



The Global Drug Policy Debate
Experiences from the Americas and Europe
WACD Background Paper No. 7¹

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The Global Drug Policy Debate - Experiences from the Americas and Europe²

1 EXECUTIVE SUMMARY

Mounting evidence points to the fact that the drug control regime, which heretofore has criminalized the production, possession, trafficking and consumption of narcotics has failed in its attempt to eliminate, or even significantly curtail the drug market. It has equally failed in responding to the negative impact and repercussions of selling, buying and using drugs. A growing number of governments have acknowledged these failures and are prioritizing the investment of resources in policies and strategies that can more effectively mitigate the harms that might come from drugs. Indeed, a number of countries are implementing a series of policy reforms that suggest a shift away from the prohibitionist regime. These reforms include:

- Treating drug consumption as a matter of public health rather than a matter for criminal prosecution.
- Placing harm reduction strategies at the center of drug policy design.
- Introducing policies that decriminalize, legalize or regulate drugs, including the personal use and/or possession of drugs.
- Designing integrated drug policies - i.e. policies centered on a multi-sectoral approach, developed through a consultative process involving all relevant state institutions in a coordinated manner.

1.1 SUMMARY OF EXPERIENCES IN POLICY INNOVATION AND REFORM (GENERAL)

Calls for reform of the current drug regime stem from a growing understanding that the prohibitionist approach has been essentially ineffective in eliminating or sustainably reducing the market of narcotics, and in responding to the negative impact and repercussions of selling, buying and using drugs. There has also been increasing acknowledgement of the many harms associated with criminalizing drug use. Efforts to advance new approaches have demonstrated *inter alia* that:

- The design and implementation of alternative drug policies that move away from the current prohibitionist drug regime are possible. Indeed, in spite of a rigid international legal framework and INCB positions, some countries have found ways to move forward with the implementation of alternative approaches such as harm reduction, decriminalization, de facto decriminalization and legalization. Citizens' needs, public safety and the public purse are at the centre of such policy shifts, which have been underpinned by empirical evidence and sound data.
- The active engagement of professionals from the health and social sectors in the design of drug policies produces positive results.
- If afforded sufficient financial and political support, integrated drug policies, such as Switzerland's four pillars approach, are proven to be the most effective way of preventing and addressing drug-related challenges.
- A growing demand to design more pragmatic and less punitive approaches to drug-related challenges is likely to continue to push the limits of the current global drug control regime.

² This paper was concluded on 17 September 2013

1.2 SUMMARY OF EXPERIENCES IN POLICY INNOVATION AND REFORM (EUROPE)

European governments have approached the question of drug consumption in a range of different manners. In spite of their differences in approach, several European states –most of them within the European Union – have set the example in three core areas: i) the reliance on empirical evidence and sound data to shape public policy in this matter; ii) the prioritization of harm reduction as a central part of their response to drug consumption; and iii) the shift away from harsh punishments in response to personal drug consumption and in some countries, decriminalization of personal use.

In addition:

- Many European Union countries have moved away from an exclusively prohibitionist approach to the production and consumption of illicit drugs, effectively demonstrating that there is some room for progressive reforms under the UN Conventions. These governments have essentially rejected the goal of eliminating the drug market.
- Some countries and cities have made progress in developing integrated drug policies such as the four pillar model spear-headed by Switzerland which includes prevention strategies to minimize drug use; therapy for those who are drug dependent; harm reduction mechanisms; and targeted law enforcement efforts. Success of the integrated approach depends on collaboration and cooperation between policy makers and professionals from different policy areas; the sharing of information and the sustained allocation of resources. The harm reduction aspects of these policies can only be effective if the states demonstrate their willingness to understand and help drug users. Governments in West Africa need to decide whether they want to continue attempting to eliminate the drug market, a goal that has thus far proved impossible to reach. They must also determine which policies are economically sensible and politically advisable for their own countries. The European cases outlined in this report demonstrate that the implementation of well-rounded, integrated drug policies can address the problems associated with drugs from a range of perspectives, the benefits of which far out-weigh the costs in the long-term.
- As in other policy areas, empirical evidence and sound data are imperative to producing effective drug policies. The creation of a regional center tasked with the collection and analysis of data (EMCDDA) that can be used by national governments and regional organizations has contributed to the design of policies in Europe that respond in a timely and targeted fashion to changes on the ground.
- The creation of national or regional independent bodies to reflect on drug policy or the tasking of existing national structures to conduct research on and evaluate drug related challenges experienced at national and local levels can produce important results. These groups can examine the effectiveness of current policy and propose alternatives. As in the Czech Republic and Switzerland, engaging academic researchers in drug policy analysis and evaluation can also be useful.
- Even in Europe, it has proven difficult to fully harmonize regional approaches to the challenges posed by drugs. This is, in part, due to the specificity of the ways in which this problem takes shape in each country. It is also due to the political sensitivities that continue to exist around drug policy, and the strict nature of the UN conventions. However, because of the transnational nature of this problem, efforts to coordinate and cooperate among neighboring states as well as other regions continue to be a priority.

1.3 SUMMARY OF EXPERIENCES IN POLICY INNOVATION AND REFORM (LATIN AMERICA)

Over the last five years, several Latin American states, spurred on by the impacts of the drug trade on their own societies, have spearheaded a call to rethink prohibitionist policies as the sole strategy to respond to the challenges posed by drug trafficking and use. Core lessons from experiences in the region include:

- The centrality of Latin American voices to rethinking ways in which drug related challenges are approached has underscored the need for committed and outspoken leaders to participate in the global drug debate and how drug policy is affecting their countries and regions. For example, the involvement of a growing number of current leaders in the debate has afforded additional legitimacy to existing efforts.
- In particular, increases in violence, corruption, human rights violations and other issues that further weaken state institutions and moreover, put citizens at risk, has made it essential that those regions of the world that have been carrying most of the weight in collateral costs –be they financial, political or human - take center stage in demanding that an honest evaluation of the challenges inherent in the current prohibitionist regime take place, and recommending necessary changes.
- The Latin American experiences highlight how drug related challenges affect each country differently depending on the nature of the political economy, questions of state fragility, the resilience of state institutions and the nature of state-society relations, including how public policy is formulated. The shift in who is driving the drug policy debate at regional and national levels indicates that pressure will continue to allow for creative interpretations on the UN drug Conventions and other legislation so that governments can address drug related challenges in ways that provide better results for citizens.
- The transnational nature of the illicit drug trade and its impacts also demonstrates that regional collaboration is required to develop effective responses.
- The debate surrounding the OAS review of drug policy has made it clear that enormous pressure will be applied, particularly by the United States and Canada, to maintain the current drug control regime or at minimum, slow down the current drive for change.
- The importance of regional organizations such as the OAS in making a conscientious effort to suggest changes to global drug policy on the basis of empirical research and sound data is an important example for other regions, even if policy changes are slow to follow.

1.4 SUMMARY OF LESSONS FROM TRANSIT COUNTRIES

While there is no certainty that West Africa and other regions that have become transit corridors for drugs will necessarily follow the same path as Mexico, Central America and the Caribbean, important lessons can be garnered from the experiences of these countries and sub-regions:

- West African countries should be aware of the heightened risks that transit countries face regarding the potential explosion of crime, violence and brutality propelled by illicit drug trade. Equally, they should also be cognizant of the fact that (as is already the case in many West African countries), that transit countries can quickly become consumer and production countries, placing

additional burdens on society and national and local governments. In this regard, preventative strategies coupled with strategies aimed at providing adequate and humane treatment for drug users, as well as public discussions on whether to decriminalize or legalize personal use of certain drugs at an early stage are warranted.

- Transit regions should develop strategies that consider the prevention or reduction of drug-related violence in the immediate term, and that are aimed at mitigating structural inequalities and responding to deep structural governance challenges, particularly corruption, which tends to nurture drug trafficking and other forms of organized crime.
- Responding to the illicit drug trade in transit countries requires a multifaceted approach involving relevant ministries such as the ministries of justice, interior, health and education, specialized committees in the legislature, anti-corruption bodies and civil society. It also requires long-term and sufficient budgetary allocations (for example, as part of the national development strategy), underpinned by strong political commitment by all parties and not just the governing party.
- Depending on the specific context, transit countries might focus on the establishment of specialized bodies to counteract the effects of drug trafficking, yet they should be wary of the challenges that arise from creating specialized bodies that can 'go rogue' if agents are not effectively vetted and if the necessary checks and balances are not in place to provide effective and continuous oversight.
- Of particular importance is ensuring the extension of effective state services throughout the territory, and ensuring that services other than those provided by the security institutions (i.e. health and social services) are available to citizens in remote areas. Mapping international cooperation efforts that have responded effectively to the manifold challenges posed by drug trafficking and predicate crimes, should be examined, with due consideration for context, particularly the political economy of a given country, existing governance (formal and traditional) structures and challenges, societal inequalities; and the absorption capacity of national and local institutions.
- Examples from Latin American show that relying exclusively on repressive *mano dura* strategies (i.e. ones that are vaunted as 'tough on crime') can often backfire, resulting in an increase in violence, prison overcrowding and further marginalization of vulnerable populations. Efforts to improve relations between police and those populations will only work if the actions of security services are complemented by the sustainable presence of health and social services.
- Examples from Latin America also demonstrate that repressive measures in one country/location often fail to eliminate drug trafficking, but rather move trafficking efforts elsewhere, in what has been described as the 'ballooning' or 'cockroach' effect.
- The WACD should recognize the costs that 'wars on drugs' to local economies and national budgets, and on local communities, in particular the youth.
- Finally, as it strengthens its response to drug trafficking, West Africa can benefit from the multiple experiences in Latin America and governments in both regions should create and sustain avenues of collaboration. South-South cooperation on this issue has enormous potential but is costly and

requires sustained investment by national governments, regional bodies and international partners.

1.5 WHAT ROLE FOR THE WEST AFRICAN COMMISSION ON DRUGS?

The West Africa Commission on Drugs has been established at a pivotal moment. It has an enormous opportunity to bolster on-going efforts at the global level and in the region to ensure that drug policy responds to national and regional realities in an effective and humane manner. In this regard, some important lessons can be garnered from how the Latin America on Drugs and Democracy and the Global Commission on Drug Policies influenced the debate on regional and global drug policy respectively. For example, behind-the-scenes diplomacy has played a key role in promoting the work of both bodies, and in gaining support from different actors and sectors. It also helped mainstream the debate among politicians, further legitimizing the discourse that had been used by advocates for decades. Three factors in particular rendered their work influential and relevant:

1. The credibility of the commissioners was critical in legitimizing the Commissions' work and in building support for the policy approaches they were suggesting.
2. The Commissioners have been willing to publicly support the work produced by these two bodies, speaking publicly and endorsing the report findings.
3. Efforts to underpin their work with empirical research bolstered the credibility of the Commissions' policy recommendations and opened the space to evidence-based rather than ideological debates.

Based on these and other lessons discussed in the body of the report, the authors recommend the following:

- The WACD should take advantage of the credibility and public recognition of its members to target regional leaders within and outside government, who will be willing to meet and discuss drug policy and its implications for the region, and publicly endorse and support the work produced by the Commission.
- The WACD should underpin its work with as much research as possible and in its final report, it should clearly highlight where core data is missing or unreliable. In support of ECOWAS' efforts to establish regional data collection networks, it may recommend the creation of a center similar to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Establishing such a centre would be of central importance in the efforts to fulfill the calls from the ECOWAS Regional plan and the African Union Plan of Action on Drug Control (2013-17) to enhance data collection, and designing drug policies that respond to needs in the ground and would bolster efforts currently underway to establish WENDU - a sentinel surveillance project led by ECOWAS and aimed at establishing networks throughout the region to collect data on treatment demand.
- The WACD should support campaigns designed to raise institutional as well as broader public awareness on core issues related to the global drug policy debate including on alternative approaches to the current drug control regime such as decriminalization, legalization and harm reduction that have been introduced elsewhere. In this regard, the Commission can also play an essential role in moving the debate from ideological grounds to one based on empirical evidence and sound data.

