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Ihre Nachricht vom	Ihr Zeichen	Unser Zeichen	App.	Tag
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Stellungnahme der Deutschen Hauptstelle für Suchtfragen (DHS) e.V.

zur öffentlichen Anhörung am Mittwoch, 25. Januar 2012
Legalisierung von Cannabis durch Einführung von Cannabis-Clubs
BT-Drs. 17/7196

Sehr geehrte Frau Reimann,

wie Alkohol, Zigaretten und auch alle anderen illegalen psychoaktiven Substanzen ist der Konsum von Cannabis mit gesundheitlichen Risiken behaftet. Dies gilt insbesondere für Minderjährige mit hoher Konsumfrequenz. Angesichts einer siebenstelligen Zahl von Cannabiskonsumenten in Deutschland ist dies insbesondere den in der DHS zusammengeschlossenen Suchthilfeverbänden bewusst, da jährlich ca. 23.349 Klienten in unseren ambulanten und stationären Einrichtungen wegen der Hauptdiagnose „Cannabismissbrauch oder -abhängigkeit“ Beratung und Therapie erfahren. Neben diesen Angeboten von Beratung und Therapie stützt sich die Gesundheitspolitik in Deutschland bezüglich Cannabis im Wesentlichen auf die Durchsetzung der Vorschriften des Betäubungmittelgesetzes. Vor diesem Hintergrund hat die Deutsche Hauptstelle für Suchtfragen bereits im Jahr 2004 einen Vorstandsbeschluss veröffentlicht, der sich mit den Grundzügen einer epidemiologisch wirksamen Cannabis-Gesundheitspolitik befasst[1]. Diese Stellungnahme ist nach nunmehr 8 Jahren lediglich in einem einzigen Aspekt von der Entwicklung überholt worden: Die Therapie cannabisbezogener Störungen hat nach intensiven Bemühungen in Forschung und Praxis inzwischen ein hohes Niveau erreicht und erfährt auch deshalb größere Nachfrage als zuvor. Sowohl für jugendliche als auch erwachsene Cannabiskonsumenten mit gesundheitlicher und sozialer Problematik bestehen ambulante und stationäre Therapiemöglichkeiten in weitgehend ausreichendem Maß. Auch die Beratung von Angehörigen ist inzwischen etabliert, wenn auch aus finanziellen Gründen noch nicht ausreichend verbreitet.

Dem gegenüber hat leider keine nennenswerte juristische Entwicklung stattgefunden. Dabei steht nach wie vor nicht nur seit Jahrzehnten ein Nachweis positiver Wirkungen der Cannabis-Prohibition aus. Stattdessen liegen inzwischen viele Erklärungen auch namhafter Her-

[1] anbei

kunft vor, die das Scheitern der Jahrzehnte währenden repressiven Drogenpolitik belegen[2]. Als Ergebnisse des absoluten Cannabis-Verbots in Deutschland müssen festgehalten werden:

1. Eine jährlich sechsstellige Zahl von Konsumentendelikten beschäftigt Polizei, Staatsanwaltschaft, Gerichte und Rechtsanwälte.
2. Cannabisprodukte sind häufig und für Konsumenten meist unerkennbar mit extrem gesundheitsschädlichen Beimengungen verunreinigt.
3. Cannabis-Prävention findet kaum statt. Wo sie durchgeführt wird, gleich ob im Internet oder in schulischen Veranstaltungen, bewegt sie sich in einer rechtlichen Grauzone, was ihre Glaubwürdigkeit und Wirksamkeit massiv mindert.

Da diese (und weitere negative Konsequenzen) mit keinerlei positiven Effekten des Cannabis-Verbots einhergehen, ist das Verbot dringend zu überdenken. Dabei sollte jegliche Freigabe des Anbaus und Besitzes von Cannabisprodukten zum Eigenkonsum aus gesundheitspolitischen Gründen mit folgenden Einschränkungen einhergehen:

1. Keine Konsumerlaubnis unter 18 Jahren.
2. Keine Erlaubnis des öffentlichen Konsums.
3. Keine Werbung für Cannabisprodukte.

Sämtliche historischen, internationalen und nationalen, praktischen und wissenschaftlichen Erfahrungen widersprechen positiven Wirkungen der Strafverfolgung des Cannabisbesitzes zum Eigenkonsum. Dessen Freigabe sollte aber auf keinen Fall mit einer Freigabe von kommerzieller Produktion und Verkauf einhergehen, da die hiermit verbundenen Interessen stets auf eine Ausweitung des Konsums ausgerichtet wären. Ein Modell des legalen Anbaus zum Eigenkonsums würde dem hingegen nicht zu einer Angebotsausweitung führen und zugleich gesundheitsschädliche Beimischungen verhindern.

Seit 2002 sind in Spanien weit über 100 Cannabis-Clubs entstanden, die nach folgenden Prinzipien betrieben werden:

- Persönliche Mitgliedschaft und Mitgliedsbeiträge
- Kein Verkauf und keine Konsumaufforderung durch Mitglieder
- Kontrollierte Sicherheit bei Anbau, Transport, Verteilung
- Kontrollierte Produktqualität
- Werbeverbot

Einer Zulassung dieses Modells sollte die Evaluation der bisherigen Erfahrungen in Spanien vorausgehen. Angesichts des dringenden Änderungsbedarfes der Cannabispolitik in Deutschland sollte dies kurzfristig durch eine deutsch/spanische Forschungsgruppe erfolgen.

Hamm, 20. Januar 2012

Dr. Raphael Gaßmann

[2] Hierzu anbei „Report of the Global Commission on Drug Policy“ (2011) sowie die „Wiener Erklärung“ (2011) sowie der Bericht der Subkommission Drogen der Kommission für Soziale Sicherheit und Gesundheit des Schweizer Nationalrats (1999, Auszug).

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Beschluss des Vorstands

Dem Cannabiskonsum wirksam begegnen

Europaweit sind die Gewichtungen des Suchtmittelkonsums einheitlich und eindeutig. In Verbreitung und gesundheitlichen Schäden halten die legalen Drogen Alkohol und Tabak eine unangefochten dramatische Spitzenposition. Die international mit drittgrößter Häufigkeit konsumierte Droge ist Cannabis.

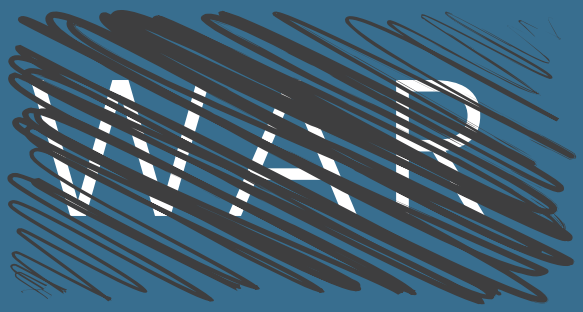
Cannabis nimmt dabei eine Sonderstellung ein. Unter den illegalen Substanzen ist es die einzige, deren Verbreitung bis zur heutigen Position als "Alltagsdroge" über Jahrzehnte kontinuierlich anstieg. Laut Umfragen ist sie für einen Großteil der Bevölkerung kurzfristig und mit geringem Aufwand zu beschaffen, wird inzwischen wie selbstverständlich auch in der Öffentlichkeit konsumiert und hat einen festen Platz in der kulturellen Darstellung eingenommen. Zudem muss einzig Cannabis als tatsächliche "Jugenddroge" gelten - der Konsumeinstieg erfolgt überwiegend in der Pubertät und endet meist mit dem frühen Erwachsenenalter. Gegenwärtig liegt die Lebenszeitprävalenz des Cannabiskonsums unter 15- und 16Jährigen bereits bei 30,6 Prozent (Kraus et al. 2004), was mit besonders hohen Risiken für all jene Jugendlichen einhergeht, deren häufiger Konsum länger andauert.

Vor diesem Hintergrund verlangt neben den legalen Suchtmitteln gerade Cannabis nach umfassender, kontinuierlicher gesundheitspolitischer Beachtung. Es gilt, seinen Konsum nachhaltig zu begrenzen und seine gesundheitlichen und sozialen Folgen effektiv zu mindern. Umso unverständlicher ist es, dass auch in Deutschland keine spezifische, massenkommunikative Prävention betrieben wird, jedweder Cannabiskonsum als Anlass sozialer Ausgrenzung durch öffentliche Institutionen dienen kann und eine Erforschung von Modellen der Cannabistherapie bislang vollständig unterbleibt.

