



GLOBAL
COMMISSION ON
DRUG POLICY

CLASSIFICATION OF PSYCHOACTIVE SUBSTANCES WHEN SCIENCE WAS LEFT BEHIND

2019 REPORT - TESTIMONIES



TESTIMONIES

CAROL KATZ BEYER

*A mother's account of losing her sons to prohibition,
United States of America*

As a mother and healthcare professional who is grappling with the loss of two children to fentanyl-related overdose, I know too well the impact of harmful drug policy. I have interviewed countless families whose stories call for a paradigm shift, embracing comprehensive care and solutions rooted in science, compassion, and public health. I co-founded Families for Sensible Drug Policy to advocate for drug policy reform, while educating helping professionals about harm reduction strategies and solutions.

A growing number of families like mine are harmed by the scheduling of drugs as controlled substances. Draconian drug policy encourages an unrealistic and punitive model that requires abstinence, making no room for youthful experimentation that can occur for a variety of reasons. Yet focusing on substance use as the primary problem not only devalues the unique journey, strengths, and resources of each family, it also unwittingly moves our loved ones from experimentation to problematic use.

My own sons, Bryan and Alex, were no different than countless other young adults around the world. They played sports, loved music, went to parties and concerts with friends, and experimented with drugs. Since their high school had a "zero tolerance" policy, they were drug-tested, got a positive screen for cannabis and cocaine, and were forced into an intensive outpatient program with people who used drugs that were older. They were told to identify as powerless addicts, then kept from sports, extracurricular activities, and their peers. Their condition got worse, but "hitting bottom" was considered part of recovery. They were taught that I was "codependent" and an "enabler" for showing love and advocating for their well-being.

When their substance use became more harmful we were told to send them to a 28-day inpatient rehab program in Florida. Afterwards, Bryan and Alex cycled between detox, jail, rehab, and sober living facilities. They maintained stretches of sobriety, and seemed to be maturing out. Bryan attended Johnson and Wales University, started a business, and got married! Alex graduated from Full Sail University, returned home to New Jersey to be closer to family, and pursued his career! Tragically, since the streets are flooded with fentanyl and there are no safe consumption spaces to manage relapse, my beautiful boys lost their lives to preventable overdoses. The loss is unfathomable to family and friends. It was not the plan for my youngest son, Devin, to visit his brothers' graves on the day he graduated from college.

Current prohibition-based drug policies interfere with people's human rights, as well as individual and family safety. As a mother, I believe that the US government's stance toward drugs contributed to my sons' deaths. The War on Drugs marginalized them, telling them their lives did not matter.

Family support is an integral part of recovery and a healthy relationship with substances. We know that problematic use results from an interaction of psychological, biological, and sociocultural variables. Addiction gets called a "disease," but that is a misunderstanding. Through programs like Family Drug Support, families are empowered to work through the issues contributing to problematic use together. People who use drugs and their families deserve support that treats them with dignity, individuality, and respect.

CONNIE VAN STADEN

*From dealer to leader - Human Rights and Advocacy
Officer, SANPUD, South Africa*

I was born in 1975 in an average income-earning home, west of Pretoria in South Africa, during a period of political upheaval. One aspect of my



growing up that I wish I could have changed was the fact that my parents were both alcoholics. My father worked as a gas inspector for a large refinery plant and my mother worked in the funeral sector. They were both hard-working, functioning, and we were never exposed to violence or any of the other stereotypical “children of alcoholics” rhetoric. Contrary to the usual narrative, our home was filled with love and there was always enough food and plenty of laughter! For the most part we were a very happy family. Unfortunately though, both succumbed at a relatively young age to the bottle. My mother passed away in 2008 (age 49) and my father in 2007 (age 53).

When I was 15 I started going to clubs in Pretoria and experienced my first interactions with psychoactive chemicals, namely ecstasy and LSD.

The very next day after using LSD I tried heroin and absolutely fell in love! I loved what the drug did for me. It took all away all the pain, all the heartaches, and it didn't matter that people said “You're a worthless junky, you have no discipline you're a criminal you have no ethics.” They was nothing that could bother me.

I became the person that parents warned their kids about! I was the Popular One, the guy everybody wanted to know, the life of the party. Of course a lot of the “heavyweights” in the clubs noticed this and asked me to sell drugs to the clubbers. This became a great way for me to support my own (now quickly forming) habit.

For many years I was a functional user. I was able to work, engage with family and friends, maintain regular social contacts... I even managed to finish high school grade 12 in 1994 but did not go on to Tertiary studies.

When I was around 21, I tried to stop heroin but couldn't. Not only was it a barrier between the harsh world and myself, I had also become physically dependent on it, experiencing terrible with-

drawal when it was inaccessible.

When my father passed away in 2007, I increased my use, lost my job, ran away from home and ended up living on the streets. Fear and the lack of resources and facilities all inhibited my choice to make changes. Many doctors at the time were unaware of how to correctly administer medication like Suboxone and Methadone. Stigmatized drug use and social exclusion only served to keep me further from getting proper help. I believe a lot of this stems from lack of education, not only with doctors and nurses but also within our communities.