- The WACD should also highlight core efforts that have been conducted elsewhere to assess the cost-benefits of establishing drug-centered health services for citizens and which have demonstrated that the benefits far outweigh the costs in the long-term.
- The WACD should ensure that civil society organizations and academia play an important role in leading the drug policy debate in West Africa and in monitoring and implementing both national and regional drug policies and action plans. In this regard, the WACD should highlight the urgent need to build an informed and knowledgeable civil society, and support the development of research capacity within universities, think-tanks and relevant institutions across the sub-region on drug policy matters.
- The WACD could also contribute to supporting ECOWAS and regional government efforts to review and reform drug policies by producing a simple roadmap of possible actions that might be prioritized. Such a roadmap could underscore those issues that are national prerogatives (for example data collection), and those where there is need for further regional cooperation and coordination. Such a road map might also help prioritize the allocation of external assistance, particularly with regard to drug-related health and treatment services, which have tended to be largely ignored by external assistance actors.
- The WACD can flag where national and regional bodies can avoid the pitfalls that have plagued other countries, particularly in terms of identifying how they can provide effective and humane treatment for drug users, and prevent the emergence of violent crime in key transit areas. It can also support current efforts aimed at ensuring that citizens' well-being remains the core objective of formulating and implementing drug policy.
- Finally, upon finalizing its report, the WACD should implement a public relations strategy that establishes strategic connections with local and international media, essential tools for disseminating its messages.

2 INTRODUCTION

The cultivation, trafficking and consumption of illegal drugs have historically posed a multilayered series of challenges to the state: from how to minimize health risks and provide treatment and support to those who use drugs, to the security and governance threats posed by trafficking groups and networks. While global in nature, the challenges presented by the illicit drug trade are also contextual. Lack of progress in addressing the manifold challenges posed by the illicit drug trade has led to a growing acknowledgement of the need for a serious rethink of global drugs policy.

The West Africa Commission on Drugs is faced with the difficult task of advocating for policies aimed at preventing or mitigating problems of drug use, criminality, violence, and threats to governability that have been experienced by other countries, without having complete certainty on how -or even if- the same challenges will arise in Africa. Carrier and Klantsching, in their book “Africa and the War on Drugs” argue that historical analysis would indicate that Africa might be spared from the destiny of the Andean countries, and that more harm can be done by implementing a prohibitionist regime that assumes an identical path will be followed. This warning should not fall on deaf ears. However, critics of their argument have underscored the dangers of understating the “growing power of drug money in African electoral politics, local and traditional governance, and security” (Gberie, 2012; Cockayne, 2012). They have also pointed out that having a critical perspective on the existing drug control regime must not mean turning a blind eye to the threats that come with drug trafficking and consumption, such as corruption and the emergence of criminalized states (Kavanagh et al, 2013). Similarly, while drug consumption rates currently remain relatively low in Africa, the situation can change rapidly, as happened in some Latin American countries. As noted by UNODC (2013), there are already strong indications that drug use is on the rise in West Africa. It is naturally easier to achieve the political support needed to implement policies that respond to serious problems, such as a health epidemic or extended violence, than to embrace innovative and data-based policies in order to prevent or mitigate these problems. Explaining to both elites and the population why it is indispensable that West Africa act assertively to pre-empt a situation that may emerge will be a central challenge for the WACD.

This paper examines such efforts in the Americas and Europe, drawing lessons for West Africa. It argues that the current drug control regime does provide some leeway for implementing policy reforms that move away from the prohibitionist regime, and provides examples of alternative policies that have been introduced by national and local authorities in different countries. The paper provides examples from Europe to underscore the importance of using empirical research and sound data to design drug policies, highlighting successful examples of harm reduction programs, and examining ways in which governments have moved away from legal frameworks that rely on the criminalization of drug use.

The authors underscore the importance of, and encourage the creation of national and regional commissions that are tasked with reviewing current drug policies and recommending changes. It also examines current calls in Latin American for a review of the so-called ‘war on drugs’, highlighting the role that outspoken leaders are playing in shaping the debate on drug policy, as well as current shifts from a policing-focused approach to one that accounts for the safety and health of drug users.

The paper looks in particular detail at the experiences of Mexico, Central America and the Caribbean, arguing that other transit regions such as West Africa should consider implementing multi-faceted strategies to respond to drug trafficking and the growing incidence of drug consumption. In this regard, it highlights examples of how exclusive reliance on repressive strategies known as *mano dura* can often backfire, resulting in the displacement of trafficking routes, an increase in violence, prison overcrowding and further marginalization of vulnerable populations. Finally, it highlights some actions the West Africa

Commission on Drugs might adopt for its own advocacy strategy including strategic diplomacy, the development and dissemination of empirically-grounded papers on the impact of drug trafficking, drug consumption and treatment in the West Africa sub-region, and discussions and debates with relevant stakeholders on the findings of such reports; engagement of civil society; and raising of public awareness.

Methodology

The researchers chose to follow a qualitative research approach that builds on the existing literature that has been developed in recent years on drug policy in both Europe and Latin America. Specifically, the paper utilized literature that has been commissioned by organizations like the Open Society Foundation, the International Drug Policy Consortium, and the Transnational Institute, civil society organizations that have led the debate on drug policy. Additionally, the authors utilized statistics and country-specific information from studies and publications by the United Nations Office on Drugs and Crime and the European Monitoring Centre for Drugs and Drug Addiction, among other sources. To supplement existing literature and answer specific questions outlined in the terms of reference, the researchers conducted interviews with leading scholars, researchers, and academics that work on drug policy in Europe and the Americas. Many of these interviews were conducted to build on research that had been produced by these authors and had already been consulted for the paper.³

3 BACKGROUND: THE EVOLVING REFORM AGENDA

In recent years the world has witnessed an ever-growing demand for a **reform of the legal and institutional frameworks, and the resulting policies and strategies that form the basis of the drug prohibitionist regime**. Although the prohibitionist regime has been in place since the Shanghai Opium Convention of 1909, the current framework emerged in the 1960s. The prohibitionist regime is based on the belief that “certain substances that alter the mental state of those who consume them are undesirable for society, and as such their consumption, trafficking, production, and possession must be avoided, minimized or, ideally, eliminated. In order to achieve this goal, norms that proscribe these activities must be put in place, as well as sanctions that dissuade from this behavior. This paradigm has become international norm through diverse instruments of international law, such as: treaties, conventions, and special agreements” (Pardo, 2010, p. 14). Calls for reform stem from a growing understanding that the prohibitionist approach has been essentially ineffective in eliminating or sustainably reducing the market of narcotics, and in responding to the negative impact and repercussions of selling, buying and using drugs (Global Commission on Drug Policy, 2011). Indeed, the regime has been described as “intrinsically repressive, centered on the control of the provision and traffic of drugs, imposed through pressures and threats and accompanied by small, minimal concessions” (Tokatlian and Briscoe, 2010, p. 388).

Those calling for policy alternatives to the prohibitionist regime, which assumed that prohibition would limit the amount of drugs produced and consumed, and thus raise the price of drugs, argue that it has in essence, failed to meet these goals. First, prohibition has been unsuccessful in controlling or eliminating the traffic of illegal drugs. Rather, prohibitionist policies in one country may at best displace cultivation and production enterprises to other neighboring areas or nations in what has been called the “balloon effect” or “the cockroach phenomenon” (Bagley, 2013). Second, supporters of prohibitionist practices have underappreciated the collateral costs – in lives, violence and undermining of democratic governance – which a war on drugs brings with it. Experts argue that the costs in the areas of security, instability and governance have been so high as to offset the economic assistance coming from the donor countries that have been financing the drug control regime (Mejia, 2013). In fact, policy-makers are

³ The list of interviewees can be found as part of the bibliography.

increasingly pointing to the very high costs of the prohibitionist regime as a factor that makes the policy approach unsustainable, especially given that the results do not appear to justify the hundreds of millions of dollars invested in fighting the production, trafficking and consumption of drugs. In his comprehensive review of the international drug control regime, Bewley-Taylor affirms “[b]y any reasonable measure it is, to say the least, difficult to argue that the regime has had a significant impact in achieving its core objective... [It] is fair to conclude that the regime has proved to be far from effective in preventing the production, supply and... the use of a variety of proscribed psychoactive substances” (Bewley-Taylor, 2012, p.14). Similarly, Julia Buxton’s research concluded that “[t]he data provide irrefutable evidence that the international drug control system has not only failed to reduce the consumption of addictive and dangerous drugs, it has also presided over a sustained increase in their use” (Buxton, cited by Bewley-Taylor, 2012, p. 15).

The growing body of empirical research coupled with the increasing number of policy makers highlighting weaknesses in the existing regime has meant that demands for reform are no longer emanating from a fringe minority; rather, reform has become a central issue on the agenda of an increasing number of governments, particularly in Latin America, a region that has suffered the brunt of the violence associated with the production and trade of illicit drugs.⁴ Both the Latin America Commission on Drugs and Democracy and the Global Commission on Drug Policy have been catalysts for broadening the scope of the policy debate. As will be noted later, an important development in this regard was the process launched by the Organization of American States in 2012 to review existing drug policy and which resulted in a report calling for the exploration of the legalization of cannabis⁵ (Organization of American States, 2013). Prior to this, the Global Commission on Drug Policy, which emerged from the work of the Latin American Commission on Drugs and Democracy issued a report in June 2011 highlighting the failures of the existing drug control regime and suggesting immediate changes so as to prevent further harm to society and individuals. To this end the report tabled a series of recommendations for the future direction of global drug policy, encouraging states to “end the criminalization, marginalization and stigmatization of people who use drugs but who do no harm to others,” and suggesting that governments experiment with “models of legal regulation of drugs to undermine the power of organized crime and safeguard the health and security of their citizens.” It also recommended that states “replace drug policies and strategies driven by ideology and political convenience with fiscally responsible policies and strategies grounded in science, health, security and human rights” (Global Commission on Drug Policy, 2011, p.3). Overall, the Global Commission’s findings reinforced suggestions already made by the Latin American Commission on the need to find new ways to approach drug policy and redesign the existing drug control system.⁶

Another important step towards policy reform was the decision by some countries -particularly in Europe- to **treat drug consumption as a matter of public health**. Often, this approach recognizes the multiplicity of causes of drug consumption and tackles it from various angles, including prevention, treatment, and harm reduction, with the goal of reducing harmful drug use in general, as well as overdose

⁴ In the Americas, more than 25 percent of homicides are related to organized crime and the activities of criminal gangs, while the same is only true of some 5 percent of homicides in the Asian and European countries for which data are available.” http://www.unodc.org/documents/data-and-analysis/statistics/Homicide/Globa_study_on_homicide_2011_web.pdf (please note this refers to general organized crime, not just drug-related).

⁵ “Drastic or dramatic changes to domestic law would not appear to be advisable. Nevertheless, it would be worthwhile to assess existing signals and trends that lean toward the decriminalization or legalization of the production, sale and use of marijuana. Sooner or later decisions in this area will need to be taken” (OAS, 2013, 104).

⁶ This does not mean, to be sure, that there is a consensus regarding the need to eliminate or even essentially change the drug control regime, nor on the institutional arrangements that would replace it. While there is an array of policy recommendations on possible next steps, policy makers and the public are aware of the possible risks and the likely fallout of taking independent actions on this issue. Despite this, however, it seems that it has become essential that all stakeholders acknowledge the need to think in a creative manner about the nature of the drug problem and how to design policies that both respond to the nature of the issue and effectively address its consequences.

deaths, crime, infection and transmission of diseases such as HIV/AIDS and hepatitis. The Netherlands was the pioneer in the implementation of such a comprehensive public health approach, starting in the 1960s-1970s with the establishment of the Hulsman (1968-1971) and the Baan Commissions (1968-1972), tasked “to investigate causes of increasing drug use, how to confront irresponsible use of drugs, and to propose a treatment system for those who develop dependence of these drugs.” It is however important to note that these reforms preceded the HIV/AIDS crisis, and were motivated by a desire to protect citizens from criminal elements and minimize the exposure of cannabis users to the hard drugs markets. Thus, the recommendations made by the Hulsman and Baan Commissions included making a legal distinction between possession, production and distribution of drugs, a distinction between problematic and non-problematic drugs and drug use, and the need to provide adequate treatment for those who run into difficulties with their drug use (Cohen, 1994). In the 1990s, and particularly in response to the spread of HIV, similar policy changes incorporating a public health perspective were implemented in other European countries, including Switzerland, Germany, Spain, Australia, and the United Kingdom, and in North American cities such as Vancouver and Montreal.