Die *Deutsche Hauptstelle für Suchtfragen* begegnet dem seit bereits vielen Jahren andauernden Missverhältnis zwischen epidemiologischer und gesundheitspolitischer Bedeutung des Cannabiskonsums mit drei zentralen Forderungen:

1. Bislang wird der Cannabiskonsum ordnungspolitisch über- und gesundheitspolitisch unterbewertet. Dieses Missverhältnis äußert sich nicht zuletzt in einer unsachgemäßen Verteilung von Steuermitteln auf einerseits den Bereich der Repression, andererseits die Maßnahmen und Angebote von Prävention und Therapie. Es ist erforderlich, dass die politischen Prioritäten künftig den realen Risiken und Problemen entsprechen.
2. Der Konsum von Cannabis birgt, gerade für Jugendliche mit hoher Konsumfrequenz, erhebliche gesundheitliche Risiken. Dem ist künftig in Prävention, Beratung und Therapie qualifiziert zu entsprechen. Hier besteht mehrfacher Handlungsbedarf: Prävention muss - auch speziell auf das Rauschmittel Cannabis bezogen - kontinuierlich und flächendeckend die Zielgruppe der Jugendlichen erreichen. Beratung und Therapie können nur bedingt auf nordamerikanische Untersuchungen zurückgreifen, da diese in einem kaum vergleichbaren gesellschaftspolitischem Umfeld entstehen. Europäische Studien sind dringend erforderlich.
3. Das gegenwärtige Strafrecht ist den Beweis seiner Konsum begrenzenden Effektivität über Jahrzehnte schuldig geblieben. Vielmehr führt die massive Ahndung von Delikten im Umfeld des reinen Konsums (147.900 polizeilich festgestellte „Konsumentendelikte" allein im Jahr 2002) zur sozialen Ausgrenzung eines ständig steigenden Anteils junger Menschen in Deutschland insbesondere über den Verlust von Arbeitsplatz und Führerschein. Dies widerspricht den Erfordernissen glaubwürdiger Cannabisprävention. Besitz und Anbau von Cannabis zum ausschließlichen Eigenkonsum dürfen nicht länger Biografien gefährden. Die entsprechenden Urteile des Bundesverfassungsgerichts von 1994 und 2002 sind unverzüglich umzusetzen.

Hamm, den 18. Mai 2004



ON DRUGS

REPORT OF THE GLOBAL COMMISSION ON DRUG POLICY

JUNE 2011

REPORT OF THE GLOBAL COMMISSION ON DRUG POLICY

To learn more about the Commission, visit:
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EXECUTIVE SUMMARY

The global war on drugs has failed, with devastating consequences for individuals and societies around the world. Fifty years after the initiation of the UN Single Convention on Narcotic Drugs, and 40 years after President Nixon launched the US government's war on drugs, fundamental reforms in national and global drug control policies are urgently needed.

Vast expenditures on criminalization and repressive measures directed at producers, traffickers and consumers of illegal drugs have clearly failed to effectively curtail supply or consumption. Apparent victories in eliminating one source or trafficking organization are negated almost instantly by the emergence of other sources and traffickers. Repressive efforts directed at consumers impede public health measures to reduce HIV/AIDS, overdose fatalities and other harmful consequences of drug use. Government expenditures on futile supply reduction strategies and incarceration displace more cost-effective and evidence-based investments in demand and harm reduction.

Our principles and recommendations can be summarized as follows:

End the criminalization, marginalization and stigmatization of people who use drugs but who do no harm to others. Challenge rather than reinforce common misconceptions about drug markets, drug use and drug dependence.

Encourage experimentation by governments with models of legal regulation of drugs to undermine the power of organized crime and safeguard the health and security of their citizens. This recommendation applies especially to cannabis, but we also encourage other experiments in decriminalization and legal regulation that can accomplish these objectives and provide models for others.

Offer health and treatment services to those in need. Ensure that a variety of treatment modalities are available, including not just methadone and buprenorphine treatment but also the heroin-assisted treatment programs that have proven successful in many European countries and Canada. Implement syringe access and other harm reduction measures that have proven effective in reducing transmission of HIV and other blood-borne infections as well as fatal overdoses. Respect the human rights of people who use drugs. Abolish abusive practices carried out in the name of treatment – such as forced detention,

forced labor, and physical or psychological abuse – that contravene human rights standards and norms or that remove the right to self-determination.

Apply much the same principles and policies stated above to people involved in the lower ends of illegal drug markets, such as farmers, couriers and petty sellers. Many are themselves victims of violence and intimidation or are drug dependent. Arresting and incarcerating tens of millions of these people in recent decades has filled prisons and destroyed lives and families without reducing the availability of illicit drugs or the power of criminal organizations. There appears to be almost no limit to the number of people willing to engage in such activities to better their lives, provide for their families, or otherwise escape poverty. Drug control resources are better directed elsewhere.

Invest in activities that can both prevent young people from taking drugs in the first place and also prevent those who do use drugs from developing more serious problems. Eschew simplistic 'just say no' messages and 'zero tolerance' policies in favor of educational efforts grounded in credible information and prevention programs that focus on social skills and peer influences. The most successful prevention efforts may be those targeted at specific at-risk groups.

Focus repressive actions on violent criminal organizations, but do so in ways that undermine their power and reach while prioritizing the reduction of violence and intimidation. Law enforcement efforts should focus not on reducing drug markets *per se* but rather on reducing their harms to individuals, communities and national security.

Begin the transformation of the global drug prohibition regime. 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 – and adopt appropriate criteria for their evaluation. Review the scheduling of drugs that has resulted in obvious anomalies like the flawed categorization of cannabis, coca leaf and MDMA. Ensure that the international conventions are interpreted and/or revised to accommodate robust experimentation with harm reduction, decriminalization and legal regulatory policies.

Break the taboo on debate and reform. The time for action is now.

INTRODUCTION

UNITED NATIONS ESTIMATES OF ANNUAL DRUG CONSUMPTION, 1998 TO 2008

	Opiates	Cocaine	Cannabis
1998	12.9 million	13.4 million	147.4 million
2008	17.35 million	17 million	160 million
% Increase	34.5%	27%	8.5%

The global war on drugs has failed. When the United Nations Single Convention on Narcotic Drugs came into being 50 years ago, and when President Nixon launched the US government's war on drugs 40 years ago, policymakers believed that harsh law enforcement action against those involved in drug production, distribution and use would lead to an ever-diminishing market in controlled drugs such as heroin, cocaine and cannabis, and the eventual achievement of a 'drug free world'. In practice, the global scale of illegal drug markets – largely controlled by organized crime – has grown dramatically over this period. While accurate estimates of global consumption across the entire 50-year period are not available, an analysis of the last 10 years alone[1,2,3,4] shows a large and growing market. *(See chart above.)*

In spite of the increasing evidence that current policies are not achieving their objectives, most policymaking bodies at the national and international level have tended to avoid open scrutiny or debate on alternatives.

This lack of leadership on drug policy has prompted the establishment of our Commission, and leads us to our view that the time is now right for a serious, comprehensive and wide-ranging review of strategies to respond to the drug phenomenon. The starting point for this review is the recognition of the global drug problem as a set of interlinked health and social challenges to be managed, rather than a war to be won.

Commission members have agreed on four core principles that should guide national and international drug policies and strategies, and have made eleven recommendations for action.

Note on Methodology:

The data in table 1 has been obtained from the following publications of the United Nations Office on Drugs and Crime:

UNODC (2010) World Drug Report 2010 http://www.unodc.org/unodc/en/data-and-analysis/WDR-2010.html

ODCCP (2002) Studies on Drugs and Crime: Global Illicit Drug Trends 2002 http://www.unodc.org/unodc/data-and-analysis/WDR.html

In calculating the estimates of global prevalence for 2008, we used a mid-range figure from the very wide range of possibilities estimated by UNODC in the World Drug Report 2010. Such a wide range of estimation indicates high levels of uncertainty regarding the data. The UNODC 'best estimate' is, in its own words, "in most cases...the mid-point between the upper and lower range estimates."[1] In this instance UNODC chose to publish a best estimate lower than the mid-point. As the precise methodological reasons for making this choice are not made public, and taking into account the downwards pressures on the estimates submitted by governments to the UNODC, we believe that the use of a mid-point figure is justified.

We also drew on the conclusions of a study written by eminent researchers Peter Reuter and Franz Trautmann[2], and commissioned by the European Union, that examined global trends across this period. They concluded:

"The global drug problem clearly did not get any better during the UNGASS period. For some countries (mostly rich ones) the problem declined but for others (mostly developing or transitional) it worsened, in some cases sharply and substantially...In aggregate, given the limitations of the data, a fair judgment is that the problem became somewhat more severe."

