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## TESTIMONIES:



## BRAZIL - KATIELE FISCHER

### Mother of a child needing medical cannabis

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Our daughter Anny suffers from CDKL5, a rare syndrome that brings along with it intractable epilepsy, among many other symptoms. When she turned four, her condition worsened and the medicines we had at hand no longer controlled her convulsions. Even when we combined different medications there was no effect.

It was around this time that we heard an American family talk about Cannabidiol (CBD) in a support group. Their daughter had the same syndrome as Anny and she had progressed since using this medication. Soon afterwards, a Brazilian friend called us and told us she was going to get some CBD to see if it would also work with her child. She asked if we wanted to join in and we went for it. We had run out of options.

At that time, Brazilian law did not consider the medical use of marijuana legal. Just for trying to find a solution for our daughter's illness, we had suddenly entered the world of "drug dealing". Until this moment, drugs, marijuana, drug policy, and cannabis demonstrations were not topics we would regularly discuss at the dinner table, like most Brazilians. Now we had become outlaws.

It took no more than a couple of weeks of this illegal treatment for us to control Anny's seizures, all thanks to the medicinal effects of CBD. We grew ecstatic as we watched her quality of life increase – as did the whole family's.

Our story became public on March 30th, 2014, when Fantastico, a famous Sunday-evening television staple, aired a report on our struggle. This was right after Customs retained a shipment of the illegal medication Anny was taking and she slipped back into the routine of intractable epilepsy.

We then filed an injunction and on April 3rd, 2014, Anny

became the first person in Brazil to be legally authorized to import cannabis-based substances for medical use. Her story – along with four others - later became a movie, Illegal. And that's how, quite out of the blue, we took center-stage in this debate.

Regulation of medical marijuana has since come a long way in Brazil. The federal agency responsible for authorizing the medical use of substances, Anvisa, has since reclassified both CBD and THC, authorizing patients to import these medicines. Receita Federal, the Brazilian equivalent of the IRS, also got on board and simplified importation procedures. Marijuana-based medicines are now tax-free. On the other hand, the Federal Medical Council has spoken against medical marijuana.

Presented like this, it might seem like a simple process, but getting to where we are now was far from easy.

There were countless meetings, strategies, contacts and disagreements amongst all those involved in this effort, between families, Anvisa, our Drug Policy Department, the Drug Policy Council, Receita Federal, politicians and associations.

Nowadays, we are still trying to grasp the whole dimension of what is happening, as we take time to think through a lot of these issues. But we can already fully appreciate the impact that decision makers in government have on our daily lives.

We are a family that has to fight daily for our daughter's well-being. From our point of view, we see that when the State creates even more paperwork or creates legislation to try and prevent the use of certain substances, this only ends up feeding the black market, while families like ours are left helpless.

## CHINA - DAMING

### Person using drugs

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My name is Daming, I am 35 years old. I live in Yuxi City, Yunnan Province. I used to live a happy life, but everything changed when I was 24. That year I married my girlfriend after a three-year romance. However, we often quarreled and, feeling depressed, I would go to a club to get drunk. I met a guy who told me that there was a type of medicine that could rid me of my unhappiness. I knew it was a drug, but he said occasional use would do me no harm. I vomited the whole night after first taking it, but then I took it several times within a month. Gradually, I got used to it and stopped vomiting. I went to him every time I felt depressed and sank into a free world, where I felt like I was flying. At first he offered me free drugs, but then he

began to charge me after I became addicted. My addiction got worse and I needed more and more money. After spending all my savings, I began to lie to my friends and family.