Simultaneous to the shift to a public health approach in some countries and localities, actors at national and international levels have increasingly emphasized the need to **design integrated drug policies**. For example, international organizations such as UNODC acknowledge the importance of promoting an integrated approach to drug policy “including addressing comprehensively the impact and consequences of such measures and strengthening their coordination and the assessment of their implementation” (United Nations Office on Drugs and Crime, 2009). While each government and organization might use slightly different definitions of what constitutes an integrated drug policy, the latter usually refers to two things: a) that a multi-sectoral approach is developed in response to drug challenges; and b) that such an approach is developed through the establishment of a broad set of policy goals in a common process, involving all relevant state institutions in a coordinated manner. Some states – mostly within the European Union – have been attempting to develop such a multi-sectoral approach “whereby all aspects of the drug phenomenon are addressed” (Belgian Science Policy Office - DATE). Under this model, national, federal and local state authorities involved with all aspects of drug trafficking and consumption — i.e. welfare, public health, policing, and judicial and corrections authorities, among others — are expected to coordinate their strategies and actions.

One important example of an integrated approach is the “four pillars strategy” adopted by Switzerland in the 1990s. The first pillar focuses on the area of prevention, aimed at steering new users away from using drugs and non-problematic users from escalating their consumption to problematic levels. Through education and media campaigns, this pillar tries to warn of the dangers of drug use, building awareness on the misuse of drugs and alcohol and how to avoid addiction. Treatment, the second pillar, provides a continuum of programs that provide individuals with the necessary support for dealing with their addiction. Treatment options may include detoxification centers, outpatient counseling and residential treatment, medical care, employment services, and social programs. The third pillar focuses on enforcement strategies that target drug dealers and organized crime and encourage improved coordination between law enforcement services and other agencies. Finally, the fourth pillar promotes harm reduction strategies that try to decrease the negative impact of drug use on communities and individuals by recognizing that abstinence-only approaches to drug policy are unrealistic (MacPherson, 2001). The idea behind such an integrated strategy is to shift emphasis away from purely repressive responses; its success depends on sufficient resources being allocated to all four pillars. Even the best-designed strategy will not accomplish its goals if, as is often the case, most of the resources are channeled for example, to policing. Similarly, efforts to bolster coordination can be undermined by factors such as the ideology of the political party in power, the economic wealth of a country, or the ability and willingness

of different institutions and actors to work together and share information. In addition, integration can be seriously undermined if the necessary financial resources are not allocated in the national budget.

4 THE DRUG CONTROL REGIME AND EXPERIENCES IN POLICY INNOVATION AND REFORM

The global drug control regime stems from three international conventions: the 1961 Single Convention on Narcotics Drugs, the 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, which were created to limit the production and use of narcotics and other illicit drugs except for scientific and medical uses. An important element of the conventions is the ‘four schedules’ (i.e. classifications) that list more than 100 controlled substances, which are complemented by two tables that list precursors, reagents and solvents that are frequently used in the production of the drugs. The Conventions provide the legal structure to control the production and use of narcotics in two ways: “the commodity control (the definition and regulation of the *licit* production, supply and consumption of drugs) and penal control (the suppression through criminal law of *illicit* production, supply and consumption” (Boister, 2001, 1-4).

The legal responsibility to adhere to these Conventions by the signatory nations⁷ has contributed to the prevalence of the prohibitionist regime described above – i.e. policies whereby the cultivation, sale and consumption of the narcotics included in the Schedules are considered crimes if undertaken for other than medical or scientific purposes. As a response to the perception by many that the prohibitionist approach has failed to accomplish its goals, a series of alternative approaches have been advanced: decriminalization, *de facto* decriminalization, depenalization, legalization and regulation. Although there is no universal consensus on the uses of these terms, the following definitions are commonly accepted:

- Decriminalization refers to those circumstances when drug use and/or possession, production and cultivation for personal use are no longer dealt with through criminal sanctions, but drug trafficking offences remain a criminal offence. Under this legal regime, sanctions may be administrative or may be abolished completely (IDPC, 2012, p. 24).
- *De facto* decriminalization is when drug use or possession for personal use remains illicit under the law, but in practice, the person using that drug or in possession of it will not be arrested or prosecuted (IDPC, 2012, p. 24).
- Depenalization is the reduction of the severity of penalties associated with drug offences. Penalties remain within the framework of criminal law (IDPC, 2012, p. 24).
- Legalization is the removal from the sphere of criminal law of all drug-related offences: use, possession, cultivation, production, trading, and so on. (Jelsma, 2001, p.9).
- Legal regulation refers to those cases where all drug-related offences are no longer controlled within the sphere of criminal law, but production, supply and use are strictly regulated through administrative laws, as is the case for tobacco or alcohol (IDPC, 2012, p. 24).

Lengthy debates are taking place in the policy world regarding how these alternative approaches comply with the UN Conventions. Even in those cases where the International Narcotics Control Board (INCB) -- the body responsible for monitoring compliance and implementation of the Conventions -- has expressed its disagreement with a specific national policy, this has not prevented national governments from

⁷ Single Convention on Narcotic Drugs, 1961 (184 parties) http://treaties.un.org/Pages/ViewDetails.aspx?mtdsg_no=VI-18&chapter=6&lang=en
. Convention on Psychotropic Substances, 1971 (183 parties) http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=VI-16&chapter=6&lang=en
United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (188 parties) http://treaties.un.org/Pages/ViewDetails.aspx?mtdsg_no=VI-19&chapter=6&lang=en

implementing alternative approaches or reviewing existing ones in line with developments at the national, regional and global levels. For example, the 1988 UN Convention establishes a distinction between possession of narcotics with the intent to traffic, and personal consumption. Although the text states that the possession or cultivation of drugs for personal use should be classified as a criminal offence, it also states that the provision should be “subject to the constitutional principles and the basic concepts of its legal system” (article 3). Furthermore, the Commentary to the 1988 Convention also states that it “does not require drug consumption as such to be established as a punishable offence” (Commentary, p. 82). These guidelines have made it easier for many countries in Europe and elsewhere to either decriminalize personal consumption, remove it as a priority for law enforcement, or render it subject to reduced prison sentences (Jelsma, 2011).

4.1 Experiences in Decriminalization and Legalization

As noted in a recent report “A Quiet Revolution: Drug Decriminalization Practices across the Globe,” increasingly governments “are adopting a different policy approach to address drug use in their communities. Some are reducing harsh penalties for drug offences to save costs; others are increasing their harm reduction and public health measures to limit the destructive impact of problematic drug use. However, rising costs, commitments to personal autonomy, and mounting evidence of the devastating consequences for individuals associated with the criminal justice response to drugs – stigmatization, employment decline, public health harm – have led a number of countries towards an alternative policy option: decriminalization of drug possession and use” (Rosmarin and Eastwood, 2012, p. 11). The same report notes that the recent trend toward decriminalization is not new nor is it concentrated in one region. Rather “countries as disparate as Armenia, Belgium, Chile, the Czech Republic, Estonia, Mexico and Portugal, among others, have all adopted some form of decriminalization policy in the last decade or so.”⁸ In addition, the models of decriminalization vary; some countries adopt a while *de jure* model – one defined by law, others have de-prioritized the policing of drug possession through *de facto* decriminalization.

In the United States, certain states such as California have sought the legalization of marijuana for medical uses and decriminalization of personal use. In 1996, California legalized medical marijuana with the passing of Proposition 215. In 2000, Proposition 36 was passed, creating the largest ‘treatment-instead-of-incarceration’ program in the US, allowing first and second-time offenders of nonviolent drug possession to receive community-based drug treatment instead of prison. In October 2010, Governor Schwarzenegger signed a bill decriminalizing possession of minor marijuana possession offenses. As of 1 January 2011, possession of 1 ounce or less of cannabis in the state is an infraction punishable by a fine with no criminal record under CA Health and Safety Code 11357b (previously, cannabis possession was a misdemeanor), and larger amounts are still considered a misdemeanor (Smith, 2010). However, in May 2013 the California Supreme Court held that localities can ban medical marijuana dispensaries from operating in their jurisdictions, resulting in the banning of marijuana dispensaries by more than 200 localities (Drug Policy Alliance, n.d.a).

More recently, two US states, Colorado and Washington, have taken legalization further, voting by popular ballot to create a state-regulated market for cannabis. Implementation regulations are currently being drafted in both states. In Colorado, Amendment 64 legalized the possession of up to one ounce of marijuana for adults over the age of 21 and the possession of up to six plants for personal use. Commercial marijuana sales will start when the state legislature agrees on a regulation framework, which is unlikely to be in place until 2014. In Washington, as in Colorado, the possession and personal use of up

⁸ While the precise number of countries with formal decriminalization policies is not clear, it is probably between 25 and 30, depending on which definitions are used.

to one ounce of marijuana for adults over the age of 21 has been legalized. Additionally, the state is currently in the process of setting up a licensing system for the manufacture and sale of marijuana to be in place by the end of 2013 (Peterson, 2013). On 29 August 2013, the Department of Justice ruled that it would allow both Washington and Colorado to implement their respective initiatives, deciding not to sue to block the laws that legalized the drug (Southall and Healy, 2013).

In South America, Bolivia and Uruguay are trying to create regulated markets for non-medical uses of illicit substances. These two Latin American countries are, for very different reasons, working on allowing the cultivation and consumption of illicit substances: coca leaf, in the case of Bolivia, and cannabis, in the case of Uruguay. The traditional practice of coca leaf chewing is explicitly mentioned in article 49 of the Single Convention. The article gives room for the practice to continue for a period of time, while also suggesting a move towards its eventual elimination. The administration of Evo Morales has refused to eliminate this traditional practice among Bolivian indigenous populations, which is in fact protected by the Bolivian Constitution of 2009 (article 384). In an attempt to harmonize its constitutional and international obligations, Bolivia proposed that the Convention be amended and Article 49 deleted. US-led opposition condemned such efforts and in response, Bolivia announced “its intention to re-accede with a reservation allowing for the traditional use of the coca leaf” (Ledebur and Youngers, 2013, p. 2). This move could have been stopped if more than one third of the 184 state parties to the treaty objected to Bolivia’s request, but only 15 did, resulting in Bolivia becoming once again a full party to the Single Convention. Bolivia’s move was strongly condemned by the INCB, which was concerned about the setting of a precedent that other countries might use to resolve tensions between their constitutional and legal mandates on the one hand, and their international obligations on the other (Bewley-Taylor and Jelsma, 2012).

Meanwhile, Uruguay will possibly be the first country to legalize the cultivation, sale and use of marijuana at the national level. On 31 July 2013, the country’s Chamber of Deputies approved a bill giving the government the “control and regulation of the import, export, planting, cultivation, acquisition of any title, storage, commercialization, and distribution of cannabis and its derivatives” (Proyecto de Ley, file 1785/12). The government will have the sole authority to issue licenses to private citizens and/or entities wishing to produce and distribute marijuana (*El FA modificará el proyecto de ley sobre marijuana*, 2013).⁹ The bill proposes a maximum monthly purchase of 40 grams per individual and would allow the cultivation of up to 6 marijuana plants for personal use. The bill is currently in the Senate being discussed in Committee, and will likely be voted on in the plenary by the end of October (*Cannabis: en un mes ira al Senado*, 2013). The bill originated in the executive branch, when in June 2012 President Mujica proposed the regulated and controlled legalization of the marijuana market as part of his security plan. The proposal was a reaction to the role that drug trafficking and organized crime has played in the rising levels of insecurity in the historically violence-free country. During the different drafting stages of the bill, the Chamber of Deputies consulted with over 40 civil society organizations. The latter contributed significantly to the drafting process by sharing experiences and proposing changes to the text. While polls show that approximately two-thirds of the population opposes the bill, Deputy Sebastián Sabini explained that “governments sometimes need to be ahead of the population and public opinion when the issue requires it,” while praising President Mujica for his willingness to take the political risk of moving forward with this proposal even if not popularly supported.¹⁰

⁹ Uruguay is also considering a separate bill that would require forced drug treatment for individuals showing “severely altered mental states produced by narcotic drugs,” which has resulted in widespread criticism from those who praised the government for its marijuana bill <http://panamericanpost.blogspot.com/2013/09/forced-treatment-bill-points-to-mixed.html>

¹⁰ Much of this paragraph is based on personal communications by the authors with Deputy Sebastián Sabini.

4.2 Experiences in Harm Reduction

Similarly, while harm reduction policies are not addressed in the Conventions, they are widely perceived as complying with the Conventions¹¹. They are seen as an essential tool for protecting human rights and saving lives (Fridli, 2003). In contrast to the abstinence-based approaches laid down in the Conventions, harm reduction refers to “policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption” (IHRA, 2010, p. 1). These policy menus include health-oriented interventions like opioid substitution, syringe exchange, heroin prescriptions and safe drug consumption rooms. Harm reduction policies respond to infectious illness linked to the use of contaminated injection equipment, such as hepatitis and HIV-AIDS, and have been shown in multiple research reviews to be effective in reducing the health harms associated with drug use (Inciardi and Harrison, 1999).