Neither our estimates, nor those of the UNODC, can be treated as unquestionable – but neither contradict our central conclusion that there is a 'large and growing market'. After 10 years of a global campaign to 'eradicate or significantly reduce' the scale of global drug markets, (as announced in the Political Declaration adopted at the 20th Special Session of the United Nations General Assembly on Countering the World Drug Problem, June 1998) we have to conclude that consideration of new strategies is necessary.

[1] http://www.unodc.org/documents/data-and-analysis/WDR2010/WDR2010methodology.pdf

[2] Peter Reuter and Franz Trautmann, Eds (2009) A Report on Global Illicit Drug Markets 1998-2007 European Commission

PRINCIPLES

1. **Drug policies must be based on solid empirical and scientific evidence. The primary measure of success should be the reduction of harm to the health, security and welfare of individuals and society.**

   In the 50 years since the United Nations initiated a truly global drug prohibition system, we have learned much about the nature and patterns of drug production, distribution, use and dependence, and the effectiveness of our attempts to reduce these problems. It might have been understandable that the architects of the system would place faith in the concept of eradicating drug production and use (in the light of the limited evidence available at the time). There is no excuse, however, for ignoring the evidence and experience accumulated since then. Drug policies and strategies at all levels too often continue to be driven by ideological perspectives, or political convenience, and pay too little attention to the complexities of the drug market, drug use and drug addiction.

   Effective policymaking requires a clear articulation of the policy's objectives. The 1961 UN Single Convention on Narcotic Drugs made it clear that the ultimate objective of the system was the improvement of the 'health and welfare of mankind'.

   This reminds us that drug policies were initially developed and implemented in the hope of achieving **outcomes** in terms of a reduction in harms to individuals and society – less crime, better health, and more economic and social development. However, we have primarily been measuring our success in the war on drugs by entirely different measures – those that report on **processes**, such as the number of arrests, the amounts seized, or the harshness of punishments. These indicators may tell us how tough we are being, but they do not tell us how successful we are in improving the 'health and welfare of mankind'.

2. **Drug policies must be based on human rights and public health principles. We should end the stigmatization and marginalization of people who use certain drugs and those involved in the lower levels of cultivation, production and distribution, and treat people dependent on drugs as patients, not criminals.**

   Certain fundamental principles underpin all aspects of national and international policy. These are enshrined in the Universal Declaration of Human Rights and many international treaties that have followed. Of particular relevance to drug policy are the rights to life, to health, to due process and a fair trial, to be free from torture or cruel, inhuman or degrading treatment, from slavery, and from discrimination. These rights are inalienable, and commitment to them takes precedence over other international agreements, including the drug control conventions. As the UN High Commissioner for Human Rights, Navanethem Pillay, has stated, "Individuals who use drugs do not forfeit their human rights. Too often, drug users suffer discrimination, are forced to accept treatment, marginalized and often harmed by approaches which over-emphasize criminalization and punishment while under-emphasizing harm reduction and respect for human rights."[5]

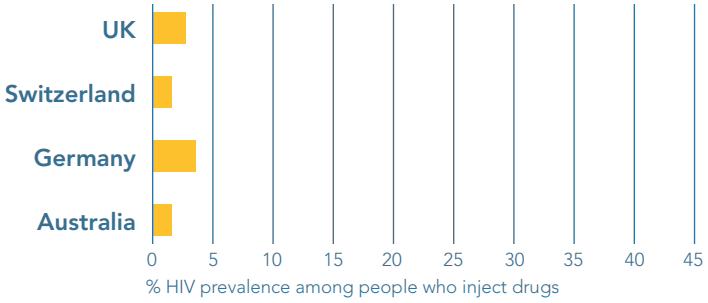
   A number of well-established and proven public health measures[6,7] (generally referred to as *harm reduction*, an approach that includes syringe access and treatment using the proven medications methadone or buprenorphine) can minimize the risk of drug overdose deaths and the transmission of HIV and other blood-borne infections.[8] However, governments often do not fully implement these interventions, concerned that by improving the health of people who use drugs, they are undermining a 'tough on drugs' message. This is illogical – sacrificing the health and welfare of one group of citizens when effective health protection measures are available is unacceptable, and increases the risks faced by the wider community.

PRINCIPLES

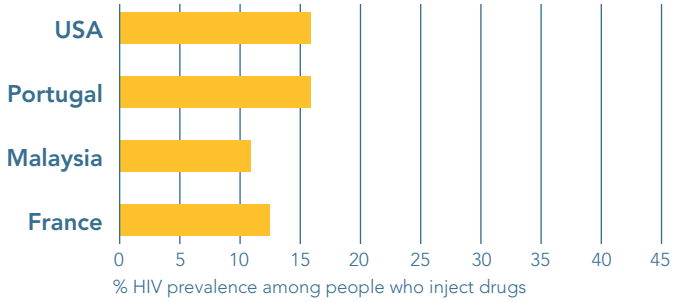
(Continued)

IMPACT OF DRUG POLICIES ON RECENT HIV PREVALENCE AMONG PEOPLE WHO INJECT DRUGS[9]

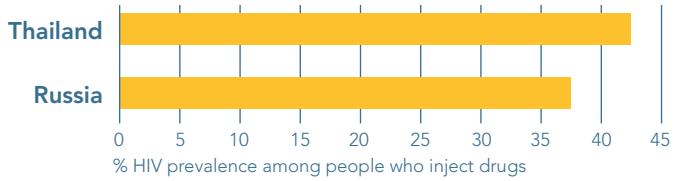
Sample of countries that have consistently implemented comprehensive harm reduction strategies:



Sample of countries that have introduced harm reduction strategies partially, or late in the progress of the epidemic:



Sample of countries that have consistently resisted large scale implementation of harm reduction strategies, despite the presence of drug injecting and sharing:



Countries that implemented harm reduction and public health strategies early have experienced consistently low rates of HIV transmission among people who inject drugs. Similarly, countries that responded to increasing HIV prevalence among drug users by introducing harm reduction programs have been successful in containing and reversing the further spread of HIV. On the other hand, many countries that have relied on repression and deterrence as a response to increasing rates of drug-related HIV transmission are experiencing the highest rates of HIV among drug using populations.[10,11,12]

An indiscriminate approach to 'drug trafficking' is similarly problematic. Many people taking part in the drug market are themselves the victims of violence and intimidation, or are dependent on drugs. An example of this phenomenon are the drug 'mules' who take the most visible and risky roles in the supply and delivery chain. Unlike those in charge of drug trafficking organizations, these individuals do not usually have an extensive and violent criminal history, and some engage in the drug trade primarily to get money for their own drug dependence. We should not treat all those arrested for trafficking as equally culpable – many are coerced into their actions, or are driven to desperate measures through their own addiction or economic situation. It is not appropriate to punish such individuals in the same way as the members of violent organized crime groups who control the market.

Finally, many countries still react to people dependent on drugs with punishment and stigmatization. In reality, drug dependence is a complex health condition that has a mixture of causes – social, psychological and physical (including, for example, harsh living conditions, or a history of personal trauma or emotional problems). Trying to manage this complex condition through punishment is ineffective – much greater success can be achieved by providing a range of evidence-based drug treatment services. Countries that have treated citizens dependent on drugs as patients in need of treatment, instead of criminals deserving of punishment, have demonstrated extremely positive results in crime reduction, health improvement, and overcoming dependence.

PATIENTS NOT CRIMINALS:
A MORE HUMANE AND EFFECTIVE APPROACH

Case Study One: Switzerland[13]

In response to severe and highly visible drug problems that developed across the country in the 1980s, Switzerland implemented a new set of policies and programs (including heroin substitution programs) based on public health instead of criminalization. The consistent implementation of this policy has led to an overall reduction in the number of people addicted to heroin as well as a range of other benefits. A key study[14] concluded that:

"Heroin substitution targeted hard-core problematic users (heavy consumers) – assuming that 3,000 addicts represent 10 percent to 15 percent of Switzerland's heroin users that may account for 30 percent to 60 percent of the demand for heroin on illegal markets. Heavily engaged in both drug dealing and other forms of crime, they also served as a link between wholesalers and users. As these hard-core users found a steady, legal means for their addiction, their illicit drug use was reduced as well as their need to deal in heroin and engage in other criminal activities.