Over half a year later, I was caught taking drugs and held in custody for 15 days. My relatives and friends started avoiding me and I returned to taking drugs. Later my parents sent me to Kunming to receive treatment as a volunteer addict, but I turned back to drugs for various reasons several days after the treatment. I was sent to a compulsory rehabilitation center three times by the police, where I spent several months or even years. My mother wept all day and her health became worse. The third time I was

sent to the compulsory rehabilitation center by the police, my wife filed for divorce. Consequently, my mother had a heart attack and passed away. Driven by the sorrow, my father also died the second year I was in the center. I was held in custody in the center and failed to fulfill my work tasks, so I was deprived of visitation rights. Because of this, I had no knowledge that my parents had died. I missed the chance to see them for the last time, and this regret will stay with me for the rest of my life. I, along with many of my addicted friends, could not get away from drugs after leaving the rehabilitation center. Instead, we became more addicted. We met more friends taking drugs in the center and found more access to drugs after leaving. I lived a miserable and lonely life. I blamed myself deeply, knowing that my parents died

because of what I did. I stayed at home alone to avoid seeing other people. My parents had passed away, my wife divorced me and I was in the rehabilitation center for years, all of which made me feel like an outsider in society, despite the fact that I was set free. I gave up on myself and even attempted suicide by taking drugs, but I woke up after a coma that lasted for a full day and night. After the local disease control center learned about my situation, they found a psychologist to help me. I took part in the activities they organized and later received methadone treatment. Now I have a job and live a stable life. However, I cannot bear to think about the past and the experience of hiding, and I fear being caught and sent back to the rehabilitation center. These memories often haunt me in my dreams.

## INDONESIA - RICKY GUNAWAN

### Director of Lembaga Bantuan Hukum Masyarakat, Indonesia

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It was around 3pm on Thursday 28 July, 2016. I was shocked to receive news from the prosecutor that I had to “prepare” for that night. It was a hint that the execution would take place. Indeed, when the prosecutor picked me up at my hotel around four hours later it was confirmed. We went straight to Nusa Kambangan, the so-called execution island where a third round of executions under President Joko Widodo’s administration would be carried out that night, and not the following night as they were supposed to according to the law.

On Friday 29 July, around 3am, an ambulance came down from the execution site to the area carrying the body of my friend and client, Humphrey Ejike Jefferson (‘Jeff’). I had lost him after eight years of struggle.

Jeff had been sentenced to death for a drug-related offense. Not only was the judgment he received racially motivated, his execution was entirely illegal. Not only did Jeff have a clemency decision pending, the execution went ahead less than the required 72 hours after the execution notice was handed down. In April 2015, I had already lost another of my clients, Rodrigo Gularte, who had suffered from paranoid schizophrenia and bipolar disorder. Although Indonesian law prohibits sentencing people with mental illness, Rodrigo was sentenced to death for drug trafficking in February 2005. Both Jeff and Rodrigo were sentenced for crimes they never committed, and were victims of a senseless and failed prohibitionist drug policy. In the past decade I have met many other people facing the death penalty for drug offences. Nearly all of them share stories similar to Jeff and Rodrigo. There is a death row prisoner whose first lawyer specialized in property

instead of criminal defense, another who was tortured to confess. These are poor and vulnerable people exploited by drug kingpins. They are deprived economically and politically, making them easy prey for Indonesia’s broken justice system and draconian, repressive drug laws.

Through decades of propaganda, the government has now succeeded in shaping the public perception that drugs are evil and must be eradicated from the country. “Drug-free Indonesia 2015”, was their 2014 tagline. A year later, the tagline changed, though, to “Indonesia: drug emergency situation.” Perhaps they knew they had failed in their impossible goal of a drug-free country. But regardless of the change in tagline, the narrative continues. And so, when the government carries out its executions – despite serious unfair trials and a wall of evidence showing that this tactic fails to curb drug supply – the public continues to back this policy. What the public sees is that the government is trying to get rid of society’s evil. What the public does not see is that the government’s policy is making the situation worse. It is not only targeting supply, but also criminalizing drug use and small possession offenses, resulting in serious prison overcrowding. This policy fails to prevent overdose and drug-related deaths, contributing to the so-called “drug emergency situation.” It is a policy that stigmatizes people who use drugs, which only discourages the most vulnerable from accessing treatment.

Ultimately, the executions that the government undertakes are no more than a mask to cover up their failure to overcome Indonesia’s drug problem and disastrous zero-tolerance paradigm.

