

# Building a 21st century approach to drugs

## The 'war on drugs' is collapsing. Now let's build the alternative.

The 'war on drugs' was built on shaky foundations. Now, countries around the world from Canada, to Uruguay, Portugal and many US states are beginning to dismantle it piece by piece. Its collapse is good news for people and communities around the world, providing us with the opportunity to build a new approach to drugs that prioritises, promotes and protects human health and well-being. This shift, from a criminal justice approach to health-based policy making, is essential if we want to take drug policy into the 21st century. It is time for the UK to catch up, and develop and promote appropriate, evidence-based, and sustainable alternatives both in the UK and globally.

### Building a new drug policy architecture

This new approach will ensure that rather than penalising or criminalising people involved in the drug trade, we recognise that it is often injustice, inequality and vulnerability that drives them to engage in that trade in the first place, whether that is as consumers, producers or suppliers. Rather than compounding problems like poverty, powerlessness and stigma with a hard-line prohibitionist approach, which has failed on its own terms, we must aim to approach drug policy in a way that works to address these drivers of engagement with the drug trade, and at the same time makes engaging in that trade as harm-free as possible. If we do this effectively we have the chance to develop and build a whole new paradigm to replace the 'war on drugs.'

Below are six key steps the UK government can take to lead the way in ending the 'war on drugs' at home and abroad.

### Six steps to a better drug policy

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| <b>1</b> | Move the responsibility for drug policy to the Departments of Health and International Development                         | <b>4</b> | Align drug policy with the Sustainable Development Goals (SDGs).  |
| <b>2</b> | Promote and ensure better access to harm reduction services and decriminalise the possession of all drugs for personal use | <b>5</b> | Champion evidence-based policy and innovation globally to establish drug policies that improve the health, development and human rights of marginalised populations |
| <b>3</b> | Legalise and regulate the UK cannabis market   | <b>6</b> | Support countries developing innovative policy paradigms  |



# Six steps to a better drug policy

## 1. Move the responsibility for drug policy to the Departments of Health and International Development

**Why?** Drug policy should be a health issue, not a criminal justice one. Moving responsibility for drug policy to the Department of Health (DoH), as advocated by a range of public health organisations<sup>1</sup>, will put drug policy in the hands of people with the expertise and mandate to prioritise health and harm reduction. Given the role of the 'war on drugs' as a key driver of global poverty, the Department for International Development (DFID) should share this mandate in order to align domestic and international approaches<sup>2</sup> and support other countries who want to pursue harm-reduction approaches.

## 2. Promote and ensure better access to harm reduction services and decriminalise the possession of all drugs for personal use

**Why?** The numbers of drug-related deaths have risen significantly in recent years.<sup>3</sup> Many of these deaths, and the risks of exposure to HIV and other diseases linked to injecting drug use, could likely be reduced if people had adequate access to treatment, support, and harm reduction services, including opioid substitution treatment, supervised consumption spaces and needle and syringe exchanges.<sup>4</sup> The stigma attached to drug use and the threat of criminalisation are further barriers people who use drugs face in accessing the services they need.<sup>5</sup> They must be removed to create a new public health and welfare approach to drug policy.



Buying coca at a market in Bolivia. Photo: Steve Willey CC-BY-2.0

## 3. Legalise and regulate the UK cannabis market

**Why?** As cannabis is significantly less harmful than many other drugs, it makes sense to move to a fully regulated legal market, like those in alcohol and tobacco.<sup>6</sup> Legalising and regulating cannabis will enable the government to control the cannabis trade – ensuring benefits for public health, vulnerable communities and society. It will reduce criminals' grip on the lucrative drug trade and free up police resources.<sup>7</sup> It will enable us to regulate and inform people about the strength of cannabis and reduce the use of cannabis by young people.<sup>8</sup> What's more, it will also generate tax revenues to fund vital public services – including the NHS and drug treatment programmes.<sup>9</sup> 47% of the British public support selling cannabis in licensed shops<sup>10</sup> and 53% support decriminalisation or legal regulation.<sup>11</sup>

## 4. Align drug policy with the Sustainable Development Goals (SDGs).

In particular, lead in advocating at the relevant UN bodies for the:

- **Development of new Drug Policy Metrics:** These must measure the impacts of drug policy on a) the harms associated with the drugs trade, and b) efforts to achieve the SDGs.
- **Inclusion of drug policy in the voluntary national reporting for the SDGs:** Lead by example in including an analysis of drug policy in the UK's first voluntary national review on SDG progress in 2019.

**Why?** UN member states have recognised that efforts to achieve the SDGs and to effectively address the world drug problem are complementary and mutually reinforcing,<sup>12</sup> but they also need to address the punitive drug policies that themselves are barriers to achieving the SDGs.<sup>13</sup> By leading by example, the UK could demonstrate a commitment to meeting the SDGs and implementing the recommendations of the UN General Assembly Special Sessions (UNGASS) on the World Drug Problem. Using the SDG indicator framework to develop these metrics would be the most effective way to establish policy coherence in line with the SDGs, provide an additional avenue to evaluate the impacts of drug control; increase awareness and engage the international development community on the issue.