The heroin substitution program had three effects on the drug market:

- It substantially reduced the consumption among the heaviest users, and this reduction in demand affected the viability of the market. (For example, the number of new addicts registered in Zurich in 1990 was 850. By 2005, the number had fallen to 150.)
- It reduced levels of other criminal activity associated with the market. (For example, there was a 90 percent reduction in property crimes committed by participants in the program.)
- By removing local addicts and dealers, Swiss casual users found it difficult to make contact with sellers."

Case Study Two: United Kingdom[15]

Research carried out in the UK into the effects of their policy of diversion from custody into treatment programs clearly demonstrated a reduction in offending following treatment intervention. In addition to self-reports, the researchers in this case also referred to police criminal records data. The research shows that the numbers of charges brought against 1,476 drug users in the years before and after entering treatment reduced by 48 percent.

Case Study Three: The Netherlands[16,17,18]

Of all EU-15 countries, the percentage of people who inject heroin is the lowest in the Netherlands and there is no new influx of problematic users. Heroin has lost its appeal to the mainstream youth and is considered a 'dead-end street drug'. The number of problematic heroin users has dropped significantly and the average age of users has risen considerably. Large-scale, low-threshold drug treatment and harm reduction services include syringe access and the prescription of methadone and heroin under strict conditions.

Medically prescribed heroin has been found in the Netherlands to reduce petty crime and public nuisance, and to have positive effects on the health of people struggling with addiction. In 2001, the estimated number of people in the Netherlands dependent on heroin was 28-30,000. By 2008, that number had fallen to 18,000. The Dutch population of opiate users is in the process of aging – the proportion of young opiate users (aged 15-29) receiving treatment for addiction has also declined.

PRINCIPLES

(Continued)

3. **The development and implementation of drug policies should be a global shared responsibility, but also needs to take into consideration diverse political, social and cultural realities. Policies should respect the rights and needs of people affected by production, trafficking and consumption, as explicitly acknowledged in the 1988 Convention on Drug Trafficking.**

   The UN drug control system is built on the idea that all governments should work together to tackle drug markets and related problems. This is a reasonable starting point, and there is certainly a responsibility to be shared between producing, transit and consuming countries (although the distinction is increasingly blurred, as many countries now experience elements of all three).

   However, the idea of shared responsibility has too often become a straitjacket that inhibits policy development and experimentation. The UN (through the International Narcotics Control Board), and in particular the US (notably through its 'certification' process), have worked strenuously over the last 50 years to ensure that all countries adopt the same rigid approach to drug policy – the same laws, and the same tough approach to their enforcement. As national governments have become more aware of the complexities of the problems, and options for policy responses in their own territories, many have opted to use the flexibilities within the Conventions to try new strategies and programs, such as decriminalization initiatives or harm reduction programs. When these involve a more tolerant approach to drug use, governments have faced international diplomatic pressure to 'protect the integrity of the Conventions', even when the policy is legal, successful and supported in the country.

   A current example of this process (what may be described as 'drug control imperialism'), can be observed with the proposal by the Bolivian government to remove the practice of coca leaf chewing from the sections of the 1961 Convention that prohibit all non-medical uses. Despite the fact that successive studies have shown[19] that the indigenous practice of coca leaf chewing is associated with none of the harms of international cocaine markets, and that a clear majority of the Bolivian population (and neighboring countries) support this change, many of the rich 'cocaine consumer' countries (led by the US) have formally objected to the amendment.[20]

   The idea that the international drug control system is immutable, and that any amendment – however reasonable or slight – is a threat to the integrity of the entire system, is short-sighted. As with all multilateral agreements, the drug conventions need to be subject to constant review and modernization in light of changing and variable circumstances. Specifically, national governments must be enabled to exercise the freedom to experiment with responses more suited to their circumstances. This analysis and exchange of experiences is a crucial element of the process of learning about the relative effectiveness of different approaches, but the belief that we all need to have exactly the same laws, restrictions and programs has been an unhelpful restriction.

UNINTENDED CONSEQUENCES

The implementation of the war on drugs has generated widespread negative consequences for societies in producer, transit and consumer countries. These negative consequences were well summarized by the former Executive Director of the United Nations Office on Drugs and Crime, Antonio Maria Costa, as falling into five broad categories:

1. The growth of a 'huge criminal black market', financed by the risk-escalated profits of supplying international demand for illicit drugs.
2. Extensive policy displacement, the result of using scarce resources to fund a vast law enforcement effort intended to address this criminal market.
3. Geographical displacement, often known as 'the balloon effect', whereby drug production shifts location to avoid the attentions of law enforcement.
4. Substance displacement, or the movement of consumers to new substances when their previous drug of choice becomes difficult to obtain, for instance through law enforcement pressure.
5. The perception and treatment of drug users, who are stigmatized, marginalized and excluded.[21]

4. Drug policies must be pursued in a comprehensive manner, involving families, schools, public health specialists, development practitioners and civil society leaders, in partnership with law enforcement agencies and other relevant governmental bodies.

With their strong focus on law enforcement and punishment, it is not surprising that the leading institutions in the implementation of the drug control system have been the police, border control and military authorities directed by Ministries of Justice, Security or Interior. At the multilateral level, regional or United Nations structures are also dominated by these interests.

Although governments have increasingly recognized that law enforcement strategies for drug control need to be integrated into a broader approach with social and public health programs, the structures for policymaking, budget allocation, and implementation have not modernized at the same pace.

These institutional dynamics obstruct objective and evidence-based policymaking. This is more than a theoretical problem – repeated studies[22,23] have demonstrated that governments achieve much greater financial and social benefit for their communities by investing in health and social programs, rather than investing in supply reduction and law enforcement activities. However, in most countries, the vast majority of available resources are spent on the enforcement of drug laws and the punishment of people who use drugs.[24]

The lack of coherence is even more marked at the United Nations. The development of the global drug control regime involved the creation of three bodies to oversee the implementation of the conventions – the UN Office on Drugs and Crime (UNODC), the International Narcotics Control Board (INCB), and the Commission on Narcotic Drugs (CND). This structure is premised on the notion that international drug control is primarily a fight against crime and criminals. Unsurprisingly, there is a built-in vested interest in maintaining the law enforcement focus and the senior decisionmakers in these bodies have traditionally been most familiar with this framework.

Now that the nature of the drug policy challenge has changed, the institutions must follow. Global drug policy should be created from the shared strategies of all interested multilateral agencies – UNODC of course, but also UNAIDS, WHO, UNDP, UNICEF, UN Women, the World Bank, and the Office of the High Commissioner on Human Rights. The marginalization of the World Health Organization is particularly worrisome given the fact that it has been given a specific mandate under the drug control treaties.

RECOMMENDATIONS

1. **Break the taboo. Pursue an open debate and promote policies that effectively reduce consumption, and that prevent and reduce harms related to drug use and drug control policies. Increase investment in research and analysis into the impact of different policies and programs.**[25]

   Political leaders and public figures should have the courage to articulate publicly what many of them acknowledge privately: that the evidence overwhelmingly demonstrates that repressive strategies will not solve the drug problem, and that the war on drugs has not, and cannot, be won. Governments do have the power to pursue a mix of policies that are appropriate to their own situation, and manage the problems caused by drug markets and drug use in a way that has a much more positive impact on the level of related crime, as well as social and health harms.

2. **Replace the criminalization and punishment of people who use drugs with the offer of health and treatment services to those who need them.**

   A key idea behind the 'war on drugs' approach was that the threat of arrest and harsh punishment would deter people from using drugs. In practice, this hypothesis has been disproved – many countries that have enacted harsh laws and implemented widespread arrest and imprisonment of drug users and low-level dealers have higher levels of drug use and related problems than countries with more tolerant approaches. Similarly, countries that have introduced decriminalization, or other forms of reduction in arrest or punishment, have not seen the rises in drug use or dependence rates that had been feared.

DECRIMINALIZATION INITIATIVES DO NOT RESULT IN SIGNIFICANT INCREASES IN DRUG USE

Portugal

In July 2001, Portugal became the first European country to decriminalize the use and possession of all illicit drugs. Many observers were critical of the policy, believing that it would lead to increases in drug use and associated problems. Dr. Caitlin Hughes of the University of New South Wales and Professor Alex Stevens of the University of Kent have undertaken detailed research into the effects of decriminalization in Portugal. Their recently published findings[26] have shown that this was not the case, replicating the conclusions of their earlier study[27] and that of the CATO Institute[28].

Hughes and Stevens' 2010 report detects a slight increase in overall rates of drug use in Portugal in the 10 years since decriminalization, but at a level consistent with other similar countries where drug use remained criminalized. Within this general trend, there has also been a specific decline in the use of heroin, which was in 2001 the main concern of the Portuguese government. Their overall conclusion is that the removal of criminal penalties, combined with the use of alternative therapeutic responses to people struggling with drug dependence, has reduced the burden of drug law enforcement on the criminal justice system and the overall level of problematic drug use.