## MOROCCO - ABDELLATIF ADEBIBE

### Chair of the Confederation of Associations of Senhaja of the Rif for Development

I'm a descendent of the Amazigh (Berber) tribe "Senhaja Srair", and native of Morocco's High Central Rif mountains, the historic area of kif (cannabis) culture.

I have defended the interests of our tribe since 1999, first through the Association of Development of the High Central Rif, and since 2014 as President of the Confederation of Associations of Senhaja of the Rif for Development (CASRD). My national and international efforts, in partnership with national and international organizations, are focused on the defense of human rights, case studies, environmental projects, beekeeping, animal breeding, the transformation of cannabis into legal products, alternative cultures, re-forestation, agro-tourism, sports projects, and training programs, especially for women and young people.

With those projects I want to combat ignorance and poverty among the population, and create new economic alternatives in order to recover the dignity of our tribe.

Cannabis, cultivated in our region for many centuries, was considered a legal economy, including during the Spanish colonialism era, until our country's independence. It was used for recreational and industrial purposes on a national level till Morocco signed the UN convention in 1961. With prohibition, our tribe had no other alternative then to sell their harvest to hippies, and then to national and international drug traffickers. The change of law had undesirable effects on the development of our area, and caused a situation of repression and persecution by the national authorities.

A lot of innocent family members of our tribe were captured to create a situation of fear. No family remained unaffected. Two of my brothers, and other family members, were sent to prison without any evidence, only based on accusations. We didn't have any news about them for the first 52 days of their disappearance. Finally we found out from a lawyer that they were sent for interrogation in a secret place. When the tribunal started we hardly recognized them as they had been subjected to torture. During their 18-month detention they were continuously interrogated in Rabat, far away from our region, making it very difficult for our family members to take care of them because of distance and waiting times for visits. Their five- and six-year stays in different prisons of the country, without any evidence, was the reason for my mother's sadness and preoccupation, finally causing her death. I was obliged to give up my higher studies to take care of my brothers, my family and several members of our tribe.

From this time until now, the situation has hardly changed. The only people to benefit from this situation are the national and international drug traffickers. Due to the international demand for drugs, and the lack of development ideas for our region on the part of national and international authorities, our tribe is obliged to continue looking for solutions to their socio-economic problems caused by the prohibition. This situation has also caused social instability and an unpredictable future. Our population lives in fear of arrest because of the kif culture.

## TANZANIA - HAPPY ASSAN

### Tanzania Network of People Who Use Drugs

The criminalization of drugs and drug use often affects my outreach activities. For instance, when drug user hot spot is found, they all run away, making intervention impossible. At times we face difficulty in supporting drug users with referrals or providing harm reduction kits, such as needles and syringes.

Many times I have seen users test negative on HIV or Hepatitis but soon after police raids happen these same users test positive. When I ask how they think they got the disease, they say that when police were harassing them, they went into hiding, forcing them to share syringes and needles.

Another issue is that users make their money in areas such as bus stops and market places. They are then caught by police, with the excuse that they are movers who cause problems as they don't have proper jobs. But I truly don't understand why the police treat users like this. They are grown up people who can't just stay at home. They have a life to live and needs to fulfill, and for that they have to ensure their livelihood,

otherwise they will become thieves if they are stopped from doing such jobs.

We have a crisis response team, and many times we have to intervene for drug users who have been caught for no good reason. In only one day we can have about 20 or more calls from users who are in a police station or in court, and need our help and support so they can be released.

Criminalization not only doesn't help, it causes further problems. New infections of HIV, hepatitis and tuberculosis increase every day. In jail cells, people are piled up and there is not enough space, further increasing the risk of tuberculosis infection. Injecting tools are shared too as there are very few in there and are hidden, causing new prisoners who use drugs to be manipulated and bribed for sexual favors in exchange for injecting tools. This, of course, leads to a higher number of new HIV and Hepatitis infections.

The criminalization of drugs has made demand increase, leading big pushers to increase supply, providing an opportu-

nity for new users to join in. Furthermore, there has been a lot of mob justice from the community just because of the negative impact directed against drug users.