Undoubtedly, important differences have emerged in interpreting the scope of flexibility the Conventions allow. A core example is the debate that has emerged around the creation of safe spaces for the consumption of drugs. Since 1986, the governments of Switzerland, the Netherlands, Germany, Spain, Luxembourg, Norway, Canada and Australia have created drug consumption rooms (DCRs), which are professionally supervised facilities where drug users can use illicit drugs in safe and hygienic conditions. These rooms are designed mostly for the use of injected drugs, though some also support safe smoking and inhalation. By creating a clean and safe environment where drug users can also access health and social services they have contributed to a reduction in the morbidity and mortality of drug injection. While legal advisors assured that these facilities could be deemed to be in compliance with the Conventions, the INCB maintains that the creation of DCRs facilitates drug trafficking, and governments offering these facilities should be seen as contravening the Conventions.¹²

The INCB has also openly condemned the Dutch government’s creation of the ‘coffee shop’ system, which enables retail sale of small quantities of cannabis to adults. However, the government of The Netherlands has argued that they are acting legally within the clause of the 1988 treaty that allows “states to apply constitutional principles and basic concepts of their legal systems in the case of possession, purchase and cultivation for personal consumption” (Bewley-Taylor and Jelsma, 2012, p.14). The Netherlands has consistently maintained its decision to allow the coffee shops despite opposition from the INCB. Similarly, an increasing number of countries –including Switzerland – continue to support the use of drug consumption rooms, while several other countries have pursued alternative drug strategies despite criticism from the INCB.

¹¹ While harm reduction strategies can be implemented as part of a prohibitionist regime, it is important to note the role these play within the overall drug policy. The main objective of harm reduction – to minimize the harms done by drugs to individuals and society- does not further the overall goal of the prohibitionist regime, i.e. to end the drug market completely. Many European governments have placed harm reduction at the center of their drug policies, giving more emphasis to those strategies that reduce harm, than to those who focus on policing and repressive policies.

¹² “The Board believes that any national, state or local authority that permits the establishment and operation of drug injection rooms or any outlet to facilitate the abuse of drugs (by injection or any other route of administration) also facilitates illicit drug trafficking. The Board reminds Governments that they have an obligation to combat illicit drug trafficking in all its forms... By permitting drug injection rooms, a Government could be considered to be in contravention of the international drug control treaties by facilitating in, aiding and/or abetting the commission of crimes involving illegal drug possession and use, as well as other criminal offences, including drug trafficking. The international drug control treaties were established many decades ago precisely to eliminate places, such as opium dens, where drugs could be abused with impunity” (INCB, 1999, p.30).

Summary of Experiences in Policy Innovation and Reform (General)

As noted, mounting evidence points to the fact that the drug control regime, which heretofore has criminalized the production, possession, trafficking and consumption of narcotics has failed in its attempt to eliminate, or even significantly curtail the drug market. It has equally failed in responding to the negative impact and repercussions of selling, buying and using drugs. A growing number of governments have acknowledged these failures and governments are prioritizing the investment of resources in policies and strategies that can more effectively mitigate the harms that might come from drugs. Indeed, a number of countries are implementing a series of policy reforms that suggest a shift away from the prohibitionist regime. These reforms include:

- Treating drug consumption as a matter of public health rather than a matter for criminal prosecution.
- Placing harm reduction strategies at the center of drug policy design.
- Introducing policies that decriminalize, legalize or regulate the personal use and/or possession of drugs.

Calls for reform of the current drug regime stem from a growing understanding that the prohibitionist approach has been essentially ineffective in eliminating or sustainably reducing the market of narcotics, and in responding to the negative impact and repercussions of selling, buying and using drugs. There has also been increasing acknowledgement of the many harms associated with criminalizing drug use. Efforts to advance new approaches have demonstrated *inter alia* that:

- The design and implementation of alternative drug policies that move away from the current prohibitionist drug regime are possible. Indeed, in spite of a rigid international legal framework, and INCB positions, countries have found ways to move forward with the implementation of alternative approaches such as harm reduction, decriminalization, de facto decriminalization and legalization. Citizens' needs, public safety and the public purse are at the centre of such policy shifts that have been underpinned by empirical evidence and sound data.
- The active engagement of professionals from the health and social sectors in the design of drug policies produces positive results.
- If afforded sufficient financial and political support, integrated drug policies, such as Switzerland's four pillars approach, are proven to be the most effective way of preventing and addressing drug-related challenges.
- A growing demand to design more pragmatic and less punitive approaches to drug-related challenges is likely to continue to push the limits of the current global drug control regime.

5 EUROPE: STRATEGIES TO MINIMIZE THE IMPACT OF DRUG CONSUMPTION

European governments have approached the question of drug consumption in a variety of ways. In spite of differences in approach, several European states –most of them within the European Union – have set the example in three core areas: **the reliance on empirical evidence and sound data to shape public**

policy in this matter; the prioritization of harm reduction as a central part of their response to drug consumption; and the shift away from harsh punishments in response to personal drug consumption.

The harm reduction approach was initially designed in response to health epidemics, especially HIV-AIDS and hepatitis, which were spreading particularly among injected drug users. As they addressed HIV or sought to prevent other harms, some governments came to the realization that complete prohibition or elimination of drugs was unrealistic and therefore shifted away from policies designed to achieve that end. As an alternative, many European governments designed “interventions, programmes and policies that seek to reduce the health, social and economic harms of substance use to individuals, communities and societies” (EMCDDA, 2010, p. 79).¹³

Some European countries have also implemented policies eliminating prison sentences for the possession of small amounts of drugs, either by decriminalizing drug possession and personal drug use, by minimizing penalties, or by eliminating custodial sentences for certain drug offenses. Thanks to these and other policies, most European countries have managed to keep prison populations lower than countries such as the United States, where the practice of mass imprisonment of drug consumers and petty dealers has been sustained.¹⁴

Europe has also played a lead role in ensuring that empirical evidence and sound data have informed policy design at the national and regional level. As the following section explains, the creation of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the commissioning by national governments such as Switzerland and the Czech Republic, of studies to evaluate if national laws or practices on drugs are accomplishing their purported goals, have demonstrated that the gathering and analysis of data are essential in producing policies that respond to the realities in the ground.

5.1 Evidence-based policy making: A few examples

Significant attempts have been made to coordinate and harmonize drug policies in Europe; however, this has been a difficult task particularly within the European Union, where the principle of subsidiarity (i.e. a policy area over which national governments retain control) allows states the autonomy to shape their own drug policies (Chatwin, 2012). Notwithstanding, the EU provides guidance to member states on drug policy, and aims to provide a framework within which national policies will operate. This work is conducted via the EU Drug Strategy and a Drug Action Plan, which are centered on the following general objectives:

1. Reducing drug demand, drug dependence and social risks and harms
2. Contributing to the disruption of the illicit drug market;
3. Encouraging coordination at the EU and international levels;
4. Strengthening cooperation between EU and third countries; and
5. Contributing to a better understanding of the drug phenomena in order to provide a sound and comprehensive evidence-base for policies and actions (EU Drugs Strategy 2013-20, 2012).

¹³ A Comprehensive Package of interventions for the prevention, treatment and care of HIV among people who inject drugs has been endorsed widely, by WHO, UNAIDS, UNODC, the UN General Assembly, the Economic and Social Council, the UN Commission on Narcotic Drugs, the UNAIDS Program Coordinating Board, the Global Fund and PEPFAR. The Comprehensive Package includes: needle and syringe programs (NSPs); opioid substitution therapy (OST) and other evidence-based drug dependence treatment; HIV testing and counseling (HTC); antiretroviral therapy (ART); prevention and treatment of sexually transmitted infections (STIs); condom programs for people who inject drugs and their sexual partners; targeted information, education and communication (IEC) for people who inject drugs, and their sexual partners; prevention, vaccination, diagnosis and treatment for viral hepatitis; and prevention, diagnosis and treatment of tuberculosis (TB) (WHO, UNODC, UNAIDS Technical Guide, 2012).

¹⁴ At the end of 2012, the US had 330,000 prisoners convicted for drug offenses. In federal prisons alone, drug prisoners represent 46% of the imprisoned population (Smith, 2012).

Many analysts point to this last objective –the effort to formulate evidence-based policy– as one of the great successes of the European approach to drug policy. In that context, the creation of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was one of the key steps in attempting to harmonize policy within the EU, and provide the needed data to evaluate the effectiveness of the existing policies. The EMCDDA is tasked with collecting, analyzing and disseminating available statistics on the illegal drug situation within individual Member States to provide an “objective, reliable and comparable” set of data for those seeking to implement an evidence-based drug policy as well as an evidence base for monitoring and evaluation (Council Regulation (EEC) No 303/93, 1993). The creation of an institution that provides accurate and timely data to the region is one of the most important steps towards designing policies that accurately respond to the regional needs and one that should be explored when considering lessons for other regions such as West Africa where the collection of baseline data has been largely side-stepped until relatively recently.

An interesting case of empirically driven policy reform resulting is that of the Czech Republic. The Czech Republic first legislated on drugs in 1993, passing a law that determined that possession of quantities of drugs that could be understood for individual use would not be considered a crime (quantities were not however, defined). By 1998, the rise (and visibility) of drug consumption in cities, and the politicization of the drug issue, led to a new law that criminalized possession of an undetermined amount of drugs, described in the legislature as “greater than small”, while at the same time maintaining drug use a non-criminal act. Following the 1998 legislation, the government evaluated the impact of the new law, finding that the new law had failed to reduce the supply of narcotics and curb the country’s drug problem. In 2009, the government passed new drug legislation establishing fines rather than criminal penalties for the possession of small amounts of drugs while establishing more lenient penalties for marijuana possession (Csete, 2012). Accordingly, the Czech government’s National Drug Policy Strategy for 2010-2018 focuses on prevention, treatment and re-socialization, risk reduction, and supply reduction. The EMCDDA’s 2012 country overview of the Czech Republic found that consumption in the country has remained stable since 2008, with cannabis and ecstasy having the highest prevalence rates (EMCDDA, 2012).

5.2 Harm reduction

A number of European countries have established harm reduction as a core concept of their drug policies. This perspective was seen to be necessary by many governments in the 1980s as a response to HIV/AIDS. Although the level of commitment to this approach varies, “European-wide support for harm reduction today is such that the EU has been able to enforce all Member States to operate minimum levels of substitution treatment and needle exchange programs” (EMCDDA, 2010). Policies centered on harm reduction have led to a significant reduction in levels of HIV/AIDS and hepatitis infections in most member states. This trend might be reversed, however, as data from EMCDDA reports (EMCDDA, 2011a) show that “the 12 countries that have joined the EU since 2004 account for only 2 percent of substitution treatment in Europe as a whole, indicating that a strong disparity between East and West remains. More effort is also needed in relation to the prevention of drug-related harm for vulnerable groups such as sex workers, migrant populations and people in prison” (Chatwin, 2012).

In Switzerland reforms have resulted in a policy more balanced between law enforcement and health services. The 1975 drug law had as its primary goal total drug abstinence, and it prohibited harm reduction strategies such as the provision of clean syringes. As part of the counter-culture movement of the late 1960s and 1970s, drug injection was more widespread and became a visible public phenomenon. The federal government, to which the most affected cities turned to for assistance, authorized low-threshold

methadone programs and syringe exchanges, which expanded rapidly. In 1992, the government also authorized heroin-assisted treatment – i.e., administration in a health setting of controlled amounts of heroin of known purity – as a pilot experience. This program has had good outcomes for those few longer-term opiate users for whom other treatments were not effective. Furthermore, a reduction in the criminal acts linked to heroin use was also registered. Besides being a pioneer in designing the aforementioned four-pillar model, approved by Parliament and citizens, Switzerland created some of the first safe consumption rooms and made clean syringes available in prisons. The new policy approach resulted in a significant reduction in problematic drug use in Switzerland (Csete, 2010). In 2012, Switzerland approved a proposal that allowed for consumers with small amounts of cannabis to face a fine instead of formal criminal proceedings, a move towards the decriminalization of marijuana in the country (Beckley Foundation, 2012).