Comparing Dutch and US Cities

A study by Reinarman, et. al. compared the very different regulatory environments of Amsterdam, whose liberal "cannabis cafe" policies (a form of *de facto* decriminalization) go back to the 1970s, and San Francisco, in the US, which criminalizes cannabis users. The researchers wished to examine whether the more repressive policy environment of San Francisco deterred citizens from smoking cannabis or delayed the onset of use. They found that it did not, concluding that:

"Our findings do not support claims that criminalization reduces cannabis use and that decriminalization increases cannabis use... With the exception of higher drug use in San Francisco, we found strong similarities across both cities. We found no evidence to support claims that criminalization reduces use or that decriminalization increases use."[29]

Australia
The state of Western Australia introduced a decriminalization scheme for cannabis in 2004, and researchers evaluated its impact by comparing prevalence trends in that state with trends in the rest of the country. The study was complicated by the fact that it took place in a period when the use of cannabis was in general decline across the country. However, the researchers found that this downward trend was the same in Western Australia, which had replaced criminal sanctions for the use or possession of cannabis with administrative penalties, typically the receipt of a police warning called a 'notice of infringement'. The authors state:

"The cannabis use data in this study suggest that, unlike the predictions of those public commentators who were critical of the scheme, cannabis use in Western Australia appears to have continued to decline despite the introduction of the Cannabis Infringement Notice Scheme."[30]

Comparisons Between Different States in the US
Although cannabis possession is a criminal offense under US federal laws, individual states have varying policies toward possession of the drug. In the 2008 *Report of the Cannabis Commission* convened by the Beckley Foundation, the authors reviewed research that had been undertaken to compare cannabis prevalence in those states that had decriminalized with those that maintained criminal punishments for possession. They concluded that:

"Taken together, these four studies indicated that states which introduced reforms did not experience greater increases in cannabis use among adults or adolescents. Nor did surveys in these states show more favorable attitudes towards cannabis use than those states which maintained strict prohibition with criminal penalties."[31]

In the light of these experiences, it is clear that the policy of harsh criminalization and punishment of drug use has been an expensive mistake, and governments should take steps to refocus their efforts and resources on diverting drug users into health and social care services. Of course, this does not necessarily mean that sanctions should be removed altogether – many drug users will also commit other crimes for which they need to be held responsible – but the primary reaction to drug possession and use should be the offer of appropriate advice, treatment and health services to individuals who need them, rather than expensive and counterproductive criminal punishments.

3. **Encourage experimentation by governments with models of legal regulation of drugs (with cannabis, for example) that are designed to undermine the power of organized crime and safeguard the health and security of their citizens.**

The debate on alternative models of drug market regulation has too often been constrained by false dichotomies – tough or soft, repressive or liberal. In fact, we are all seeking the same objective – a set of drug policies and programs that minimize health and social harms, and maximize individual and national security. It is unhelpful to ignore those who argue for a taxed and regulated market for currently illicit drugs. This is a policy option that should be explored with the same rigor as any other.[32]

If national governments or local administrations feel that decriminalization policies will save money and deliver better health and social outcomes for their communities, or that the creation of a regulated market may reduce the power of organized crime and improve the security of their citizens, then the international community should support and facilitate such policy experiments and learn from their application.

Similarly, national authorities and the UN need to review the scheduling of different substances. The current schedules, designed to represent the relative risks and harms of various drugs, were set in place 50 years ago when there was little scientific evidence on which to base these decisions. This has resulted in some obvious anomalies – cannabis and coca leaf, in particular, now seem to be incorrectly scheduled and this needs to be addressed.

DISCREPANCIES BETWEEN LEVELS OF CONTROL AND LEVELS OF HARM

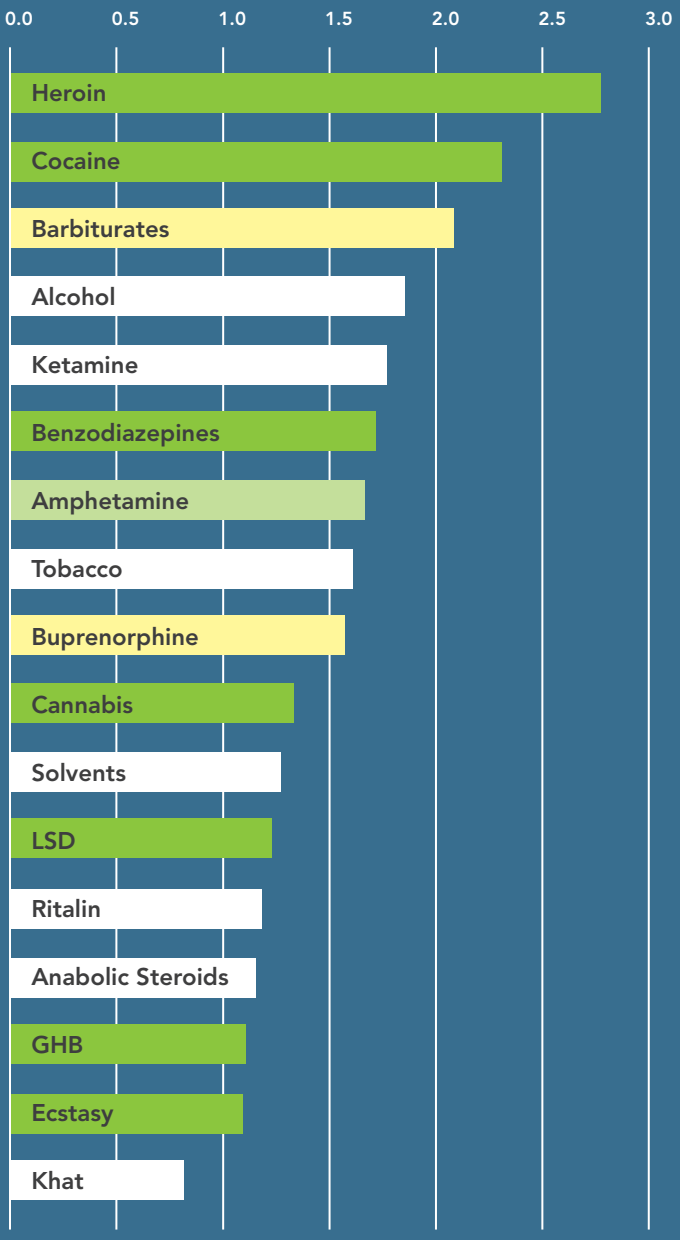
In a report published by *The Lancet* in 2007, a team of scientists[33] attempted to rank a range of psychoactive drugs according to the actual and potential harms they could cause to society. The graph at right summarizes their findings and contrasts them with the seriousness with which the drugs are treated within the global drug control system.

While these are crude assessments, they clearly show that the categories of seriousness ascribed to various substances in international treaties need to be reviewed in the light of current scientific knowledge.

UN CLASSIFICATION

- Most Dangerous
- Moderate Risk
- Low Risk
- Not Subject to International Control

INDEPENDENT EXPERT ASSESSMENTS OF RISK



RECOMMENDATIONS

(Continued)

4. Establish better metrics, indicators and goals to measure progress.

The current system of measuring success in the drug policy field is fundamentally flawed.[34] The impact of most drug strategies are currently assessed by the level of crops eradicated, arrests, seizures and punishments applied to users, growers and dealers. In fact, arresting and punishing drug users does little to reduce levels of drug use, taking out low-level dealers simply creates a market opportunity for others, and even the largest and most successful operations against organized criminals (that take years to plan and implement) have been shown to have, at best, a marginal and short-lived impact on drug prices and availability. Similarly, eradication of opium, cannabis or coca crops merely displaces illicit cultivation to other areas.

A new set of indicators is needed to truly show the outcomes of drug policies, according to their harms or benefits for individuals and communities – for example, the number of victims of drug market-related violence and intimidation; the level of corruption generated by drug markets; the level of petty crime committed by dependent users; levels of social and economic development in communities where drug production, selling or consumption are concentrated; the level of drug dependence in communities; the level of overdose deaths; and the level of HIV or hepatitis C infection among drug users. Policymakers can and should articulate and measure the outcome of these objectives.

The expenditure of public resources should therefore be focused on activities that can be shown to have a positive impact on these objectives. In the current circumstances in most countries, this would mean increased investment in health and social programs, and improved targeting of law enforcement resources to address the violence and corruption associated with drug markets.[35] In a time of fiscal austerity, we can no longer afford to maintain multibillion dollar investments that have largely symbolic value.