The criminalization of drugs also means pharmacies do not have the freedom to sell drugs that can support drug users, such as buprenorphine or other similar drugs that reduce withdrawal symptoms. Criminalization forces the inevitable into hiding, which is not good because it can lead to a greater risk

of long-lasting diseases.

We need to decriminalize and not criminalize drug users. We need support and not punish. We need tools to inject and need to educate about safe injection and safe sex, and not have people criminalized for these acts. We aren't the pushers, we only defend the users who are victims of circumstance.

## UKRAINE - VOLODYMYR TYMOSHENKO

### Former Head of the State Service on Drugs Control

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In 1992, I was working in Kyiv as an experienced 40-year-old security service officer in the field of combat with organized crime. One day my boss called me in and said: "Ukraine is now an independent state, we have to have a special unit to fight international drug trafficking. Since you have experience in fighting smuggling, drug trafficking should also be no problem for you." So I had to create a whole unit from scratch, even though I knew nothing about drug policy or international drug trafficking at that time.

Since Ukraine gained its independence, the procurement of precursors was not controlled at all. Those for synthetic drugs like meth were produced at our chemical plants, smuggled to Europe en masse and sold there for big cash. It was first trafficking channel we managed to uncover and stop. Then I initiated amendments to the Ukrainian drug legislation to enforce control over these substances. These were good laws, but all of them were written from a law enforcement point of view: everything must be banned and controlled. No-one from the Ministry of Health ever cooperated with us.

I always looked at this situation through the eyes of the police officer, not those of a patient or of a doctor. I was delighted that, after all the chaos, I managed to implement these controlling procedures, which we proudly reported on at the UN meetings of CND. We always treated a drug user as a criminal, at the very least as a potential criminal, never as a person to get into a difficult life situation. All I used to care about was to arrest a person, put him or her in jail, break the channel of drug supply.

It was in 1995, when I became the country representative at UN CND, that I first heard about substitution therapy from doctors who claimed you can treat drug dependency with opioid medicines. They were experts from Switzerland and France. I thought, "How can one use methadone? This is like treating alcoholism with vodka!" I did not believe it, but realized that I had been previously ignoring the medical aspects of drug policy, and they are so important.

In April of 2010, on my first day as Head of Committee on Drug Control under the Ministry of Health, I received a phone call from a man who said his mother was dying and in severe pain. Every other day he had to travel 40 kilometers to get her morphine, then had to get a nurse to inject her every four hours. "My mother is in such pain! How can you do this to people!" he shouted. I answered honestly: "I don't know..." I realized that I was this person who had written these laws that made people suffer so much. I saw that this prohibitive drug policy had created so many obstacles for doctors who couldn't prescribe medicines to those who suffered.

Later, when my elder brother got sick and he needed pain relief, he received only tramadol, which was not enough for him. So he called me one day and said: "Volodia, take your gun, come and kill me, because I can't do it myself!" After that I started actively to change existing norms, finally succeeding in having the National Strategy of the State Drug Policy adopted in 2013, encompassing progressive and humane principles of drug policy, which Ukraine is now implementing.

## UNITED KINGDOM - SUZANNE SHARKEY

### Co-founder of Recovering Justice and a member of Law Enforcement Against Prohibition (LEAP)

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I am an ex-police officer and used to be based in the east end of Newcastle upon Tyne, a city in the North East of England. I joined the police service to make a difference, seek justice, and serve and protect the community I worked in. Initially I worked as a Police Constable on the streets before progressing to work under the Criminal Investigation Department co-ordinating special operations. Later I worked as an undercover drugs buyer. I am also in long term recovery

from problematic substance use, but I don't see myself as someone special, different or unique. I am one of the lucky ones.

My use had catastrophic consequences. I was admitted to rehab, relapsed, and kicked out for failing at my one chance of treatment. I was arrested multiple times, admitted to hospital on many occasions because of suicide attempts (the sense of shame, guilt and failure was too much to bear), and I ended

up homeless.

