



GLOBAL
COMMISSION ON
DRUG POLICY

REGULATION:

The Responsible Control of Drugs

2018 REPORT - TESTIMONIES





TESTIMONIES

DIEGO CANEPA

Deputy Chief of Staff of the Presidency 2010-15, Uruguay

Uruguay has never criminalized the use alone of any drugs, although it was left up to the discretion of the judge. This did lead to people who use drugs being criminalized. We shifted to an approach that focuses on public health and the well-being of our citizens - and didn't see this being achieved through criminalization or imprisonment of the users. The decision to legalize and regulate cannabis came out of this philosophy.

There were two key elements to this decision. The first was public health. What we now know is that we had a sustained increase in consumption under prohibition. All that we achieved was handing control of the market to organized criminal groups. The new reality with regulation is changing that. Cannabis products will be safer because the producers are licensed by the government under strict standards, and cannabis is sold through pharmacies or licensed outlets. We control the potency, the price, health information on the packaging, and who can access the market. We have also learnt from historic problems with tobacco and have banned branding and advertising. We want to displace the illegal market - not encourage more use, and we have used taxes to help fund new public education campaigns.

The second element was about community safety and respecting human rights - curtailing the threat of organized criminal groups and the violence associated with the illegal drug trade. Latin America has been the hardest hit by prohibition and we need to look for internal solutions that can help the region: such as regulated markets. We are seeing this philosophy take off in other places such as Colombia, Chile and Mexico. We also understand that the rights of people who use drugs should be taken into account and respected. We believe that human rights obligations take prece-

dence over drug control efforts. We strongly advocate that security will improve when we respect human rights and when we see this as a development issue in the region.

In this context we hope people will see that by creating a regulated market for cannabis, we are not liberalizing it. On the contrary, international experience suggests that a regulated market is about having greater oversight and more visible controls than we can under prohibition.

Some of our neighbours, and people at the UN were not happy with Uruguay's decision. But our reasons for reform were the right ones and more and more countries are following us now. We are pleased with the changes taking place in Canada and around the world. As President Mujica (40th President of Uruguay, 2010-15) said at the time, someone had to go first.

SEAN BERTE

From a Federal sentence to the regulated marijuana market, Massachusetts, United States of America

In my early twenties I became a Boston firefighter. That profession brings a host of medical conditions, with the most prevalent being cancer and heart disease. Before either of those become a problem most firefighters deal with musculoskeletal ailments that often require surgery, as well as elevated stress levels due to going from a sedentary state to being highly active within seconds on a regular basis. A lot of calls firefighters receive, such as suicide attempts or hurt children, also take their toll mentally. It's because of these ailments that I decided to use a more benign substance to combat the pain and stress of my new career. After all, I had been a marijuana user since high school where I graduated from one of the most prestigious public schools in the country and marijuana hadn't affected me negatively.

Being a civil servant with the surrounding stigma of marijuana use was difficult, which is why I started to grow my own plants. Within a couple of years the DEA and local police joined forces to raid my



home and firehouse, simultaneously. I was found with 131 marijuana plants. I pled guilty in Federal court and served 8 months in Federal prison. I lost my career, my life savings, my pension, and I nearly lost my house too. I served my time and the subsequent probation (3 years). I declared bankruptcy in order to keep my home. After 5 years of post-incarceration I was barely making above minimum wage.

The legalization and regulation of marijuana in my home state is poised to correct some of the wrongs of the Drug War. I have qualified for priority in licensing due to my marijuana offense but I am having a difficult time obtaining funding for such a venture because of the financial hardships I sustained after prison. I am not entirely sure that the legal market will present the opportunities it should to those who've suffered the most from prohibition.

I have personally chosen to enter the legal marketplace because it is what I've always wanted. I never enjoyed doing something that the government considered illegal. I also had the added incentive of entering this new industry after I saw the police officer (who first arrested me for marijuana) join a company trying to open a legal marijuana dispensary in my hometown. Because I am still suffering the consequences of being a lifelong felon I now feel obligated to succeed in this new industry to show the general population that those who have made mistakes in the past are truly worthy of second chances and just maybe get back on my feet after all these years.