5. Challenge, rather than reinforce, common misconceptions about drug markets, drug use and drug dependence.

Currently, too many policymakers reinforce the idea that all people who use drugs are 'amoral addicts', and all those involved in drug markets are ruthless criminal masterminds. The reality is much more complex. The United Nations makes a conservative estimate that there are currently 250 million illicit drug users in the world, and that there are millions more involved in cultivation, production and distribution. We simply cannot treat them all as criminals.

To some extent, policymakers' reluctance to acknowledge this complexity is rooted in their understanding of public opinion on these issues. Many ordinary citizens do have genuine fears about the negative impacts of illegal drug markets, or the behavior of people dependent on, or under the influence of, illicit drugs. These fears are grounded in some general assumptions about people who use drugs and drug markets, that government and civil society experts need to address by increasing awareness of some established (but largely unrecognized) facts. For example:

- The majority of people who use drugs do not fit the stereotype of the 'amoral and pitiful addict'. Of the estimated 250 million drug users worldwide, the United Nations estimates that less than 10 percent can be classified as dependent, or 'problem drug users'.[36]
- Most people involved in the illicit cultivation of coca, opium poppy, or cannabis are small farmers struggling to make a living for their families. Alternative livelihood opportunities are better investments than destroying their only available means of survival.
- The factors that influence an individual's decision to start using drugs have more to do with fashion, peer influence, and social and economic context, than with the drug's legal status, risk of detection, or government prevention messages.[37, 38]
- The factors that contribute to the development of problematic or dependent patterns of use have more to do with childhood trauma or neglect, harsh living conditions, social marginalization, and emotional problems, rather than moral weakness or hedonism.[39]

RECOMMENDATIONS

(Continued)

- It is not possible to frighten or punish someone out of drug dependence, but with the right sort of evidence-based treatment, dependent users can change their behavior and be active and productive members of the community.[40]
- Most people involved in drug trafficking are petty dealers and not the stereotyped gangsters from the movies – the vast majority of people imprisoned for drug dealing or trafficking are 'small fish' in the operation (often coerced into carrying or selling drugs), who can easily be replaced without disruption to the supply.[41,42]

A more mature and balanced political and media discourse can help to increase public awareness and understanding. Specifically, providing a voice to representatives of farmers, users, families and other communities affected by drug use and dependence can help to counter myths and misunderstandings.

6. **Countries that continue to invest mostly in a law enforcement approach (despite the evidence) should focus their repressive actions on violent organized crime and drug traffickers, in order to reduce the harms associated with the illicit drug market.**

The resources of law enforcement agencies can be much more effectively targeted at battling the organized crime groups that have expanded their power and reach on the back of drug market profits. In many parts of the world, the violence, intimidation and corruption perpetrated by these groups is a significant threat to individual and national security and to democratic institutions, so efforts by governments and law enforcement agencies to curtail their activities remain essential.

However, there is a need to review our tactics in this fight. There is a plausible theory put forward by MacCoun and Reuter[43] that suggests that supply reduction efforts are most effective in a new and undeveloped market, where the sources of supply are controlled by a small number of trafficking organizations. Where these conditions exist, appropriately designed and targeted law enforcement operations have the potential to stifle the emergence of new markets. We face such a situation now in West Africa. On the other hand, where drug markets are diverse and well-established, preventing drug use by stopping supply is not a realistic objective.

DRUGS IN WEST AFRICA: RESPONDING TO THE GROWING CHALLENGE OF NARCOTRAFFIC AND ORGANIZED CRIME

In just a few years, West Africa has become a major transit and re-packaging hub for cocaine following a strategic shift of Latin American drug syndicates toward the European market. Profiting from weak governance, endemic poverty, instability and ill-equipped police and judicial institutions, and bolstered by the enormous value of the drug trade, criminal networks have infiltrated governments, state institutions and the military. Corruption and money laundering, driven by the drug trade, pervert local politics and skew local economies.

A dangerous scenario is emerging as narco-traffic threatens to metastasize into broader political and security challenges. Initial international responses to support regional and national action have not been able to reverse this trend. New evidence[44] suggests that criminal networks are expanding operations and strengthening their positions through new alliances, notably with armed groups. Current responses need to be urgently scaled up and coordinated under West African leadership, with international financial and technical support. Responses should integrate law enforcement and judicial approaches with social, development and conflict prevention policies – and they should involve governments and civil society alike.

We also need to recognize that it is the illicit nature of the market that creates much of the market-related violence – legal and regulated commodity markets, while not without problems, do not provide the same opportunities for organized crime to make vast profits, challenge the legitimacy of sovereign governments, and, in some cases, fund insurgency and terrorism.

This does not necessarily mean that creating a legal market is the only way to undermine the power and reach of drug trafficking organizations. Law enforcement strategies can explicitly attempt to manage and shape the illicit market by, for example, creating the conditions where small-scale and private 'friendship network' types of supply can thrive, but cracking down on larger-scale operations that involve violence or inconvenience to the general public. Similarly, the demand for drugs from those dependent on some substances (for example, heroin) can be met through medical prescription programs that automatically reduce demand for the street alternative. Such strategies can be much more effective in reducing market-related violence and harms than futile attempts to eradicate the market entirely.

On the other hand, poorly designed drug law enforcement practices can actually increase the level of violence, intimidation and corruption associated with drug markets. Law enforcement agencies and drug trafficking organizations can become embroiled in a kind of 'arms race', in which greater enforcement efforts lead to a similar increase in the strength and violence of the traffickers. In this scenario, the conditions are created in which the most ruthless and violent trafficking organizations thrive. Unfortunately, this seems to be what we are currently witnessing in Mexico and many other parts of the world.

LAW ENFORCEMENT AND THE ESCALATION OF VIOLENCE

A group of academics and public health experts based in British Columbia have conducted a systematic review of evidence[45] relating to the impact of increased law enforcement on drug market-related violence (for example, armed gangs fighting for control of the drug trade, or homicide and robberies connected to the drug trade).

In multiple US locations, as well as in Sydney, Australia, the researchers found that increased arrests and law enforcement pressures on drug markets were strongly associated with increased homicide rates and other violent crimes. Of all the studies examining the effect of increased law enforcement on drug market violence, 91 percent concluded that increased law enforcement actually increased drug market violence. The researchers concluded that:

"The available scientific evidence suggests that increasing the intensity of law enforcement interventions to disrupt drug markets is unlikely to reduce drug gang violence. Instead, the existing evidence suggests that drug-related violence and high homicide rates are likely a natural consequence of drug prohibition and that increasingly sophisticated and well-resourced methods of disrupting drug distribution networks may unintentionally increase violence."[46]

In the UK also, researchers have examined the effects of policing on drug markets, noting that:

"Law enforcement efforts can have a significant negative impact on the nature and extent of harms associated with drugs by (unintentionally) increasing threats to public health and public safety, and by altering both the behavior of individual drug users and the stability and operation of drug markets (e.g. by displacing dealers and related activity elsewhere or increasing the incidence of violence as displaced dealers clash with established ones)."[47]

RECOMMENDATIONS

(Continued)

7. **Promote alternative sentences for small-scale and first-time drug dealers.**

While the idea of decriminalization has mainly been discussed in terms of its application to people who use drugs or who are struggling with drug dependence, we propose that the same approach be considered for those at the bottom of the drug selling chain. The majority of people arrested for small-scale drug selling are not gangsters or organized criminals. They are young people who are exploited to do the risky work of street selling, dependent drug users trying to raise money for their own supply, or couriers coerced or intimidated into taking drugs across borders. These people are generally prosecuted under the same legal provisions as the violent and organized criminals who control the market, resulting in the indiscriminate application of severe penalties.

Around the world, the vast majority of arrests are of these nonviolent and low-ranking 'little fish' in the drug market. They are most visible and easy to catch, and do not have the means to pay their way out of trouble.[48] The result is that governments are filling prisons with minor offenders serving long sentences, at great cost, and with no impact on the scale or profitability of the market.

In some countries, these offenders are even subject to the death penalty, in clear contravention of international human rights law. To show their commitment to fighting the drug war, many countries implement laws and punishments that are out of proportion to the seriousness of the crime, and that still do not have a significant deterrent effect. The challenge now is for governments to look at diversion options for the 'little fish', or to amend their laws to make a clearer and more proportionate distinction between the different types of actors in the drug market.