The Netherlands has long been the pioneer of drug policies that break away from the prohibitionist model. Following a rise in drug consumption during the 1960s-1970s and the reports produced by the Hulsman (1969) and Baan (1972) Commissions described above, the national drug law was amended in 1976, making possession of small amounts of cannabis a misdemeanor. This change set the stage for the current Dutch approach to cannabis consumption and the establishment of “coffee shops” for public sale in small quantities. The goal was to separate cannabis users from the rest of the drug market, and by doing so, prevent their exposure to harder, more dangerous drugs. The Dutch model also established low-threshold harm reduction services that helped avert a significant HIV epidemic linked to drug use.¹⁵ As an additional measure of harm reduction, the Netherlands allows access to prescribed heroin for those who need it, even when heroin use has decreased significantly from previous decades. The Dutch system included a comprehensive and integrated treatment and social support system to assist problematic drug users. Evidence shows that while there might have been a rise in consumption with the establishment of coffee shops in the mid 1980s, cannabis consumption in the Netherlands has been in decline since the mid 1990s. Additionally, the separation of the drug market has proven to be essential in controlling the hard drug use epidemic that exists in other European countries. However, experts recognize that the failure to regulate the supply side of this system has been the source of the negative effects of the current Dutch policy. The lack of regulation of the supply side stems from the obstacles inherent in the UN Conventions, and the decision by the Dutch government to not contravene them unilaterally (Grund and Breeksema, 2013).

Examples of where changes in policing norms and practices have helped decrease risk around drug users also exist. Ideally, police responses to public health threats should be underpinned by a change in the laws, codes of practice and in-house rules to which they are subject. However, if this is not the case, police leadership can develop policies and practices against the backdrop of legal uncertainty. Since the late 1980s, for example, British police services have supported the National Strategic Plan (NSP) that designed needle exchange program. Beyond Europe, metropolitan police departments in some North American cities have also adjusted their practices to give priority to local harm reduction strategies. For example, in March of 2007 the New York City Police Commissioner advised officers that the “circumstances wherein any person who is found in possession of a hypodermic instrument or needle may be arrested are severely limited” (Monaghan and Bewley-Taylor, 2013, p.4). In addition, the order also advises officers that “the mere presence of an unknown substance in a hypodermic instrument or needle by itself is not a sufficient basis to arrest a person” (Monaghan and Bewley-Taylor, 2013, p.4). Similarly, in 2001 the Lambeth Cannabis Warning Scheme in South London advised police officers not to arrest people found in

¹⁵ Low-threshold programs do not require that clients abstain from drug use to gain access to health or other social services, and they don’t demand that the client adheres to one service to be eligible for another (Rogers, 2004).

possession of small amounts of cannabis, allowing the police to focus their resources on crimes which the local community was more concerned with (Stevens, 2013).

5.3 Moving away from the criminal paradigm

The consumption of new psychoactive drugs or “legal highs”¹⁶ - marketed over the Internet or through other information communications technologies - has been on the rise in recent years¹⁷ (EMCDDA Annual Report 2012). In Europe, countries like Ireland, Austria, and Romania have passed new criminal laws penalizing the distribution of these unauthorized psychoactive substances. In Hungary and Finland, refinements to existing drug laws have been introduced to accelerate the procedures for listing new substances as drugs. A different approach has been taken by the United Kingdom, Portugal, Italy and Poland, where existing consumer safety laws are being used to tackle the rising psychoactive substance problem (EMCDDA Annual Report 2012).

A non-European country that has attracted attention from drug-policy experts is New Zealand, where in February 2013 a Psychoactive Substances Bill was seen as the response to the problem of “legal highs”. This bill designs a legislative framework establishing a regulatory framework for manufacturers of synthetic substances. By basing the approach on regulation rather than prohibition, through licensing importation, manufacturing, and sales of all new psychoactive products, the law aims to apply the controls and safety standards long used for pharmaceutical companies, to suppliers of legal highs before allowing these products to reach the market. Suppliers will need to apply for a license to sell a specific drug after extensive research and testing that demonstrates that the risks to consumers are low (Easton, 2013). By opting for regulation over prohibition, New Zealand hopes to introduce strict controls that guarantee that these synthetic drugs will not harm consumers. In July 2013, New Zealand passed the Bill into law in a 119-1 vote.

¹⁶ According the EMCDDA, “‘Legal highs’ refers to a broad category of unregulated psychoactive compounds or products containing them, that are marketed as legal alternatives to well-known controlled drugs, usually sold via the Internet or in smart shops or head shops. This term is applied to a wide range of synthetic and plant-derived substances and products, including ‘herbal-highs’, ‘party pills’, and ‘research chemicals’, many of which may be specifically designed to circumvent existing drug controls” <http://www.emcdda.europa.eu/online/annual-report/2011/new-drugs-and-trends/5>

¹⁷ In Europe, between 2005 and 2011, 164 new psychoactive substances were notified through the EU’s early warning system, developed as a rapid response mechanism to the emergence of new psychoactive substances

Summary of Experiences in Policy Innovation and Reform (Europe)

European governments have approached the question of drug consumption in a range of different manners. In spite of their differences in approach, several European states –most of them within the European Union – have set the example in three core areas: i) the reliance on research and sound data to shape public policy in this matter; ii) the prioritization of harm reduction as a central part of the response to drug consumption; and iii) the shift away from harsh punishments in response to personal drug consumption and in some countries, and in some countries, decriminalization or legalization of personal use. In addition:

- Many European Union countries have moved away from an exclusively prohibitionist approach to the production and consumption of illicit drugs, effectively demonstrating that there is some room for progressive reforms under the UN Conventions. These governments have essentially rejected the goal of eliminating the drug market.
- Some countries and cities have made progress in developing integrated drug policies such as the four pillar model spear-headed by Switzerland which includes prevention strategies to minimize drug use; therapy for those who are drug dependent; harm reduction mechanisms; and targeted law enforcement efforts. Success of the integrated approach depends on collaboration and cooperation between policy makers and professionals from different policy areas; the sharing of information and the sustained allocation of resources. The harm reduction aspects of these policies can only be effective if the states demonstrate their willingness to understand and help drug users. Governments in West Africa need to decide whether they want to continue attempting to eliminate the drug market, a goal that has thus far proved impossible to reach. They must also determine which policies are economically sensible and politically advisable for their own countries. The European cases outlined in this report demonstrate that the implementation of well-rounded, integrated drug policies can address the problems associated with drugs from a range of perspectives, the benefits of which far out-weigh the costs in the long-term.
- As in other policy areas, empirical evidence and sound data are imperative to producing the creation of national or regional independent bodies to reflect on drug policy or the tasking of existing national structures to conduct research on and evaluate drug related challenges experienced at national and local levels can produce important results. These groups can examine the effectiveness of current policy and propose alternatives. As in the Czech Republic and Switzerland, engaging academic researchers in drug policy analysis and evaluation can also be useful.
- As in other regions, in Europe it has proven difficult to develop a fully harmonized regional approach to the challenges posed by drugs. This is, in part, due to the specificity of the ways in which this problem takes shape in each country. It is also due to the political sensitivities that continue to exist around drug policy, and the strict nature of the UN conventions. However,

6 LATIN AMERICA: OPENING THE DEBATE ON THE DRUG CONTROL REGIME

6.1 The path to the OAS Report on Drugs

Over the last five years, several Latin American actors, spurred on by the impacts of the drug trade on their own societies, have spearheaded a call to rethink prohibitionist policies as the sole strategy to respond to the challenges posed by drug trafficking and use. Since 1971, when President Nixon declared a “war on drugs,” designating drugs abuse as “public enemy number 1, the United States has championed the prohibitionist regime”.¹⁸ The United States has used its political and economic power to ensure its southern neighbors do their best to stop the flow of drugs to the North. In addition, since 2002 the president of the United States submits to Congress an annual list of major drug-producing and drug-transiting countries, and certifies which of those countries have been fully cooperative with the U.S. or the United Nations narcotics-reduction goals. If a country is not included in that list, and is thus “decertified” and Congress can stop financial aid to that nation.

The United States has also actively promoted the militarization of the ‘war on drugs’ in the region, primarily through the creation of Plan Colombia and the Mérida Initiative. Plan Colombia is the military and financial partnership between US and Colombia that strived to reduce drug production/trafficking and improve security conditions through aerial spreading of illicit crops, alternative development programs and interdiction (cocaine seizures, destruction of laboratories, etc.). Between 2000 and 2008, the US invested US\$500 million per annum in *Plan Colombia*, while the Colombian government invested approximately US\$712 million. The *Merida Initiative* is the security cooperation agreement between US and Mexico and Central America to combat drug trafficking, transnational organized crime, and money laundering. From 2008 to 2012, the US Congress appropriated US\$1.9 billion in Mérida assistance for Mexico, roughly US\$1.2 billion of which had been delivered as of April 2013. The Obama Administration requested US\$234.0 million for Mérida programs in its 2013 budget and US\$183 million in its 2014 budget (Mejia, 2012, p. 20).

For several years, the troubles associated with drug trafficking were centered on the three main countries producing cocaine: Colombia, Peru and Bolivia.¹⁹ Despite the billions of dollars spent on attempts to curtail the production and trafficking of drugs, most studies indicate that the overall production of drugs has not decreased significantly.²⁰ In fact, the recent OAS Report on Drugs states that “while areas under coca cultivation have fluctuated over time in each of the major producing countries, overall production has generally remained stable. Progress in Colombia has been offset as production in Bolivia has remained stable and production in Peru has risen” (Organization of American States, 2013). In addition, the extreme violence associated with trafficking that was once limited to the Andean countries is now a feature of many Latin American countries, including transit countries and sub-regions such as Central America, Mexico and the Caribbean. In addition to increases in conflict and violence, Latin America has also witnessed rampant corruption, an erosion of democratic governance and respect for human rights, and wide-spread deforestation and pollution as side effects to drug trafficking.

¹⁸ <http://www.npr.org/templates/story/story.php?storyId=9252490>

¹⁹ Between the mid 19th Century and the mid-1980s, Peru and Bolivia were the main suppliers for coca leaf and refined cocaine to the US and Europe. In the mid-1980s, Peru produced 65 percent of world’s coca leaf supply, Bolivia produced 25 percent, and Colombia produced 10 percent.

²⁰ Between 2005 and 2009, coca cultivation in Colombia decreased from 144,000 hectares to 116,000 and potential cocaine production decreased from 500 to 270 metric tons; in Peru, coca cultivation increased from 34,000 hectares to 40,000 and potential cocaine production decreased from 240 to 225 metric tons; and in Bolivia, coca cultivation increased from 25,500 hectares to 35,000 and potential cocaine production increased from 115 to 195 metric tons (Chalk, 2011).

Governments in the region had historically defended the huge investment in financial and human capital in the 'war on drugs' not only as a means to curtail trafficking, but also as a moral obligation (Global Commission on Drug Policy, 2011). The consensus to impose punitive prohibition broke in February 2009 when the Latin American Commission on Drugs and Democracy (LACDD), established by former presidents Fernando Henrique Cardoso (Brazil), César Gaviria (Colombia) and Ernesto Zedillo (Mexico), released a declaration criticizing policies associated with the 'war on drugs' and making recommendations for the formulation of more effective, secure, and humane drug policies. In its declaration, the Commission stated that the solution remains a responsibility of consumer countries and their capacity to control and eventually reduce demand. In order to do this, the Commission recommended that drug use be treated as a public health issue rather than a criminal offense. The latter would help reduce demand by improving access to treatment and prevention services. It is also a precondition to reducing production and the violence that results from combating trafficking (Blickman & Jelsma, 2009). Finally, the Report called for measures to "evaluate from a public health standpoint and on the basis of the most advanced medical science, the convenience of decriminalizing the possession of cannabis for personal use" (Comisión Latinoamericana sobre Drogas y Democracia, 2009, 8).

The LACDD called for a public debate based on national contexts to help establish solutions that are sensible to the historical, cultural, social, and economic realities of each country. The Commission also stressed the importance of differentiating between substances and patterns of usage, as well as between recreational drug use and problematic drug use (Blickman and Jelsma, 2009). For example, the report highlighted the case of marijuana use. Cannabis is the most consumed illegal substance in the world, in most places predominantly for recreational purposes and without problematic patterns. The Commission thus called for a rethinking of existing drug policy through the analysis of current research and understanding of drug consumption as it relates to public health in each nation, while recognizing the need for new policy paradigms that will succeed in reducing not only demand and supply but also the violence associated with the drug markets in the region (Comisión Latinoamericana sobre Drogas y Democracia, 2009).