HON. PETER DUNNE

Associate Minister of Health 2005-13 and 2014-17, New Zealand

In July 2013, the New Zealand Parliament, by a margin of 119 votes to 1, voted to create the world's first regulated market for psychoactive substances. In essence, the Act established that only those substances that met a pharmaceutical grade of testing as low risk could be manu-

factured and sold in designated stores to persons over the age of 18 years, with severe restrictions on their marketing and promotion. It was passed against a backdrop of approximately 350 different products and combinations already being freely sold over the counter at more than 4,000 corner stores, convenience shops and adult stores across the country.

The Act required all products to be withdrawn immediately, and then resubmitted for testing for confirmation as low risk before they sold to the public. Only 153 designated R18 shops would be able to sell such products. It was estimated that it would take a few weeks for the details of the new regulatory regime to be finalised, so, to ease the transition process, some 41 products that had been on the market for some years already without deleterious effect were allowed to remain available until the regime was finalised, at which point they too would have to be withdrawn and submitted for testing.

Immediately, the Act was hailed as a far-sighted and sensible approach, but within a few weeks, the problems that very nearly destroyed the Act altogether, and certainly have stalled its full implementation, came to the fore.

The first, and by far the most serious, was that the Ministry of Health had massively under-estimated the complexity of establishing the new regulatory regime, and had not advised the Government beforehand that there would be a problem. So, rather than there being just a few weeks away, the reality was that it was not finalised until November 2015 - almost two and a half years later. In the meantime, that delay had led to literally "all hell breaking loose".

This had several aspects. The first was that a certain amount of stockpiling took place of substances about to be withdrawn, and with it, some binge usage. Reports of a surge of presentations to hospital emergency departments from people using psychoactive substances were both exaggerated and misleading. Where such presentations had

occurred they were often from people misusing illicit drugs, who previously would not have come forward for fear of prosecution, now feeling they could come forward and blame their misadventure on legal psychoactive substances. But the longer the interim period dragged on, the worse the noise became, with almost daily horror stories appearing on the evening television news, and public confidence consequently rapidly reducing.

Second, the restriction to R18 stores drew attention to previously unaware citizens that such outlets even existed. In the major cities, this was not a major issue, but in provincial cities and towns the response was rather different. People were horrified to see these hitherto unobtrusive outlets and furtive customers had been replaced by large queues of people lined up outside each morning to buy their drugs. Local government elections due in October 2013 gave every budding Mayoral and Council candidate in rural and provincial New Zealand a ready-made issue to campaign on.

In this environment, rather than the reduction in retail outlets from over 4,000 to around 150 being hailed, the perverse reaction was that were now 150 designated drug selling stores across the country. When these substances were being sold everywhere over the counter, completely unregulated alongside the chewing gum and the newspapers, no-one apparently had noticed, (although that had not been the reaction then) yet now we were seen to be encouraging the sale of drugs in every town across the country, such was the hysteria of the time!

Then, around the start of 2014 the expert committee advising the Ministry of Health on the testing regime reported that the level of animal testing contemplated (rats and mice) was not adequate, and that tests regarding the impact of these substances on the human reproductive system required a higher level of animal testing, in particular lagomorphs. The thought of "cuddly bunnies" being used to test psychoactive substances was simply too much for many people. At the same time, a Parliamentary Committee had been look-

ing at the issue of animal testing more generally from an animal welfare perspective and was moving towards recommending stricter controls.

Through all this upheaval Parliamentary support for the legislation remained largely intact, as it was generally accepted that a total ban on psychoactive substances was impractical and would likely drive the market underground. However, from early 2014, with a General Election looming later in the year, that ground started to shift as well. Government Members of Parliament from rural and provincial areas were coming under increasing pressure from their constituents, and the Opposition was becoming ever tempted to play the populist card of calling for a total ban. So, just before Easter 2014 I therefore proposed to the Prime Minister that we introduce two simple amendments to the Psychoactive Substances Act to remove the interim approvals for the 41 products still on the market, and to ban animal testing of psychoactive substances. This legislation was adopted unanimously by Parliament in early May. The public "noise" died away almost immediately, but the ban on animal testing has meant that the Act has been unable to be implemented and is therefore largely in limbo.

In retrospect, two factors led to this situation. It was a mistake to have had an interim regime for the 41 products. Had they been removed from the shelves immediately like all the others, the public hysteria that built up during the latter part of 2013 and early 2014 would not have occurred to nearly the same extent. But the delay in finalising the regulatory regime, with or without the interim regime was far more critical. Had that been in place by around the end of July 2013 as originally envisaged, the transition would have been smoother.