8. **Invest more resources in evidence-based prevention, with a special focus on youth.**

Clearly, the most valuable investment would be in activities that stop young people from using drugs in the first place, and that prevent experimental users from becoming problematic or dependent users. Prevention of initiation or escalation is clearly preferable to responding to the problems after they occur. Unfortunately, most early attempts at reducing overall rates of drug use through mass prevention campaigns were poorly planned and implemented. While the presentation of good (and credible) information on the risks of drug use is worthwhile, the experience of universal prevention (such as media campaigns, or school-based drug prevention programs) has been mixed. Simplistic 'just say no' messages do not seem to have a significant impact.[49]

There have been some carefully planned and targeted prevention programs, however, that focus on social skills and peer influences that have had a positive impact on the age of initiation or the harms associated with drug use. The energy, creativity and expertise of civil society and community groups are of particular importance in the design and delivery of these programs. Young people are less likely to trust prevention messages coming from state agencies.

Successful models of prevention have tended to target particular groups at risk – gang members, children in care, or in trouble at school or with the police – with mixed programs of education and social support that prevent a proportion of them from developing into regular or dependent drug users. Implemented to a sufficient scale, these programs have the potential to reduce the overall numbers of young people who become drug dependent or who get involved in petty dealing.

9. **Offer a wide and easily accessible range of options for treatment and care for drug dependence, including substitution and heroin-assisted treatment, with special attention to those most at risk, including those in prisons and other custodial settings.**

In all societies and cultures, a proportion of individuals will develop problematic or dependent patterns of drug use, regardless of the preferred substances in that society or their legal status. Drug dependence can be a tragic loss of potential for the individual involved, but is also extremely damaging for their family, their community, and, in aggregate, for the entire society.

Preventing and treating drug dependence is therefore a key responsibility of governments – and a valuable investment, since effective treatment can deliver significant savings in terms of reductions in crime and improvements in health and social functioning.

Many successful treatment models – using a mix of substitution treatment and psycho-social methods – have been implemented and proven in a range of socio-economic and cultural settings. However, in most countries, the availability of these treatments is limited to single models, is only sufficient to meet a small fraction of demand, or is poorly targeted and fails to focus resources on the most severely dependent individuals. National governments should therefore develop comprehensive, strategic plans to scale up a menu of evidence-based drug dependence treatment services.

At the same time, abusive practices carried out in the name of treatment – such as forced detention, forced labor, physical or psychological abuse – that contravene human rights standards by subjecting people to cruel, inhuman and degrading treatment, or by removing the right to self-determination, should be abolished. Governments should ensure that their drug dependence treatment facilities are evidence-based and comply with international human rights standards.

10. The United Nations system must provide leadership in the reform of global drug policy. This means promoting an effective approach based on evidence, supporting countries to develop drug policies that suit their context and meet their needs, and ensuring coherence among various UN agencies, policies and conventions.

While national governments have considerable discretion to move away from repressive policies, the UN drug control system continues to act largely as a straitjacket, limiting the proper review and modernization of policy. For most of the last century, it has been the US government that has led calls for the development and maintenance of repressive drug policies. We therefore welcome the change of tone emerging from the current administration[50] – with President Obama himself acknowledging the futility of a 'war on drugs' and the validity of a debate on alternatives.[51] It will be necessary, though, for the US to follow up this new rhetoric with real reform, by reducing its reliance on incarceration and punishment of drug users, and by using its considerable diplomatic influence to foster reform in other countries.

UN drug control institutions have largely acted as defenders of traditional policies and strategies. In the face of growing evidence of the failure of these strategies, reforms are necessary. There has been some encouraging recognition by UNODC that there is a need to balance and modernize the system, but there is also strong institutional resistance to these ideas.

Countries look to the UN for support and guidance. The UN can, and must, provide the necessary leadership to help national governments find a way out of the current policy impasse. We call on UN Secretary General Ban Ki-moon and UNODC Executive Director Yury Fedotov to take concrete steps toward a truly coordinated and coherent global drug strategy that balances the need to stifle drug supply and fight organized crime with the need to provide health services, social care, and economic development to affected individuals and communities.

There are a number of ways to make progress on this objective. For a start, the UN could initiate a wide-ranging commission to develop a new approach; UN agencies could create new and stronger structures for policy coordination; and the UNODC could foster more meaningful program coordination with other UN agencies such as the WHO, UNAIDS, UNDP, or the Office of the UN High Commissioner for Human Rights.

11. Act urgently: the war on drugs has failed, and policies need to change now.

There are signs of inertia in the drug policy debate in some parts of the world, as policymakers understand that current policies and strategies are failing but do not know what to do instead. There is a temptation to avoid the issue. This is an abdication of policy responsibility – for every year we continue with the current approach, billions of dollars are wasted on ineffective programs, millions of citizens are sent to prison unnecessarily, millions more suffer from the drug dependence of loved ones who cannot access health and social care services, and hundreds of thousands of people die from preventable overdoses and diseases contracted through unsafe drug use.

There are other approaches that have been proven to tackle these problems that countries can pursue now. Getting drug policy right is not a matter for theoretical or intellectual debate – it is one of the key policy challenges of our time.

ENDNOTES

[1] For detailed analysis of illicit drug markets over the decade, see: Reuter, P. and Trautmann, F. (2009) *A Report on Global Illicit Drug Markets 1998-2007*. European Commission http://www.exundhopp.at/www1/drogenbericht.pdf Accessed 04.19.11

[2] UNODC (2008) *2008 World Drug Report* Vienna: United Nations http://www.unodc.org/unodc/en/data-and-analysis/WDR-2008.html Accessed 04.19.11

[3] European Monitoring Centre on Drugs and Drug Addiction (2010) *Annual Report of the State of the Drugs Problem in Europe* http://www.emcdda.europa.eu/publications/annual-report/2010 Accessed 04.19.11

[4] National Drug Intelligence Centre (2010) *National Drug Threat Assessment* Washington: US Department of Justice http://www.justice.gov/ndic/pubs38/38661/index.htm Accessed 04.18.11

[5] Office of the United Nations High Commissioner for Human Rights (2009) *High Commissioner calls for focus on human rights and harm reduction in international drug policy* Geneva: United Nations http://www.ohchr.org/documents/Press/HC_human_rights_and_harm_reduction_drug_policy.pdf Accessed 04.18.11

[6] World Health Organization, UN Office on Drugs and Crime, and Joint UN Program on HIV and AIDS (2009) *WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* http://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf Accessed 04.18.11

[7] European Monitoring Centre for Drugs and Drug Addiction (2010) *Harm reduction: evidence, impacts and challenges.* Lisbon: EMCDDA http://www.emcdda.europa.eu/publications/monographs/harm-reduction Accessed 05.13.11

[8] See the European Monitoring Centre on Drugs and Drug Addiction resources page on harm reduction: http://www.emcdda.europa.eu/themes/harm-reduction Accessed 04.19.11

[9] Mathers, B., Degenhardt, L., Phillips, B., Wiessing, L., Hickman, M., Strathdee, S., Wodak, A., Panda, S., Tyndall, M., Toufik, A., and Mattick, R. for the 2007 Reference Group to the UN on HIV and Injecting drug use (2008) "Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review" *The Lancet*, Volume 372, Issue 9651, pp.1733–1745. Data available at: http://www.idurefgroup.unsw.edu.au//IDURGWeb.nsf/page/IDUepi Accessed 04.16.11

[10] UNAIDS (2010) *UNAIDS Report on the Global AIDS Epidemic 2010* http://www.unaids.org/globalreport/Global_report.htm Accessed 04.18.11

[11] WHO (2006) *Treatment of Injecting Drug Users with HIV/AIDS: Promoting Access and Optimizing Service Delivery* Geneva: World Health Organization http://www.who.int/substance_abuse/publications/treatment/en/index.html Accessed 04.16.11

[12] US Institute of Medicine (2006) *Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence* Washington: National Academies Press http://www.nap.edu/catalog.php?record_id=11731 Accessed 04.16.11

[13] Aebi, M. F., Ribeaud D., and Killias, M. (1999) "Prescription médicale de stupéfiants et délinquance. Résultats des essais Suisses." *Criminologie,* vol. 32, n.2

[14] Killias, M. and Aebi, M.F. (2000) "The impact of heroin prescription on heroin markets in Switzerland," *Crime Prevention Studies*, volume 11, 2000 http://www.popcenter.org/library/crimeprevention/volume_11/04-Killias.pdf Accessed 05.08.11

[15] Millar, T., Jones, A., Donmall, M. and Roxburgh, M. (2008) *Changes in offending following prescribing treatment for drug misuse* National Treatment Agency for Substance Misuse http://www.nta.nhs.uk/uploads/nta_changes_in_offending_rb35.pdf Accessed 05.08.11