Nearly eight years ago I woke up in hospital again, attached to monitors and tubes, not quite believing I wasn't dead. But this time I made the decision to live.

What changed? How did I do it? It wasn't the police cells and court appearances and criminalization that helped; the act of criminalization actually pushed me further out of society, compounded my problematic use, and alienated me. It took any sense of dignity I had left, my frail sense of self eroded. I wasn't shown compassion or empathy. I only faced judgement, further stigmatisation and marginalisation, and was made to feel as though I was some depraved person lacking moral fibre, that I just needed to pull myself together. Worse, a mother who could not stop using even for her children.

It was the people I had seen in recovery who had on many occasions tried to help me. They were by my hospital bed. They nurtured me and loved me until I could feel the same toward myself. What they did was treat me with dignity and respect. They treated me as a human being. I regained a sense of value, of worthiness, and was able to hold my head up again.

The power of being treated with simple human dignity was fundamental to my recovery.

As I reflect on my time in the police I also feel guilt, shame and a sense of failure. Ashamed that I wasn't arresting career criminals, locking up bad people, that I was instead arresting people from poor, socially deprived areas of high unemployment, people who had little or no hope. Many whose only crime was non-violent drug possession. The consequences they faced are on my conscious.

In my time I made absolutely no difference except wreck the lives of those who had little or no hope in the first place. I helped create unnecessary barriers to those wanting better lives and opportunities by giving them criminal convictions.

This is the reality of the war on drugs.

I believe one of the biggest barriers to people with problematic substance use seeking help and accessing treatment are the current drug policies. They achieve nothing except create more harm for individuals, families and society as a whole.

## UNITED STATES OF AMERICA - SUSAN SHERMAN

Professor, Health, Behavior and Society, Johns Hopkins University

Public health is unique in that it is truly positioned at the intersection of social justice, human rights, and all around good policy. There are countless examples of how public health has reduced morbidity and mortality at a cost savings, and leveled the playing field of disparity that often characterizes adverse health and illness. My own personal road to public health is firmly rooted in the AIDS crisis in the early 1990s in San Francisco. After working on issues of justice surrounding sexual assault during my time at college, I could not believe there was yet another disease that was so political yet so personal. The world of HIV opened my eyes to the injustice that derives from many nonresponses. And the great disconnect between science and political will. Over the past two decades, my research has focused on improving the health and wellbeing of drug users, which includes expanding their options for employment, access to services, and access to healthcare. This work has taken me to many places around the world, but none as startling as my home in Baltimore, Maryland. Most recently I have been examining the role of the police on the HIV risk environment of both cis- and trans- street-based sex workers. In this context, the majority of cis-female sex workers have enduring drug habits, which often are a driver into selling street-based sex. Public health has failed these women – notably in our lack of effective advocacy in decriminalizing sex work and low-level drug offenses. These women lie at the crossroads of bad policies, a lack of employment and enduring drug markets. They are largely unstably housed, have extensive heroin habits, have been in

and out of prison on low-level drug and prostitution charges, and have a history of past and current sexual abuse. How is it that this exists in 2016 in places such as Baltimore in the US? How is it that their HIV rates are over 7 percent, and there are few programs outside of our observational and intervention research that focuses on them? My struggle as a researcher is now to create the evidence that brings light and documents the lives of these women, while doing all that we can do for them in the context of an observational study. The only way that I can bear witness without great guilt in not just "observing," is knowing how much responsibility I have in making sure my research informs policy: just sentencing laws, decriminalization of low level drug offenses, diversion programs that are accessed in advance rather than after someone is already in the criminal justice system. It is my obligation to use my privilege to share their stories and the statistics, in developing and advocating for necessary services and policies that promote these women's health, wellbeing, and future. It is my challenge to find a balance between working with the police to institute programs that hold their own accountable and shed light on their harmful behaviors, and staying true to my own sense of social justice and what is right. Public health research is a powerful means to create just societies, and research is at the forefront of providing the evidence to create the necessary change to that end.