The Psychoactive Substances Act is due for review during 2018, around the same time as the 1975 Misuse of Drugs Act is also being reviewed. With public attitudes to drug use changing, and the prospect of a referendum on recreational cannabis use in the next year or so, the concept of the regulated market it introduced still has merit and



relevance, despite the difficulties encountered to date.

ROXANA ARGANDOÑA

Coca Grower, Bolivia

My name is Roxana Argandoña. I come from the province of Chapare located in the tropics of Bolivia. My family isn't wealthy and I never completed school because my family couldn't afford it. For decades my family has made its living from growing coca leaf, it has always played a central role in our day to day lives.

Our fight for the coca leaf isn't new, it dates back many, many years. Previous governments have condemned coca and said it had no place in Bolivia, however on an ancestral level, the coca leaf is and always has been an important part of our culture.

Different governments have had different attitudes to the coca leaf during my lifetime. There have been several military efforts to enforce a complete ban on coca production, eradicating by force. Each time it's happened it's led to deadly, violent confrontations. I witnessed them first as a young woman and later on as a mother. Extreme violence, murder, the imprisonment of so many young men from our community, and the abuse of women. This was our day to day reality. Without coca, we had no means of subsistence. We were forced to react, to fight back.

We spent more time in roadblocks and in marches than at home, yet no one listened. The military would fire gas and bullets at us. Lots of people died. Life in the Chapare was horrible! We couldn't even sleep at ease. The military would come into our homes at any time of night, and day. We were constantly being sprayed with gas. We had gas for breakfast, lunch, and dinner. I would never want to relive that or have my children or grandchildren witness what we suffered.

Thankfully, we stopped witnessing these atrocities since 2005 when Evo Morales came to power and

changed things. We are now allowed to grow a small plot of coca leaf per family. We can finally live and sleep in peace. We can walk around freely and grow coca leaf and hold meetings without fear of violence or repercussion.

Banks are now for the first time offering loans with low interest to farmers and producers like me. This has enabled us and many families to have money to build our own houses, and get a car.

In the past, women from my village would go to the city to give birth. Three of my children were born in Cochabamba because hospitals in the tropics were ill equipped. I was scared of delivering my babies there. One of my sons died here because of the lack of medical aid. He was still-born. After that, I didn't want to deliver my children here. However, now that the municipality has experienced a lot of growth, more hospitals are being built and the conditions are improving. My youngest was born in Villa Tunari.

Education has improved tremendously as well. Before we didn't have proper schools. The roofs in the classrooms were made out of mud or straws. Now we have schools. In the past, younger people from the Chapare suffered discrimination, especially at universities. Society didn't want or expect our children to go to university, but we are seeing changes now. Now both men and women are aware of their rights. Our children are attending university and receiving degrees.

Producing coca leaf doesn't lead to violence or instability or to any of the horrors that I've observed in my life. It's government bans and the military approaches used to fight us that has caused me the greatest horror.



DR. RITA ANNONI MANGHI

Doctor of Psychiatry, Addiction specialist at a Heroin-Assisted Treatment Clinic, Switzerland

When I started working 25 years ago as a psychiatrist and psychotherapist in the area of addictions, I was filled with apprehension and preconceived ideas. I was afraid of the violence that I believed characterized most patients. I was wary of their state of intoxication that I thought would inhibit any chance of connecting with them. I did not understand the absurd pattern of chronic relapsing and suffering.

I met all kinds of people – some who were imprisoned by silence, others who were interested in reaching out to me. And some who were just busy living with their dependence. All had in common an ability to share their experiences with me, and have thereby shaped the person I am today.

I tried to reach out to them, on their terms, with respect and humility. I could only admire them, as I watched them fight – first for survival, then to learn how to live, thanks to harm reduction measures and opioid substitution treatment – and reflected on the lives they would have liked to have led. To live with a chronic illness that arouses stigma and rejection becomes a daily challenge. Caring for people living with dependence must involve a degree of activism, which aims to change people's perceptions.

I met pharmacists who were the first in the late 1980s to provide sterile needles to limit the virulence of the HIV epidemic. I still recall the heated debates among therapists who were for and those who were against opioid substitution therapy. And I remember the first administrations of methadone in the early 1990s – some even earlier – by the same doctors who were reanimating at least three people a day from overdoses in the Letten park in Zurich. I saw the first patients arrive at the Heroin-Assisted Treatment (HAT) program in Geneva in 1994, pioneers who were so surprised at being provided with legal heroin and associated care, all reimbursed by their health insurance.

