in favor of legalizing cannabis at popular level in Europe isn’t at the same level as what there is in those US states that have legalized for recreational use. Spinant believes this is partly because young people in the EU don’t see it as a big problem. If young people want to get cannabis, they will and they won’t go to prison, while in the United States if they do that they have a big risk of going to prison. The reason we don’t see big mobilization at an organized level is because the risks involved in getting hold of cannabis are not as great in Europe as in the US.

In conclusion, **Dana Spinant** quotes three US Presidents who have marked the debate on drugs over the last 30 years. She starts with Nixon declaring the war on drugs, and unleashing this unprecedented repression campaign with so many unintended consequences. She then moves to Reagan, with his proclamation that the public health approach is more effective than repression, but not reflecting that in any drug policy changes. Her last quote is from Obama in early 2014, where he states that he doesn’t believe cannabis is more harmful than alcohol. This is a reflection of the current legal situation in the United States, as well as Latin America, Europe, and the rest of the world. The real question moving forward is whether or not cannabis and many other illicit drugs have been singled out with no evidence for criminalization, while other addictive substances are a part of society are recognized as being harmful.

**DISCUSSION**

An audience member said that he had concluded from the debate that the world has many more important international issues that need to take precedence over drug control. He then asked what Spinant and Jelsma meant when they referred to human rights—did they mean the death penalty or to the freedom to do what you want as an individual to use illicit drugs? Additionally, if drugs were free, would they still be considered dangerous?

**Dana Spinant** pushed back against the claim that drug control is not a major international issue. For people living in Europe, it’s not a big issue, but in Latin America it still is. They have a governance problem, a social problem, a health problem linked to drug use and to the infiltration of states and societies by drug toting cartels. So for them, and for Afghanistan, it’s a matter of national security. Whenever there is an EU-Latin America Summit, they want to discuss drugs with us. We accept that for us it’s not the biggest issue, but for them it’s a very big issue. As for what would happen if prohibition had not been in place, it is only possible to be speculative, but since prohibition creates black markets by definition, it is entirely possible that the current black market system would be much less extensive than it is now.

**Martin Jelsma** thinks there are more problems related to the repressive implementation of prohibition rather than to drugs themselves, which makes it a very relevant issue to discuss at the UN level. Not only are there are millions of people in prison around the world because of drug use, but it is also one of the main drivers for the HIV epidemic and then Hepatitis in the world, so in order to address all those problems, there needs to be an international debate. The UN policy requiring criminalization has explicit sentences for
small trading, causing people in some countries in the EU to go to jail for six to eight years for these small offenses—which has a huge, disruptive effect for the rest of your life.

Dana Spinant interjects, reminding the audience of the power of organized crime. Since their main source of income is drugs, drug money is being used to infiltrate legal economies and undermine government structures. Though it might not seem to be as much of a problem for Europe, it is for much of the rest of the world.

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A participant questioned how much the war on drugs had an impact on the American grip on the internal politics of other countries. Especially in South America from the 70s on, assisting the local efforts in War on Drugs would mean giving resources to specific elements and somehow linking the elites of the countries to the government of the US—how much did this impact American choices and how much did this enter into their calculus now when they try to defend this approach at the UN level?

America is one of the regions where the imposition of this model has been done very forcefully, according to Martin Jelsma. The US State Department automatically imposes sanctions, which cut development aid and eliminate preferential trade agreements. In that sense, most Latin American countries had little room for maneuvering originally. Now it has become incorporated by the local elites, and they are fully complicit in the implementation of the system domestically—and also to extreme levels. For example, the incarceration rate of the population in Brazil is dramatic—they were not obliged to go that far in the implementation of prison sentences. Ecuador is an example of the opposite—it was a country with the harshest drugs laws from the US, but few years ago they gave amnesty to more than 2,000 small traders who were in prison for more than one year. Another 2,000 to 2,500 are expected to be released this month, due to new sentencing guidelines being released.

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Building off the theoretical question of full legalization in the world for all drugs, a participant questioned how organized crime would be affected—would they go out of business, or would they conquer the world?

Another participant responded, stating that organized crime used to run gambling and pornography, but since legalization in many countries, they don’t have as much control. Full legalization would be a way to remove their power, not to enhance it.