The debate that was generated by the LACDD's Report, and further by the 2011 Report from the Global Commission on Drug Policy, was advanced when two sitting presidents, Otto Pérez Molina (Guatemala) and Juan Manuel Santos (Colombia) spoke out publicly on the need to rethink the drug control regime paradigm. In an opinion piece published in the British newspaper *The Guardian* on 7 April 2012, two weeks before the meeting of hemispheric leaders in Cartagena, Pérez Molina also spoke of the need for a change in the current drug policy paradigm, the importance of addressing the failings of the current drug policy system and the need to approach the problem in new and innovative ways to reduce harm and violence:

When we analyze the drug markets through realistic lenses (not ideological ones as is pretty much customary in most government circles these days), we realize that drug consumption is a public health issue, that awkwardly, has been transformed into a criminal justice problem [...] Actually, the prohibition paradigm that inspires mainstream global drug policy today is based on false premise: that the global drug markets can be eradicated [...] We cannot eradicate global drug markets, but we can certainly regulate them as we have done with alcohol and tobacco markets. Drug abuse, alcoholism and tobacco should be treated as public health problems, not criminal justice issues (Perez Molina, 2012).

At the Sixth Summit of the Americas held in Cartagena in April of 2012, Latin American heads of state openly criticized the international drug control regime and questioned the sustainability of a system that has resulted in a dramatic increase in violence in the region. President Santos called for an international

initiative that would analyze alternatives to the existing “war on drugs” (Bermudez Lievano and Leon, 2013). At the same time, Pérez Molina argued that prohibition led to price increases and therefore increases in profit, making drug trafficking a lucrative business for organized crime (Alarcón Roza, 2012). The Cartagena meeting resulted in an agreement to review the existing approach to illegal drugs and consider alternatives to drug policy by asking the Organization of American States (OAS) for a report that would analyze the current drug problematic in the region. On 17 May 2013 the OAS released its report, “The drug problem in the Americas.” The report emphasizes that drug addiction is a public health issue and should be approached as such, and that drug users should be treated as victims and not criminals. It also states that “drug control programs” remain weak, especially with regards to prevention and treatment, and affirms that in spite of the efforts “the overall flow of drugs remains stable and robust” (Organization of American States, 2013, p. 7).

The Report examines multiple aspects of drug cultivation, trafficking and consumption, and analyzes legal and regulatory alternatives to the current regime. One issue highlighted by the Report and which is of particular relevance for African nations was the question of why the drug problem generates different levels of violence in each country. Even though the retail stage is where most of the profits are produced, the Report finds that the “worst violence and largest number of victims are found in the trafficking phase of this illegal economy and therefore directly affect the transit countries” (Organization of American States, 2013, p. 81). The OAS points to several explanations for this fact: first, the fragility of the states where trafficking occurs prevents institutions from guaranteeing protection to their citizens. This is exacerbated by the corrupting actions of the organized crime networks, which “create[s] fertile ground in which those organizations tend to accentuate violence as their principal operating procedure for their ‘business.’” This, in turn, is compounded by the impunity produced by weak rule of law systems, and the resulting “culture of disdain for the state, which coincides with high rates of criminal violence in those countries, which, also coincidentally, tend to be drug transit countries” (Organization of American States, 2013, p. 82).

The Report emphasizes the need to be aware of the multiple ways in which drug related challenges emerge, and the very different impacts they might have in each country. Thus, the design of drug policies must both respond to the individual necessities of each nation, while at the same time be coordinated with other countries, particularly those in the same region. It also underscores the need to have a more flexible approach to drug policy -- one that is developed on the basis of empirical research and sound data. With this in mind, while the OAS report warns against drastic changes to domestic drug laws, it says “it would be worthwhile to assess existing signals and trends that lean toward the decriminalization or legalization of the production, sale, and use of marijuana. Sooner or later decisions in this area will need to be taken” (Organization of American States, 2013, p. 103). The OAS Report also asserts that further flexibility in the interpretation of the UN conventions will be of great importance if reforms to the prohibitionist regime are to take place: “With respect to the UN conventions, changes could result from the possibility that the current system for controlling narcotics and psychotropic substances may become more flexible, thereby allowing parties to explore drug policy options that take into consideration their own specific practices and traditions” (Organization of American States, 2013, p. 104).

6.2 Changes in national policies

While the OAS Report is the first attempt to produce a regional effort to rethink the drug problem, several countries and cities in Latin America have been conducting what some have called “the silent revolution,” shifting from a policing-focused approach to one that accounts for the safety and health of drug users and recognizes the health implications of drug consumption. For instance, Uruguay, Bogotá and Brazil have made significant progress on introducing harm reduction programs into their national drug policies

(Blickman & Jelsma, 2009). In Uruguay, harm reduction is part of the National Action Plan for 2011-2015 and has been part of the country's drug policy strategy for over a decade. Public health has remained at the core of drug policy formulation (Junta Nacional de Drogas, 2011). Similarly, in Bogotá, current Mayor Gustavo Petro implemented a new policy focusing on the reduction of use and risks associated with drug consumption and addiction through a mobile health center that targets marginalized populations. The center sends users to detoxification and rehabilitation centers if they need them, and further actions like syringe exchange programs and safe injecting zones are in the works (Quintero, 2012). Meanwhile, many countries --such as Argentina, Colombia, Mexico, Peru, and Uruguay-- have decriminalized the possession of a personal dose of narcotics and those found carrying small amounts of drugs are not subjected to criminal procedures.

The initiatives spear-headed by Latin American states converge with many of the recommendations tabled in the Latin American and Global Commission reports. In spite of these efforts however, important obstacles to conducting an overhaul of the current system remain. As the OAS report notes, many in the region "suggest it is premature to assume that current approaches to the subject have failed" (Organization of American States, 2013, p. 5). According to those who defend the existing regime, the current legal and institutional frameworks - which include both the international Conventions and the Hemispheric Drug Strategy produced by the Inter-American Drug Abuse Control Commission (CICAD) in 2011- provide an adequate base for the design of balanced drug policies.²¹ Political pressures from countries such as the United States and Canada, which have expressed their commitment to maintaining the current prohibitionist regime, have also impeded forceful movements away from the current paradigm. The latter was evidenced in Antigua, Guatemala this year when leaders from across the Americas met for the first time to discuss the final version of the OAS Report on Drugs. The political declaration of Antigua, although emphasizing the need to see the drug phenomenon as a public health issue, shied away from proposing regional changes to the current approach, and made it clear that even a moderate overhaul of regional agreements for tackling drug related challenges faces enormous hurdles.

Brazil is one country where political challenges to overhauling the current system remain. Brazil reformed its drug law in 2006, establishing a clear distinction between personal possession on the one hand, and trafficking on the other, and proposing small fines or community service rather than incarceration for drug users. Even so, both cultivation and use continue to be defined as a "crime". Moreover, the law increased the minimum penalty for drug dealing from three to five years, resulting in further strains on an over-stretched penal system (Boiteux, 2011). A quarter of Brazil's inmate population – the fourth largest after United States, Russia and China – is serving a drug-related sentence or awaiting trial on drug charges. Crucially, the aforementioned law does not specify any threshold quantities that can be used to differentiate "users" from "traffickers". It leaves the distinctions to be drawn arbitrarily by judges, based on general criteria such as the quantity and quality of the drug, the criminal record of the suspect, and personal and social circumstances. These highly discretionary criteria are difficult to apply and often result in the discriminatory application of the law. As a result, legislation initially intended as progressive ended up being regressive. Between 2007 and 2010, the number of people incarcerated for drug-related crimes increased by over 62 percent. This increase was due primarily to the imprisonment of first time offenders who had no involvement with organized crime (Boiteux et al, 2009).²²

²¹ For example, Janet Napolitano, Secretary of Homeland Security in the United States for the Obama administration, said in response to the efforts by Latin American leaders to implement drug policy reforms: "I would not agree with the premise that the drug war is a failure," Napolitano said. "It is a continuing effort to keep our peoples from becoming addicted to dangerous drugs." <http://www.reuters.com/article/2012/02/27/us-mexico-drugs-idUSTRE81Q2CA20120227>

²² Much of this paragraph draws from personal communications with Ilona Szbabo

Summary of Experiences in Policy Innovation and Reform: Latin America

Over the past five years, several Latin American states, spurred on by the impacts of the drug trade on their own societies, have spearheaded a call to rethink prohibitionist policies as the sole strategy to respond to the challenges posed by drug trafficking and use. Core lessons from experiences in the region include:

- The centrality of Latin American voices to rethinking ways in which drug related challenges are approached has underscored the need for committed and outspoken leaders to participate in the global drug debate and how drug policy is affecting their countries and regions. For example, the involvement of a growing number of current leaders in the debate has afforded additional legitimacy to existing efforts.
- In particular, increases in violence, corruption, human rights violations and other issues that further weaken state institutions and moreover, put citizens at risk, has made it essential that those regions of the world that have been carrying most of the weight in collateral costs –be they financial, political or human - take center stage in demanding that an honest evaluation of the challenges inherent in the current prohibitionist regime take place, and recommending necessary changes.
- The Latin American experiences highlight how drug related challenges affect each country differently depending on the nature of the political economy, questions of state fragility, the resilience of state institutions and the nature of state-society relations, including how public policy is formulated. The shift in who is driving the drug policy debate at regional and national levels indicates that pressure will continue to allow for creative interpretations on the UN drug Conventions and other legislation so that governments can address drug related challenges in ways that provide better results for citizens.
- The transnational nature of the illicit drug trade and its impacts also demonstrates that regional collaboration is required to develop effective responses.
- The debate surrounding the OAS review of drug policy has made it clear that enormous pressure will be applied, particularly by the United States and Canada to maintain the current drug control regime or at minimum, slow down the current drive for change.
- The importance of regional organizations such as the OAS in making a conscientious effort to suggest changes to global drug policy on the basis of empirical research and sound data is an important example for other regions, even if policy changes are slow to follow.

7 LESSONS FROM TRANSIT REGIONS

7.1 Violence reduction strategies

Experts consulted during the preparation of this paper concurred that transit country drug strategies need to be centered on violence reduction and prevention and strengthening state institutions, in particular those related to security and rule of law. As noted in the OAS Report, transit countries often experience high levels of criminality, particularly criminal violence. This trend is even more acute in countries where institutional capacity is already weak.

In comparing the experiences of Central American countries –a region of transit of illicit drugs that has the highest levels of violence in the world– the case of Nicaragua stands out as an important example. Analysts have pointed to the idiosyncratic characteristics of the Nicaraguan police body to explain the low levels of violence affecting this country.²³ An important part of the explanation for the effectiveness of the Nicaraguan police –and the stark contrast this represents vis-à-vis other Central American countries and in particular the “North Triangle”²⁴– resides in its historical trajectory as the result first of the victory of the Sandinista revolution over the authoritarian regime of Anastasio Somoza, and then the forced liberalization of the political regime after the Sandinistas were voted out of power in 1990. Although it is, naturally, impossible to attempt to replicate elsewhere the path that led the Nicaraguan police to be the institution it is today, there are some lessons to be learned from its historical trajectory: in the aftermath of the revolution, the Sandinistas embarked on a comprehensive process of vetting police officers in order to mitigate corruption, and rid the service of elements who had affiliations with the old regime (Williams, 1994). After the victory of the opposition in 1990 and pressured by grassroots organizations, the police went through a thorough professionalization that guaranteed its independence from political parties and curtailed corruption (Santamaría and Cruz, n.d.).

This has resulted in a police that “developed an institutional culture based more on community needs and stressed the need for investigation and criminal intelligence at the community level” (Santamaría and Cruz, n.d., p. 22). Over time the police service has developed close relations with citizens, and several organizations such as UNDP and USAID have praised this body for being much less tolerant of excessive violence within its own ranks than its counterparts in northern Central America. This is not to say, naturally, that there is no drug trafficking in Nicaragua: evidence shows that drugs do transit through the northern coast, and points to some collaboration from isolated authorities. The important lesson, however, is that Nicaragua has managed to limit the violence that usually accompanies the traffic of illicit goods thanks to the creation of strong institutions which in turn have managed to retain a monopoly on the use of force. Similarly, experts have underscored the strength of Costa Rican institutions to explain why, for many years, this country has been spared from the violence experienced in neighboring countries. In particular, the presence of the state throughout the national territory and the relative efficacy of the rule of law institutions have contributed to minimizing the impacts of the transit of illegal drugs (Cruz, 2013).