I think about Laura*, one of the first to benefit from this program prescribing medical-grade Diacetylmorphine (DAM or heroin) and who, ten years later, helped set up a similar experimental center in Spain. I remember Jacques*, who followed a harm reduction program for people dependent on alcohol, and who told me: "Finally a place where I can say that that I drink, where I am accepted as I am." Twenty-five years later, I talk to Denis*, who is married with two children, and who is living proof of the effectiveness of HAT, which allowed him to build a future and not die of an overdose several years ago.

Programs based on the restricted legal distribution of heroin have saved these individuals' lives. The different programs that treat dependency have allowed us – patients and doctors – to age together, and ensure that they do not live in shame with their dependency but experience it as a chronic illness, with its periods of crisis and remission. This is why today, in 2018, I can talk to them not only about their consumption, but also and most especially about their holidays, their family problems, the jobs they have lost or found, and of their daily joy.

I have come to realize that a one-size-fits-all approach to health care leads patients to hide and not seek help – not to trust us. That abstinence is in no way an end in itself. That consumption, when it is not stigmatized and criminalized, can be approached from an educational point of view in a way that can make it less problematic, perhaps even no longer unpleasant. That what is most important is how each person wishes to lead their life, with or without substances. In this way, as they reach 50-60 years of age, Jacques, Laura, Denis can look back and consider that their lives weren't so bad after all... or at least good enough. That the case of Cyril*, who died at the age of 70 surrounded first by his family then in a hospital setting under palliative care, is not an exception.

**Not real names*



MEGAN KEY

Consumer who moved from the illegal to legal market, Colorado, United States of America

I come from a religious family that doesn't really use anything, so I have always hidden my cannabis use from my family. That hasn't changed since Colorado transitioning to a legal market. However, I do feel much more comfortable being open about using with my peers and it seems like most of the adults I know smoke, vaporize or eat cannabis products.

Before marijuana was legal, it was easy enough to get but I didn't talk to anyone about my consumption, particularly since I worked at a church. Even if we were at a party, we would sneak off to smoke pot. With prohibition, I didn't really buy any marijuana, it was my husband who would buy it which was how it was before too. I think being a woman means that you often rely more on men to buy drugs when they are illegal. When I did buy, I was always nervous about the quality, about whether it was being weighed appropriately and also with the dealers since I didn't really know them at first. At one point, we grew pot for our personal consumption, but I was worried about people smelling it or one of my kids telling someone.

When marijuana first became legal in Colorado, we were all so excited and we didn't know the rules at first, so we assumed you could smoke anywhere you could smoke tobacco. Of course, now that we all know the rules, we would be shocked by that because it is not allowed. But at first, we smoked in public places and even the waitresses didn't know the rules yet. Once it became clearer, the social (and legal) norms are firmly in place.

I love the legal market. I have two places where I tend to shop, and I get to pick out which strains work for me. Regulation has meant that I can pick and choose what I want, as an adult. Now I am starting to try CBD with low THC to see whether that works for me. Under prohibition, I would not have had that kind of freedom, or that security. My previous nervousness about buying is completely

gone. I would never go back to the illegal market. I prefer this 100 percent because I know what I am getting, and I can get additional information from the people at the dispensary.

Although I am comfortable speaking about my consumption with peers, there is still quite a bit of stigma, particularly because I work at a school in a conservative part of the state. I don't talk about it there, just like I wouldn't talk about any alcohol use either. It is more about avoiding an awkward situation with parents or colleagues. I think the mood is slowly changing though. Now it is worse to smoke tobacco than marijuana. And it appears that the evidence backs this up.

I am still working on how I talk to my 15-year-old son about these issues. It is hard to tell a young person that something has now changed from being illegal to legal because they tend to see the world in black and white. I've been honest about my use with my older son, but I haven't started talking about this with my 9-year-old daughter. How do you explain this? You don't want to lie to your kids. So, I have been telling them to treat it like alcohol. That it is something that adults do and that they have to wait to decide whether they will use when they are older.

Regulation has made having the conversations easier, but it is still complex. I think there will be a generational shift in the next years that will help us to have these conversations. I am very grateful that I now have full control over what, how and when I consume because of a legal, regulated market. Adults should be provided the opportunity to make their own decisions, even if the conversations with young people continue to be a process.