In 2015, a new organization in Pretoria called Step Up started to provide health care services to heroin users and sex workers residing on the street. I got involved as I felt I had valuable life lessons that I could contribute. At the same time I started a drug user network called DUG, Drug users of Gauteng, providing for the first time in South Africa a platform for local substance users to have a voice and a sense of belonging. I was then the very first person to be initiated in the Step Up project and the NSP program. Today we have over 3,000 people accessing the program and our network has 175 registered members in the city center alone.

In 2016 Step Up hired me as a paid employee and thus for the first time I was given an opportunity to really change my life. A lot of people ask me what made me decide to change? It is the mere fact that a complete stranger showed me unconditional love and respect. This organisation didn't judge me no matter what I decided to do with my life and that made me think: If a complete stranger can treat me like this maybe I deserve better. From that day on I started to make better health and self-care decisions for my life.

Today I earn a good salary, I am engaged in a methadone programme, I have my own accommodation, my own laptop, my own cell phone. I

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conduct engagements with substance users, police officers, health care workers and university professors. I am proud of my life changes and I hope to continue to be an Ambassador for the substance using population in our country.

DAVID NUTT

*A method for the holistic assessment of substances,
Imperial College London, United Kingdom*

I am a psychiatrist and psychopharmacologist. My expertise is using drugs/medicines to explore brain function in healthy volunteers and people with psychiatric disorders. Because the brain is a neurotransmitter-driven organ and drugs act to change neurotransmitter function, I believe this approach provides the best way of interrogating brain function, especially if used with neuroimaging techniques such as PET and fMRI.

Over a career of nearly 40 years, I have studied almost every class of drug in humans. These include some potent, dangerous and often abused drugs such as opioids (heroin, hydromorphone, methadone and buprenorphine), as well as benzodiazepines, ketamine and alcohol. I am able to use these because they are either medicines or legal drugs. However, when I wanted to study psychedelics and cannabis I found my path was blocked because of the Schedule 1 status. The UK government treats these as much more dangerous or desirable (from the consumer perspective) than those others already mentioned despite overwhelming evidence that psychedelics are very safe (almost no deaths) and are rarely abused. Cannabis is also relatively safe having been a medicine in the UK until 1971.

The impact of this on my research has been immense. To store and research either psychedelics or cannabis I need to have a special, higher-level police check than the one I am required to have before I can prescribe opioids. I also need to get a special license from the Home Office, which is expensive in terms of time (it can take up to a year to

obtain) and cost (around £3000 plus an annual retention fee). There are no special licenses required to hold or research the opioids mentioned above, nor for benzodiazepines or ketamine. This clearly reveals that the purpose of the Schedule 1 restriction is not to reduce supplying drugs for money, since heroin and methadone have significantly more street value. Also, in the UK, there is never been an example of a researcher selling Schedule 1 drugs; the fear of diversion is a ploy to justify the current status of drug control.

In our first study of psilocybin* in the treatment of resistant depression, I calculated that because of the extra costs incurred by the Schedule 1 status of psilocybin, each dose cost around £1500 – more than ten times the amount if the restrictions were not in place. This money is taken from research grants and so undermines their financial viability and reduces their extent. It also took us over 2 years to get the permissions to conduct the research, which represents a huge lost opportunity cost.

Perhaps if the current Scheduling did reduce recreational drug use or harms one might be able to accept the stifling effect it has on research and clinical treatment. But there is absolutely no evidence that it does this. So now it's time to change so we can all benefit.

* A naturally occurring psychedelic compound produced by certain species of mushroom

GILLES FORTE

*WHO's mandated role in the drug control conventions,
Secretary to the WHO Expert Committee on Drug
Dependence*

The World Health Organisation (WHO) has an important role in setting global standards by providing public health guidance and recommendations that are scientifically robust, transparent, and independent.

WHO has a special mandate that is given by the international drug control conventions for recommending the level of international control for substances with psychoactive effects. It does this through the Expert Committee on Drug Dependence (ECDD), an independent scientific advisory body to WHO. WHO's work in reducing the supply of harmful psychoactive substances has become a core part of the international drug control system and has shown how important it is to protect the health of the most vulnerable.

The ECDD is a cornerstone for tackling the opioid crisis and has recommended the international control of many new psychoactive substances that have emerged onto the illicit drug market since 2014. In some parts of the world, particularly in high-income countries, the overprescribing of opioid medicines has led to increased rates of dependence and to a shift towards the use of more potent synthetic substances such as fentanyl analogues that have contributed to increased overdose deaths in the world.

One of these potent synthetic opioids is carfentanil, which is used as an adulterant to heroin and can produce lethal effects at extremely small doses. The ECDD recommended placing carfentanil under the strictest level of international control, therefore limiting its supply and potentially saving lives.

Though many psychoactive substances that cause public health harm do not have legitimate medical uses, many psychoactive medicines with proven therapeutic uses, such as opioid analgesics and benzodiazepines, can be harmful when not used appropriately. An unintended consequence of controlling substances with proven therapeutic use is that it would restrict access for legitimate use to people who need these medicines that could save lives and relieve pain and suffering. WHO estimates that 83% of the world's population lives in countries with low or non-existent ac-

cess to controlled medicines for the treatment of moderate to severe pain.