## 5. Champion evidence-based policy and innovation globally to establish drug policies that improve the health, development and human rights of marginalised populations

**Why?** Evidence from around the world – including previous DFID funded programmes<sup>14</sup> – shows that harm reduction initiatives significantly improve the health and welfare of people who use drugs,<sup>15</sup> particularly when accompanied by de-criminalisation.<sup>16</sup> As well as championing and funding evidence-based harm reduction policies and programmes, DFID should also drive innovation by funding and supporting countries seeking to establish legal regulation systems, funding innovative new programmes like the coca control programme in Bolivia,<sup>17</sup> and funding participatory research with affected communities at national and local levels to drive innovation and evidence the impact of new programmes and policies.

## 6. Support countries developing innovative policy paradigms

**Why?** Countries in the global South seeking to explore innovative new drug policy paradigms have come under international pressure or even face the risk of sanctions from more powerful members of the international community.<sup>18</sup> The UK government has an important role to play internationally in championing any progressive initiatives to legally regulate the illicit drugs market, particularly in low- or middle- income countries most affected by the 'war on drugs', at the UN and other international fora.



Global Marijuana March, Vancouver 2013. Photo: Cannabis Culture CC-BY-2.0

# The global movement towards a 21st century approach to drugs

Around the world, this new approach is already being put in place.

A range of countries are experimenting with regulated cannabis markets, notably Uruguay, Spain, Canada, numerous US states, and Jamaica.<sup>27</sup> 9 US states and the District of Columbia have passed laws to allow the legal use of cannabis for medicinal and recreational purposes.<sup>28</sup> Most other US states have allowed some form of medicinal cannabis use<sup>29</sup> or decriminalised possession of cannabis in some way.<sup>30</sup> The early indications from this experiment, particularly in places like Colorado, are that it is helping to reduce teen cannabis use<sup>31</sup> and bringing in revenues to help fund public services.<sup>32</sup>

More than 30 countries have decriminalised drugs to some extent.<sup>33</sup> Portugal decriminalised personal possession of all drugs in 2001, and moved towards a harm-reduction approach.<sup>34</sup> The relative success of this move has demonstrated that there are alternatives to prohibition and criminalisation. For instance, it has shown that by eroding the stigma and criminal sanctions

attached to drug use and addiction, people who use drugs find it easier to seek treatment.<sup>35</sup> What's more Portugal now has the lowest rate of drug induced death in Western Europe: just 39 deaths compared to the UK's 2,538.<sup>36</sup> It has also drastically reduced the amount new HIV infections amongst people who use drugs.<sup>37</sup>

Others are exploring innovative alternatives, Bolivia's coca-control programme has prioritised reducing the harm caused by militarised crop eradication, rather than directly preventing drug trafficking.<sup>38</sup> This programme is a success because it focuses on sustainable livelihoods and community development, investing in social services and public infrastructure, and actively involves the local community in planning and implementing the projects.<sup>39</sup> Crucially, they allow a subsistence amount of coca leaf to be grown – for consumption and sale to the legal market – legitimising the livelihoods of people who grow coca, empowering farmers and giving them the support and income security to diversify their livelihoods.<sup>40</sup> It's a successful alternative to the failed 'war on drugs'.

# How the 'war on drugs' fails us all

## Damages democracy

The War on Drugs has made organised criminals and drug cartels richer and more powerful. In some countries, the cartels are so rich they can reportedly buy politicians and co-opt the military.<sup>41</sup> The money and power the cartels have undermines democracy and destabilises governments.

## Increases poverty

People involved in the drugs trade tend to be poor or disadvantaged in other ways. But focusing on eradication and prohibition creates and reinforces cycles of impoverishment that it can be hard to get out of. For instance, when producers' crops are eradicated, farmers can lose all of their (small) income, which might make it harder for them to access healthcare or buy food. This can create a vicious cycle where illicit crop producers become increasingly dependent on cultivating drug-linked crops to counter the impoverishing effects of eradication.<sup>42</sup> Similarly, people who receive criminal convictions for supplying or possessing drugs can often find it harder to access employment, which makes it harder for them to stop engaging in the drug trade and consigns them to a lifetime of poverty.<sup>43</sup>

## Undermines health

As things stand drugs are completely unregulated. Anyone can buy them and when they do, they have no idea what is in them or how strong they are. This lack of regulation means that people are denied reliable information about what they are taking, or control over its price or availability. For example changes in the availability, price and purity of street heroin have been linked to the recent increase in heroin related deaths in the UK.<sup>44</sup>

## Prevents access to essential medicines

Strict drug laws have unintended consequences. For instance, restrictions to stop opioid medicines in the same family as heroin from being sold illegally can make morphine unavailable for those in severe pain. As a result of these policies, 90% of AIDS patients and 50% of cancer patients globally, living in low- and middle-income countries, have access to just 6% of the morphine used globally for pain relief.<sup>45</sup> Ketamine – an essential anaesthetic used in very resource-poor settings – has similarly been at risk of being placed under strict restrictions.<sup>46</sup> This particularly affects people in poorer countries and undermines their right to health.