Legal regulation would diminish the power of organized crime groups, according to Martin Jelsma, as it would remove their primary source of income, but they would not disappear because of it. There are estimates being made how much of their income comes from cannabis, cocaine, and heroin, and there is also speculation about what the consequence would be if the cannabis market was eliminated. The issues that always come up in that debate are whether or not they would simply move to other forms of crime. This is especially relevant in Mexico, due to the national trauma from the amount of ongoing violence. Mexican cartels receive a significant portion of their income from cannabis—it could be up to 50% of their international market. As to whether or not these operations would move to more violent crimes if their income was removed, look at the US drug market—there are several highly violent operatives, but there are also many millions of operatives who are not vicious criminals who would not be willing to kidnap people if their income began to dry up. There are still people working in the drug economy that have cultures
and morals that would not simply change to move to violent forms of crime. Jelsma believes that legalization—at least of cannabis—would reduce the income for organized crime, and therefore the levels of violence as well.

Dana Spinant continues, adding that it’s hard to know what would happen if drugs were fully legalized. She agrees with Jelsma about countries in Latin America, but for Europe, there are more and more signs seen in the information from EUROPOL that organized crime is diversifying their commodities in Europe—those active in drug trafficking are also active in auto theft, counterfeiting, and human trafficking. It might mean that if we take away drugs as a source of income—which is a particularly lucrative source at the moment—they might simply find some other ways of making money. It seems from the latest estimation that diversification is likely, at least in Europe, but Latin America is a different scenario.

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Looking to Afghanistan, as one of the main suppliers of drugs, a participant asked about the US and EU outlook of stemming the drug flow.

As far production is concerned, Martin Jelsma states that the latest figures say that this year’s harvest is a new record high, something that has been a continuous pattern for several years. It’s clear that the first priority in Afghanistan needs to be some type of stability in some form of peace. As long as that is not happening, Jelsma believes it hardly makes any sense to try to reduce the extent of the production. A lot of the increased production can be explained by the return of hundreds of thousands of refugees from Pakistan and Iran over the past several years. Opium production is the only viable economic opportunity, driving this population to illegal means of living. Alternatively, the increased production of opium could explain why so many refugees are returning now—it’s hard to know which is the cause and which is the reaction. Several provinces within Afghanistan have attempted repressive bans on production, but have been unsuccessful—the production would drop for a year or two, only to come back with a vengeance. Right now, the priority for the US is the conflict, and it would be extremely detrimental to the peace process to begin focusing on repressive, eradication efforts. They also need to be careful since opium production is a large source of income to not only the Taliban, but a significant portion of the population as well.

Dana Spinant addressed the few remaining questions, beginning with why the UN doesn’t do away with the Conventions and leaving everything legal as it was before. It’s necessary to go back to why there is drug control in the first place—because of the consequences to health. But the major question is whether or not more people would use drugs if drugs were not controlled? Hard to anticipate what would happen—need to look for clues within countries that are experimenting; see that in Portugal, which decriminalized all drug possession for personal use, there was no increase in the use of drugs. However, this decriminalization was accompanied by a very well crafted and resourced public health campaign about prevention, treatment, and harm reduction. Perhaps, if done correctly, decriminalization doesn’t necessarily lead to an increase in drug use. But that’s just Portugal—they say not to use them as an example that can be applied to the rest of the world, because culture plays a big role in drug issues as well.

As for the first question about human rights, Dana Spinant responds that it’s one of the red lines that the EU has supported and will likely continue to support in the UN debate on drugs. It simply means that drug demand reduction and drug supply reduction policies need to be based on a respect for human rights. In terms of drug demand reduction, for instance, governments should not force people to go into treatments,
which many countries do, as it is a clear violation of human rights. For human rights in drug supply reduction, it’s about reducing what was mentioned before—the militarization, forced eradication, incarceration excesses. From the EU’s perspective, a drug policy based on human rights doesn’t mean a policy that allow people access to all the substances they want—it means that the death penalty should not be applied to drug related offenses because these are not amongst the most severe offenses, and the drug supply and drug demand reduction must be set in practical interventions.
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