The ECDD has played an important role in providing balanced recommendations in the international control of psychoactive medicines. These include anaesthetics like ketamine, whose excellent safety profile means that it can be administered without the usual level of anaesthesia monitoring, therefore making it widely used in low income countries and emergency situations. It also includes medicines such as tramadol, one of the few opioid pain medications available in generic form. It is widely used in many low- and middle-income countries and in crisis situations where access to other opioids for the management of pain is limited or not existent.

As ECDD intensifies the number of harmful synthetic cannabinoids, amphetamine-type stimulants and fentanyl analogues that are placed under international control, it also ensures that international control measures do not restrict access to essential and life-saving medicines.

NEIL WOODS

"Tough on drugs" only breeds more violence: a police officer's perspective, Law Enforcement Action Partnership, United Kingdom

They were using gang rape as a method of control and intimidation.

Police in Northampton had had some success against the local heroin dealers. This opened the door for the notorious Birmingham gang, the Burger Bar Boys, to take over. The Burgers knew the fundamental drug war truth that "the most brutal gangs are the hardest to catch" – and let people know that any collaboration with the police would be endangering not just themselves, but their wives and sisters.

That's why I was sent in undercover. I spent months buying heroin from these young men.



It's the heroin trade that is the most brutal market because it attracts the biggest sentences in court. It is a Class A Drug and judges are told it's the one to punish most. The bigger the risk, the bigger the pushback in the never ending arms race of the drug war.

One day D didn't pull up in the usual sports car but in a mini van. There were four others with him. D said "What do you think?" one of them relied, "Yeah he's fucking Five-O...fucking do him bro, just fucking kill him now". I was shown a Glock handgun and told to take my shirt off, then my pants. As they stood around me laughing I wondered if they were really suspicious, or if this was just their standard way to terrify and control their customers.

After seven months of work I had enough evidence against the gang and their whole support network. 96 people were arrested, many of them in a huge series of raids with support from four different police forces. An Intelligence Officer later told me that for all that effort, the heroin and crack supply had been interrupted for maybe two hours.

The Burger Bar Boys each got 10 years in prison in a public celebration of "getting tough on dealing". All the next gang learned was to be even more vicious to evade capture.

"Successes" like mine are not in isolation. Police across the world are really good at catching drug dealers. But this is part of the problem. Where the threat of prison is high, then police action makes the street gangs more brutal, in a simple Darwinian process.

In the U.K. the scene is deteriorating fast, precisely due to police success. Children are now used as a buffer zone between the gangsters and cops. Kids as young as 12 are exploited to be proxy dealers. Often they are filmed in sexualized situations to blackmail them, all the easier to

make them carry bundles of heroin in the rectum, and sell the product to other vulnerable people criminalized by The State.

This is the never-ending arms race of the drug war, forever fueled by "tougher sentences". It will only end when society can no longer stomach the corruption it entails. How bad does it have to get?

PEDRO ARENAS

The harms of forced crop eradication, Observatory on Illicit Cultivation (OCCDI Global), Colombia

My name is Pedro Arenas. I was born on the banks of a river in the southeastern part of Colombia. In the early 1980s, as I was finishing primary school, my father did not find further schooling for me. In this rural area there were no secondary schools. Therefore, like many other adolescents, I went to work in the field collecting coca leaves from crops that were grown in the region. I was barely 13 years old and started earning my own income.

I remember the adults commenting that growing this crop was an illegal activity, and therefore we could be arrested by the authorities at any time. Faced with this fear, farmers increasingly moved into more remote and more environmentally important areas of the forest. So I continued my work as a coca leaf collector south of Guaviare, a region that today faces the highest rate of deforestation in the Colombian Amazon region.

In the 1990s, aerial fumigations against coca crops with the herbicide glyphosate generated losses of legal crops, broke family economies that were based on this activity, and led to human rights violations. My mother also lost her cultivation and had to leave the countryside and all that she owned to move to the nearest city and start her life over.

We carried out protests as peasant organizations. I reported to several authorities the damages



caused by the fumigations to families, their food security and the environment. Nevertheless, the state continued to fumigate for another 21 years, ignoring the complaints, and did not investigate human rights violations. There were also threats, attacks, and assassinations of protest leaders. I myself have suffered threats, persecution, and two attacks that almost cost me my life.

Since then, I have worked to defend the human rights of indigenous people, farmers and Afro-descendants who grow coca for traditional and cultural purposes, as well as those families who do it to obtain coca paste. I have seen campaigns that stigmatize that plant and persecute the farmers who make a living from it.

I can say that farmers have been punished with forced displacement and even imprisonment for undertaking an activity that is seen by us as normal. Forced eradication has only had negative consequences for families and does not provide sustainable results. For this reason, I say that we should not have policies for drugs that are only measured by the area under cultivation and areas eliminated every year, but not against overcoming poverty and advancing development.