## Drug policy reform around the world

**Canada** In July 2018, Canada is expected to become the first G7 nation to bring in a legal, regulated, recreational cannabis market.<sup>19,20</sup>

**USA** 9 US states and the District of Columbia now allow the legal use of recreational and medicinal cannabis.

**Portugal** Decriminalised possession of all drugs in 2001 and increased funding for drugs services to promote harm reduction.<sup>22</sup> This has dramatically reduced drug-related deaths and new HIV infections amongst people who use drugs.

**Bolivia** Since 2009, Bolivia's coca control programme has enabled registered growers to cultivate a subsistence amount of coca leaf for sale to the legal market.<sup>21</sup>

**Ghana** Poised to become the first country in Africa to decriminalise personal possession and use of all drugs and switch its focus to addressing drug use as a public health issue.<sup>23</sup>

**Myanmar** The Upper House of Parliament has approved changes to the country's drug law to remove prison penalties for drug use and which intend to promote access to health services, under a draft amendment bill now awaiting discussion in the Lower House.<sup>25</sup>

**Tanzania** 1 of only 5 sub-Saharan African countries with explicit support for harm reduction in national policy, and which provides both needle and syringe exchange programmes (NSP) and opioid substitution therapy (OST) services for people who use drugs, as well as 1 of only 2 SSA countries with reported availability of naloxone.<sup>24</sup>

**New Zealand** The new government plans to hold a referendum on legalising the recreational use of cannabis within the next 3 years.<sup>26</sup>



Drug war protest, Chicago 2011. Photo: Paul S. CC BY-NC 2.0

## Stops action to tackle HIV

Some countries do not provide HIV treatment or harm reduction services (such as needle exchanges or treatment) to people who use drugs. Criminalisation also means that where harm reduction services do exist, people who use drugs are less likely to access treatment, or even any form of healthcare.<sup>47</sup> Globally, just 4% of HIV positive people who inject drugs have access to HIV treatment.<sup>48</sup> This also increases the risk of HIV transmission amongst those who use drugs.<sup>49</sup>

## Is racist, sexist and discriminatory

Conceived by President Nixon with the initial intention of criminalising black communities and the anti-war community in America,<sup>50</sup> Black and Minority Ethnic (BME) communities continue to be disproportionately targeted by, and suffer as a result of drug law enforcement. In the UK and the US young people from black and Asian communities are far more likely to be charged with drug offences, despite similar levels of use as the rest of the population.<sup>51</sup> A disproportionate number of women are also imprisoned for non-violent drug offences across Europe, Asia and Latin America.<sup>52</sup> Often it is women living in poverty or from ethnic minorities who are most affected, and who are sometimes coerced into participating in illicit markets.<sup>53</sup> Criminalising these groups locks people into poverty by preventing them from accessing social services and employment opportunities.

## Breeds violence

The war on drugs is often frighteningly literal. It includes increasing use of the military – and police forces that look and act more like the military.<sup>54</sup> It has bred an arms race that has resulted in hundreds of thousands

– if not millions – of unnecessary deaths, as cartels struggle for territory and markets in increasingly volatile places. In Mexico alone 23,000 people were murdered in 2016 as a result of the war on drugs.<sup>55</sup>

## Harms the natural world

Current drug policy causes serious harm to often fragile ecosystems, both directly through crop eradication programmes and indirectly by pushing drug cultivation (and with it, eradication efforts) into more remote areas. In Peru, the illicit drug trade has been responsible for 10% of rainforest destruction over the past century.<sup>56</sup> Indiscriminate aerial crop spraying has also led to the destruction of licit crops, forests, rare species of plants, and the habitats of indigenous animals.<sup>57</sup>

## Promotes neo-colonialism

The US has used aid conditionality to impose its ‘war on drugs’ agenda onto other countries for many years, particularly in Latin America and the Caribbean. Since 1986, the US government’s certification process, changed to a designation process in 2002, has required the President to produce a list of major drug producing and transit countries and designate those which have ‘failed demonstrably’ in their perceived efforts to cooperate with US counter-narcotic policy and international agreements.<sup>58</sup> Designation (formerly decertification) carries the threat of sanctions, including the withdrawal of overseas economic aid (excluding humanitarian and counternarcotic assistance) and US opposing multilateral development loans, as well as possible trade sanctions.<sup>59</sup>

## Wastes money

The cost of the war on drugs is at least \$100 billion a year. This rivals the size of the global aid budget (about \$130 billion).<sup>60</sup> If redirected, the money spent on the war on drugs could help provide healthcare, education and clean water to everyone. In addition, if some drugs were regulated, controlled and taxed we could not only ensure safety of users and the rights of producers, but also raise taxes to address the poverty and lack of public services globally.

**The ‘war on drugs’ is collapsing. Now is the time to build a new evidence-based approach to drugs both in the UK and globally that puts people’s health and wellbeing first.**

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