In Guatemala, one initiative aimed at strengthening national rule of law institutions which has gathered a lot of attention is the International Commission against Impunity in Guatemala (CICIG). CICIG is an independent body, charged with investigating and prosecuting a limited number of serious crimes. In addition to its central mandate of investigating the existence of clandestine criminal organizations within

²³ Central American countries appear yearly among top homicide places, in 2010 the rate of homicides for every 100,000 inhabitants in the countries in the region were: Honduras 82.1, El Salvador 66, Belize 41.7, Guatemala 41.4, Panama, 21.6, Nicaragua 13.2, Costa Rica 11.3.

²⁴ Guatemala, Nicaragua, Honduras, and El Salvador

the Guatemalan state that are a legacy of the civil war, it also has a mandate to identify and help prosecute other types of criminal networks, including drug trafficking organizations. CICIG works in conjunction with national institutions, in particular the Attorney General's Office, and provides technical assistance to the State. The hope is that in the long term, cooperation with CICIG will result in the strengthening of the national institutions. The immediate, albeit disputed impact of this externally funded international effort in reducing the levels of impunity in Guatemala has pushed some to believe it can be replicated elsewhere, including West Africa. For example, the decision of CICIG to tackle high profile cases has sent an important message in a highly stratified society, indicating that the traditional power structures are not above the law (Hudson and Taylor, 2010). There are growing concerns, however, that in its efforts to produce results, CICIG has not focused as much on strengthening national institutions and that in fact, the very issues that led to its establishment have not been resolved. Concerns have also been raised about how CICIG's 'success' has hinged on the presence of a handful of very competent national public servants and the important possibility that once they leave the administration much of what they have achieved in tackling impunity will be unraveled. Others have voiced concerns regarding the nature of CICIG's mandate, which makes it difficult to develop an effective exit strategy (Interviews NY, May 2013). The long-term feasibility of a costly endeavor such as CICIG must be taken into account when examining the possibility of replicating such an initiative elsewhere. Similarly, the contextual specificities of the post-war political, economic and social conditions of Guatemala are quite unique, as is its regional location, and it is not evident that a structure like CICIG would be replicable in West Africa or other regions.

Also of note, particularly as a response to the merging of violence, drug trafficking and the capture and control of public services by gangs in concentrated areas, is the creation of the Pacifying Police Forces (UPPs) in Rio de Janeiro, Brazil, a policy that initially mustered the strong support of citizens and observers, but which more recently has become the object of strong criticism. The UPPs were created in 2008 as part of a federal program which tried to combine traditional law enforcement approaches with strategies aimed at addressing the social and cultural needs of those communities involved in drug trafficking, specifically those who live in Rio's shanty towns (*favelas*). The overall objective was to minimize violence, establish the rule of law and deliver basic services (until then determined and controlled by gangs), while also repairing the contentious relations between the inhabitants of the *favelas* and the state. The UPPs are thus military police units that implement what is known as proximity policing, a strategy that aims to:

- Regain state control of communities that have been under influence of criminal networks;
- Increase public security and reduce levels of violence in the favelas; and
- Contribute to break the 'logic of war' in Rio (Nougier & Moraes de Castro e Silva, 2010).

The UPPs operate in the following way:

Stage 1: The military announces that it will be invading a specific favela, and based on its intelligence units (known as BOPE) comes into the neighborhoods and arrests the traffickers it finds there, seizing whatever drugs, weapons and other illicit goods it finds.

Stage 2: Instead of leaving the favela as soon as the arrests are made, the BOPE units remain in the neighborhood for days or even weeks, until what is known as the stabilization phase is completed.

Stage 3: This stage is signaled by the arrival of the UPPs, which replace the BOPE, and which shift focus to community policing. Finally, the fourth stage is known as post-occupation, and it is based on the establishing of social and economic programs that aim to provide better social services, increase employment opportunity and widen access to education.

While the long term results of the UPPs are still to be determined, early studies showed that the strategy contributed to reduction in violence. In addition, citizens expressed higher levels of comfort around security forces, and drug trafficking activities have largely decreased in those areas where the policy has been implemented (Nougier & Moraes de Castro e Silva, 2010). However, there is growing concern about the sustainability of these efforts, as it seems likely that criminal bands will eventually return to the “pacified” *favelas* once post-occupation stages of the operation begin. Additionally, some critics have argued that the pre-announcement of *favela* invasions gives criminal organizations time to relocate, which may result in a shifting of the criminal apparatus rather than the dismantling of it (Crawley, 2013a). Also of concern is the rise of violent crime outside of Brazil’s major cities, which could signal the balloon or cockroach effect taking place within Brazil (Crawley, 2013b). Finally, critics have argued that the UPP social strategy, aimed at providing social services following the police occupation, has not been a priority and thus failed to significantly raise the standard of living for the residents of the *favelas*, a sign that the long term success of the UPP strategy might be limited in scope (Glenny, 2012)

7.2 The failures of *mano dura*

Transit countries can also provide important examples of how focusing exclusively on policies known as *mano dura* – aggressively responding to all crime, or being ‘tough on crime’ – as a reaction to the public outcry against the rise of violent non-state actors can backfire. A prime example of this policy has been Mexico, where President Calderón declared a war on drug cartels on the basis that crimes, and in particularly murders, related to drug trafficking had risen significantly in recent years. According to the government, this situation was the result in part of increased corruption at the local, state and federal level. Since the public was unlikely to shoulder the costs (in both lives and resources) that this new strategy would entail merely to decrease consumption in its northern neighbors, Calderón also argued that Mexico was no longer a transit country but also a consumer one.²⁵

Calderon’s government designed a strategy centered on military assaults on trafficking groups and the targeting of top trafficking kingpins (Chi, Hayatdavoudi, Kruszona, and Rowe, 2013). While successful in weakening the cartels, it also triggered a competition between the different illegal networks looking to control the market, resulting in a dramatic rise in violence: the numbers of murders in Mexico almost doubled between 2007 and 2012, and the war made Juárez one of the most violent cities in the world, with a murder rate of 300 per 100,000 residents in 2010.²⁶ Analysts have also pointed to the inefficient nature of targeting kingpins: “[t]argeting the foremost capos in and of itself is not a sufficient strategy. Inevitably, the fallen capo’s organization replaces him with one of his subordinates, the group falls to pieces or rival groups absorb the market share. In nearly all these cases, this process also tends to create more violence”.²⁷ This scenario has been complicated by the notorious weaknesses in the Mexican justice system: “[o]f more than 600,000 people detained in operations against organized criminal groups during former Mexican president Felipe Calderon’s six years in power, some 80 percent went free, according to official figures.”²⁸

²⁵ Critics, including Jorge Castañeda, have pointed out that there is no solid evidence that can support these arguments linking the new levels of violence to drug trafficking, in part because of the lack of data on crime rates and tendencies, and also given the historical links that the Mexican state has had with organized crime.²⁵ The Mexican press also reported that the data provided by the Mexican health ministry indicated “no significant increase in the numbers of users in Mexico”. <http://www.insightcrime.org/news-analysis/what-to-keep-what-to-throw-away-from-calderon-presidency>

²⁶ Ibid

²⁷ Ibid

²⁸ <http://www.insightcrime.org/news-briefs/calderon-80-organized-crime-detainees-free>

Critics of the Mexican strategy have suggested that a more effective law enforcement alternative would attempt to minimize the most violent and destructive behavior by criminal groups through focused deterrence strategies, selective targeting, and sequential interdiction,²⁹ which have been shown to better curb the rise of violent crime within communities affected by drug trafficking organizations. Others have signaled the importance of targeting the most violent traffickers to send the message that –even if the ultimate goal of fully eliminating the drug market is unlikely to be accomplished- the state will not tolerate violent actors (Mejia, 2013). This logic also guided ‘Operation Ceasefire’, implemented in Boston in the 1990s, when city authorities publicly announced that they would target the top two most violent criminal groups, which resulted in local gangs avoiding being labeled as highly violent. Over time, and while the city’s gangs were not completely eliminated, the strategy resulted in a significant drop in violent crime and homicide. Operation Ceasefire prioritized reducing homicide and violence over reducing other criminal activities, such as trafficking by youth gangs (Felbab-Brown, 2013).

Other consequences of the *mano dura* approach throughout Central America include prison overcrowding, systematic violations of human rights and the strengthening or toughening of street gangs, which so far have tenuous connections to drug trafficking organizations, but nonetheless remain one of the most serious causes of violence. Cruz and Santamaría describe three main trends in Central America as a result of the increase in the transit of illicit drugs across the sub-region:

- An increase in homicidal violence;
- Greater and more visible levels of brutality performed by both criminal groups and state forces; and
- A steady process of cooptation, penetration and control of the security forces by criminal groups (Santamaría and Cruz, n.d., p. 2-3).

The authors acknowledge that the shift in drug flows resulting from better law enforcement in the Caribbean, and the policies of deportation that have resulted in the flooding of gang members returning to Central America from the US have had a significant role in the production of the three trends described above. However, they argue that the main driver of these trends is “that the governments of the sub-region have neglected the development of security policies that incorporate long-term strategies aimed at mitigating the structural causes of violence, while tackling at the same time the situational and contingent precipitants of crime” (Santamaría and Cruz, n.d., p.3). In this sense, they point to an important lesson for African countries: it is indispensable that transit countries simultaneously implement security measures that curb violence immediately, while also designing institutional reforms that will work in the long term. The latter, importantly, cannot exclusively be focused on improving the capabilities of the criminal-justice systems, as they often are. Rather, they must also enforce accountability mechanisms and preventive measures, and they ask that the international community support these efforts by being “willing to affirm and demand unrestricted transparency and political commitment to institutional accountability on the side of the recipient countries” (Santamaría and Cruz, n.d., p.27).

7.3 Impact on development and the economy

Experts are ambivalent on the overall economic impact of drug trafficking. Research suggests that the microeconomic impact is significant, since drug trafficking provides alternative economic opportunities to vulnerable populations that operate outside licit markets (Kemp, Shaw, and Boutellis, 2013). However, the violence, corruption and deligitimization of the state often brought by drug trafficking affects in the

²⁹ According to Vanda Felbab-Brown, this implies that: “To overcome the problems of resource intensity, dispersion of resources, and police abusiveness, law enforcement forces can adopt an alternative approach – namely, selectively focusing on punishing or incapacitating a chosen criminal group or a chosen type of offender either in a particular locale or the entire country with the goal of deterring other criminal groups or actors throughout the system from engaging in the designated harmful behavior.” (Felbab-Brown, 2013, p. 4)

long term the macroeconomic stability of the country. Along these lines, when examining the impact of drug trafficking in Colombia, Francisco Thoumi has stated that: [w]hile the illegal drug industry has been important, it cannot be argued that the performance of the Colombian economy has improved because of the drug income... When the illegal industry began to grow, its short-run effects in the economy tended to be positive but in the medium and long run, its effects have been highly negative” (Thoumi, 2002, p. 110). The effect of the allocation of resources to fighting drug trafficking, at the expense of other sectors of the budget, is an important part of the puzzle (Thoumi, 1995; Thoumi 2002). The latter affects not only the distributions on resources nationally, but also international flows. For example, a World Bank study concluded that “prohibition and its derived illegal market imply the expropriation of endowments and resources used to produce and trade drugs. In many instances, this entails the transfer of wealth from poor to rich countries and from poor peasants to rich (and ruthless) traders” (Keefer, Loayza and Soares, 2008).

In Central America, where high levels of poverty and unemployment prevail, drug trafficking organizations provide a lucrative alternative to young disenfranchised people. This problem is compounded by the fact that drug trafficking organizations can easily use the same networks and transit corridors that existed during the war and that were used for different purposes. For example, the transit routes for drugs from the Andes through Central America now follow paths that were used to move contraband cheese. Radical experiments in trying to minimize violence such as the truce signed between the government of El Salvador and the leaders of the main gangs (*maras*)³⁰ can fall short of expectations if the state is unable to produce long-term job opportunities for young people, who otherwise revert or turn to violence (Cruz, 2013).

Another study conducted by the World Bank in conjunction with UNODC in 2007 established that crime and violence should be understood as a development issue, and argued that high rates of crime and violence, at least in the Caribbean region, have a direct effect on human welfare and economic and social development. In the region, the trafficking of narcotics remains the strongest explanation for the high rates of crime and violence, the normalization of illegal behavior, the diversion of criminal justice resources to other activities, as well as crime on property and a proliferation of firearms. In the Caribbean, traditionally a predominantly transit area, drug trafficking can have important impacts since couriers pay their counterparts with drugs rather than cash, compelling and stimulating local markets. The World Bank study also noted that young adolescents are becoming increasingly involved in violent crimes, particularly in relation to the drug trade. Indeed, the lack of employment opportunities is such that the attraction of “easy money”, in conjunction with laws protecting the under-eighteen age group makes partaking in drug trafficking an appealing option. Additionally, the marketing and glorification of the drug dons makes involvement in drug marketing extremely attractive for disenfranchised youth (World Bank, 2007).

³⁰ Maras is the name used to describe gangs in Central America, particularly El Salvador, Honduras, and Guatemala.

Summary of Lessons from Transit Countries

While there is no certainty that West Africa and other regions that have become transit corridors for drugs will necessarily follow the same path as Mexico, Central America and the Caribbean, important lessons can be garnered from the experiences of these countries and sub-regions:

- West African countries should be aware of the heightened risks that transit countries face regarding the potential explosion of crime, violence and brutality propelled by illicit drug trade. Equally, they should also be cognizant of the fact that (as is already the case in many West African countries), that transit countries can quickly become consumer and production countries, placing additional burdens on society and national and local governments. In this regard, preventative strategies coupled with strategies aimed at providing adequate and humane treatment for drug users, as well as public discussions on whether to decriminalize or legalize personal use of certain drugs at an early stage are warranted.
- Transit regions should develop strategies that consider the prevention or reduction of drug-related violence in the immediate term, and that are aimed at mitigating structural inequalities and responding to deep structural governance challenges, particularly corruption, which tends to nurture drug trafficking and other forms of organized crime.
- Responding to the illicit drug trade in transit countries requires a multifaceted approach involving relevant ministries such as the ministries of justice, interior, health and education, specialized committees in the legislature, anti-corruption bodies and civil society. It also requires long-term and sufficient budgetary allocations (for example, as part of the national development strategy), underpinned by strong political commitment by all parties and not just the governing party.
- Depending on the specific context, transit countries might focus on the establishment of specialized bodies to counteract the effects of drug trafficking, yet they should be wary of the challenges that arise from creating specialized bodies that can 'go rogue' if agents are not effectively vetted and if the necessary checks and balances are not in place to provide effective and continuous oversight.
- Of particular importance is ensuring the extension of effective state services throughout the territory, and ensuring that services other than those provided by the security institutions (i.e. health and social services) are available to citizens in remote areas. Mapping international cooperation efforts that have responded effectively to the manifold challenges posed by drug trafficking and predicate crimes, should be examined, with due consideration for context, particularly the political economy of a given country, existing governance (formal and traditional) structures and challenges, societal inequalities; and the absorption capacity of national and local institutions.
- Examples from Latin American show that relying exclusively on repressive *mano dura* strategies (i.e. ones that are vaunted as 'tough on crime') can often backfire, resulting in an increase in violence, prison overcrowding and further marginalization of vulnerable populations. Efforts to improve relations between police and those populations will only work if the actions of security services are complemented by the sustainable presence of health and social services.
- Examples from Latin America also demonstrate that repressive measures in one country/location often fail to eliminate drug trafficking, but rather move trafficking efforts elsewhere, in what has been described as the 'ballooning' or 'cockroach' effect.
- The WACD should recognize the costs that 'wars on drugs' to local economies and national budgets, and on local communities, in particular the youth.
- Finally, as it strengthens its response to drug trafficking, West Africa can benefit from the multiple experiences in Latin America, and governments in both regions should create and sustain avenues of collaboration. South-South cooperation on this issue has enormous potential but is costly and requires sustained investment by national governments, regional bodies and international partners.

8 Conclusions: the possible role of the West Africa Commission on Drugs

Few countries have managed to create the legal and institutional infrastructure needed to produce fully comprehensive and integrated drug policies (The Czech Republic, Portugal and The Netherlands being a few examples). Nonetheless, reforms that move closer to that end have been proven to bring economic, political, social and health benefits. This paper has described some of the efforts that have been taken by states to create a multi-sectoral, integrated approach that moves away from exclusively implementing prohibitionist laws, to incorporating harm reduction strategies or other alternatives such as decriminalization and depenalization of personal consumption of drugs. Today, more actors, including sitting heads of state, are demanding a global effort to rethink the way in which drug related challenges are addressed. West African states have an important role to play in this global debate, while simultaneously making progress in designing drug policies centered on regional realities, and moreover, the well-being of their citizens.

The West Africa Commission on Drugs can play an important role in leading a frank and wide-ranging debate on drug policy. In this regard, some important lessons can be garnered from how the Latin America and the Global Commissions influenced the debate on global and regional drug policy. Both bodies demonstrated the importance of high-level leadership in openly addressing this issue. The fact that these Commissions included former heads of states such as Fernando Henrique Cardoso, Cesar Gaviria, Jorge Sampaio, George Papandreou and Ruth Dreifuss, international figures such as Kofi Annan and Louise Arbour, as well as intellectuals such as Mario Vargas Llosa, and entrepreneurs such as Richard Branson legitimized the work of the Commissions and facilitated the promotion of their work through access to high-level officials, civil society and the private sector in different countries. In this regard, **behind-the-scenes diplomacy has played a key role in promoting the work of the Commissions, and in gaining support from different actors not directly associated with these bodies.** Both Commissions helped **mainstream the debate among politicians, legitimizing the discourse that had been used by advocates for decades.** The fact that many of the members of the Commissions have also seen first-hand the political impact of the current drug regime control has sent the message that these policy reforms are not advocated by idealists or fringe sectors, but rather by leaders who understand the full implications of these suggestions (Tharoor, 2011).

According to Mike Trace, Chair of IDPC and a former drug czar of the UK who has closely followed how these bodies have worked; three key factors rendered their work influential and relevant:

1. The credibility of the commissioners was critical in legitimizing the Commissions' work and in building support for the policy approaches they were suggesting.
2. The Commissioners have been willing to publicly support the work produced by these two bodies, speaking publicly and endorsing the report findings.
3. Efforts to underpin their work with empirical research bolstered the credibility of the Commissions' policy recommendations and gave space to evidence-based rather than ideological debates (Trace, 2013)

The WACD should therefore take advantage of the credibility and public recognition of its members to target leaders who will be willing to meet and discuss drug policy and its implications for the region, as well as publicly endorse and support the technical work produced by the Commission.

It is also important to note that the Commission reports have built on decades of academic research, thus **emphasizing the need to move this policy conversation from the ideological-based realm to one based on empirical evidence.** In this regard, **the WACD should underpin its work with as much research as possible and in its final report, it should clearly highlight where core data is missing or unreliable.** In support of ECOWAS' efforts to establish regional data collection networks, it may recommend the creation of a center similar to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Establishing such a centre would be of central importance in the efforts to fulfill the calls from the ECOWAS Regional plan and the African Union Plan of Action on Drug Control (2013-17) to enhance data collection, and designing drug policies that respond to needs in the ground and would bolster efforts currently underway to establish WENDU - a sentinel surveillance project led by ECOWAS and aimed at establishing networks throughout the region to collect data on treatment demand.

The media attention that the Commissions have received has also been pivotal in mainstreaming the debate on drug policy and publicizing its importance: for example, some 3,060 media stories on the Global Commission on Drug Policy were published worldwide, some 2,036 in the United States alone in June 2011 (Drug Policy Alliance, 2011). **The WACD should implement a public relations strategy that establishes good connections with local and international media, which will be an essential tool in disseminating its messages.**

Arguably, the success of the Latin American and Global Commissions in opening the debate on drug policy, which had been an almost taboo topic for decades, is partially due to the fact that it taps important work conducted by civil society organizations at the grassroots level in Latin America and Europe; and decades of research by academics and policy work conducted by think-tanks.³¹ This is not the case in West Africa, where civil society has yet to make a meaningful contribution to the debate on drug policy reform. In fact, “the dual failure to build alliances with civil society and nongovernmental and community-based organizations, as well as the failure to educate the populace have been major missing elements” in responding to drug trafficking and use” (Asare-Kyei, 2013). The lack of awareness or expertise of African civil society organizations on the issue of drugs, combined with a dearth of regionally-led research on the different dimensions of drug policy, and a public that has not had much access to information about the difference between problematic and non-problematic drug use or other important aspects of the impact of drug use and traffic in their societies, will be a challenge for the West Africa Commission on Drugs. **Civil society organizations and academia must play an important role in leading the debate and in helping monitor and implement both national and regional action plans (Asare-Kyei, 2013). It is therefore indispensable to build an informed and knowledgeable civil society, and support the development of research capacity within universities and think-tanks in the sub-region.**

An important factor to consider with regard to how to shape change in the existing drug policy debate is the prevalent public opinion on what is the best response to the use and traffic of illicit drugs. Public opinion in the United States has been increasingly shifting to endorse policies that move away from the strictly prohibitionist approach that the government has supported world-wide. For example, the sentiment towards legalization of marijuana has increased by 20 percentage points in just over a decade

³¹ Organizations such as DeJusticia in Colombia, Intercambios in Argentina, and Viva Rio in Brazil have played leading roles in the drug policy debate in their respective countries; and have become a necessary interlocutor of the states in these issues: these organizations, for example, presented recommendation to OAS member states during their meeting in Antigua in 2013 (Intercambios, n.d.). Similarly, civil society has played a pivotal role in Europe in promoting harm reduction policies and pushing for more progressive policies both on a national and regional level. Such is the case of the European Civil Society Forum on Drugs, which meets at least once a year and serves a direct means of communication between the European Commission and civil society organizations. The Forum has also presented recommendations to the Commission for inclusion in the EU Drugs Strategy (European Commission, n.d.).

(Dionne and Galston, 2013). A clear example of this change is the full legalization of marijuana in the states of Colorado and Washington, changes that were brought to ballot by citizen initiatives and which gather sufficient support from voters: 54.8 percent in Colorado and 55.7 percent in Washington. In Latin America, while public opinion in certain cities such as Buenos Aires and Mexico favors the legalization of illicit drugs (51 percent and 53 percent respectively), in others such as La Paz and El Salvador prohibitionist strategies are still favored (with 61 percent and 71 percent respectively). Citizens that have not seen an explosion of violence around drug trafficking, such as Chile and Argentina, are more favorable to the legalization of marijuana, while populations that have lived violence directly, such as Colombia and El Salvador, seem more reluctant to go that route (Asuntos del Sur, 2012). Although policy reforms can be implemented against popular wishes, it is naturally more legitimate and effective when these have broad public support. **In this regard, the WACD should support campaigns designed to raise institutional as well as broader public awareness on core issues related to the global drug policy debate, including on alternative approaches to the current drug control regime such as decriminalization, legalization and harm reduction that have been introduced elsewhere. In this regard, the Commission can also play an essential role in moving the debate from ideological grounds to one based on empirical evidence and sound data.**

The WACD could also contribute to supporting ECOWAS and regional government efforts to review, and if necessary, reform drug policies by producing a simple roadmap of possible actions that might be prioritized. Such a roadmap could underscore those issues that are national prerogatives (for example data collection), and those where there is need for further regional cooperation and coordination. Such a road map might also help prioritize the allocation of external assistance, particularly with regard to drug-related health and treatment services, which have tended to be largely ignored by external assistance actors.

This paper has discussed shifts in drug policies in Europe and the Americas that have attempted to address challenges posed by drugs. It highlighted the benefits of a multi-sectoral approach that prioritizes the reduction of risks and harms in comparison to one focused solely on policing and repressive policies. Countries such as Switzerland, Portugal, the Czech Republic and the Netherlands have used empirical research and sound data to inform policies, which has helped minimize the harms of drugs in their national territories, and allowed them to develop integrated drug policies. The paper draws lessons from policies that have failed to accomplish their goals, outlining the risks that arise from a militarization of the response to the drug trafficking, including the perpetuation of violence, challenges to governance and security, entrenchment of corruption, prison overcrowding, human rights abuses among others. The paper argues that empirical research and sound data should underpin drug policy, and that in order for new drug policies to be successful they must be formulated in consultation with different sectors of society, including civil society, the health sector, law enforcement, academia, among others. The paper shows the key role that national and international commissions have played in opening a healthy and reasonable discussion and public debate on this, playing a key advocacy role in the promotion of new policies. The West Africa Commission on Drugs has been established at a pivotal moment. It has an enormous opportunity to bolster on-going efforts at the global level and in the region. **It can flag where national and regional bodies can avoid the pitfalls that have plagued other countries, particularly in terms of identifying how they can provide effective and humane treatment for drug users, and prevent the emergence of violent crime in key transit areas. And finally, it can support current efforts aimed at ensuring that citizens' well-being remains the core objective of formulating and implementing drug policy.**

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