[16] National Drug Monitor (2009) *NDM Annual Report, 2009* WODC/Trimbos Instituut http://english.wodc.nl/images/1730_full_text_tcm45-296585.pdf Accessed 05.08.11

[17] van Laar, M. and van Ooyen-Houben, M. (eds.) (2009) *Evaluatie van het Nederlandse drugsbeleid* WODC/Trimbos Instituut http://www.trimbos.nl/~/media/Files/Gratis percent20downloads/AF0884 percent20Evaluatie percent20van percent20het percent20Nederlands percent20drugsbeleid.ashx Accessed 05.08.11

[18] E. Schatz, K. Schiffer and J.P. Kools (2011) *The Dutch treatment and social support system for drug users* IDPC Briefing Paper, January 2011 http://www.idpc.net/publications/idpc-paper-dutch-drug-treatment-program Accessed 05.08.11

[19] Henman, A. and Metaal, P. (2009) *Coca Myths* Transnational Institute Drugs and Democracy Program http://www.tni.org/archives/reports_drugs_debate13 Accessed 04.21.11

[20] Jelsma, M. (2011) *Lifting the Ban on Coca Chewing: Bolivia's proposal to amend the 1961 Single Convention* Series on Legislative Reform of Drug Policies, No.11. Transnational Institute http://www.tni.org/briefing/lifting-ban-coca-chewing Accessed 05.08.11

[21] Costa, A.M. (2008) *Making drug control 'fit for purpose': Building on the UNGASS Decade* E/CN.7/2008/CRP.17 http://www.unodc.org/documents/commissions/CND-Session51/CND-UNGASS-CRPs/ECN72008CRP17E.pdf Accessed 04.20.11

[22] Godfrey C., Stewart D., and Gossop, M. (2004) "Economic analysis of costs and consequences of the treatment of drug misuse: 2-year outcome data from the National Treatment Outcome Research Study (NTORS)" *Addiction* 99 (6) pp.697-707

[23] Reuter, P. and Pollack, H. (2006) "How much can treatment reduce national drug problems?" *Addiction* 101 (3) pp. 341-347

[24] Carnevale, J. (2009) *Restoring the Integrity of the Office of National Drug Control Policy* Written Testimony to the Domestic Policy Subcommitee of the Committee on Oversight and Government Reform http://www.idpc.net/publications/john-carnevale-testimony-ONDCP-congress Accessed 04.21.11

[25] Bühringer, G., Farrell, M., Kraus, L., Marsden, J., Pfeiffer-Gerschel, T., Piontek, D., Karachaliou, K., Künzel, J. and Stillwell, G. (2009) *Comparative analysis of research into illicit drugs in the European Union* Luxembourg: European Commission, Directorate-General Justice, Freedom and Security http://www.emcdda.europa.eu/attachements.cfm/att_118348_EN_report-EN.pdf Accessed 05.13.11

[26] Hughes, C.E. and Stevens, A. (2010) "What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?" *British Journal of Criminology* Volume 50, Issue 6, pp.999-1022

[27] Hughes, C.E. and Stevens, A. (2007) *The Effects of Decriminalization of Drug Use in Portugal* Oxford: Beckley Foundation http://www.beckleyfoundation.org/bib/doc/bf/2007_Caitlin_211672_1.pdf Accessed 04.20.11

[28] Greenwald, G. (2009) *Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies* Cato Institute http://www.cato.org/pub_display.php?pub_id=10080 Accessed 05.07.11

[29] Reinarman, C., Cohen, P. and Kaal, H. (2004) "The Limited Relevance of Drug Policy: Cannabis in Amsterdam and in San Francisco" *American Journal of Public Health* vol. 94 pp.836–842

[30] Fetherston, J. and Lenton, S. (2007) *Effects of the Western Australian Cannabis Infringement Notification Scheme on Public Attitudes, Knowledge and Use: Comparison of Pre- and Post Change Data* Perth: National Drug Research Institute http://ndri.curtin.edu.au/local/docs/pdf/publications/T177.pdf Accessed 04.20.11

[31] Room, R., Fischer, B., Hall, W., Lenton, S. and Reuter, P. (2008) *The Global Cannabis Commission Report* Oxford: Beckley Foundation http://www.beckleyfoundation.org/pdf/BF_Cannabis_Commission_Report.pdf Accessed 04.20.11

[32] Becker, G.S., Murphy, K.M. and Grossman, M. (2004) *The Economic Theory of Illegal Goods: The Case of Drugs* National Bureau of Economic Research, Working Paper 10976 http://www.nber.org/papers/w10976 Accessed 05.13.11

[33] Nutt, D., King, L.A., Saulsbury, W. and Blakemore, C. (2007) "Development of a rational scale to assess the harm of drugs of potential misuse" *Lancet* Vol. 369 (9566) pp.1047-53

[34] Hallam, C. and Bewley-Taylor, D. (2010) "Mapping the World Drug Problem: Science and Politics in the United Nations Drug Control System," *International Journal of Drug Policy*, Volume 21, (1), 2010, pp. 1-3

[35] Caulkins, J., Reuter, P. Iguchi, M.Y. and Chiesa, J. (2005) *How Goes the "War on drugs"? An Assessment of US Problems and Policy* Santa Monica, California: RAND http://www.rand.org/pubs/occasional_papers/2005/RAND_OP121.pdf Accessed 04.20.11

[36] UNODC (2008) *2008 World Drug Report* Vienna: United Nations http://www.unodc.org/unodc/en/data-and-analysis/WDR-2008.html Accessed 04.19.11

[37] Lalander, P. and Salasuo, M. (Eds.) (2005) "Drugs and Youth Cultures: Global and Local Expressions" Helsinki: Nordic Council for Alcohol and Drug Research

[38] Manning, P. (Ed.) (2007) *Drugs and Popular Culture: Drugs, Media and Identity in Contemporary Society* Devon: Willan Publishing

[39] Buchanan, J. (2004) "Missing Links? Problem drug use and social exclusion" *Probation Journal* vol. 51 no. 4 pp. 387-397

[40] UNODC/WHO (2008) *Principles of Drug Dependence Treatment* http://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf Accessed 04.16.11

[41] Bewley-Taylor, D., Hallam, C. and Allen, R. *The Incarceration of Drug Offenders: An Overview* Beckley Foundation/International Centre for Prison Studies http://www.idpc.net/php-bin/documents/Beckley_Report_16_2_FINAL_EN.pdf Accessed 04.19.11

[42] Sevigny, E. and Caulkins, J.P. (2004) "Kingpins or Mules? An Analysis of Drug Offenders Incarcerated in Federal and State Prisons" *Criminology and Public Policy* 3:3, 401-434

[43] MacCoun, R.J. and and Reuter, P. (2001) *Drug War Heresies: Learning from Other Vices, Times and Places* Cambridge University Press

[44] UNODC (2008) *Drug trafficking as a security threat to West Africa* Vienna: United Nations http://www.unodc.org/documents/data-and-analysis/Studies/Drug-Trafficking-WestAfrica-English.pdf Accessed 05.08.11

[45] Werb, D., Rowell, G., Guyatt, G., Kerr, T., Montaner, J. and Wood, E. (2011) "Effect of drug law enforcement on drug market violence: A systematic review" *International Journal of Drug Policy* vol. 22 pp. 87–94

[46] Werb, D., Rowell, G., Guyatt, G., Kerr, T. Montaner, J. and Wood, E. (2010) *Effect of Drug Law Enforcement on Drug-related Violence: Evidence from a Scientific Review* Urban Health Research Initiative, British Colombia Centre for Excellence in HIV/AIDS http://www.icsdp.org/Libraries/doc1/ICSDP-1_-_FINAL_1.sflb.ashx Accessed 04.19.11

[47] McSweeney, T., Turnbull, P.J. and Hough, M (2008) *Tackling Drug Markets & Distribution Networks in the UK* London: UK Drug Policy Commission http://www.ukdpc.org.uk/resources/Drug_Markets_Full_Report.pdf Accessed 04.19.11

[48] Metaal, P. and Youngers, C. eds. (2011) *Systems Overload: Drug Laws and Prisons in Latin America* Transnational Institute/Washington Office on Latin America http://www.druglawreform.info/images/stories/documents/Systems_Overload/TNI-Systems_Overload-def.pdf Accessed 05.16.11

[49] Perry, C. L., Komro, K. A., Veblen-Mortenson, S., Bosma, L. M., Farbakhsh, K., Munson, K. A., et al. (2003) "A randomized controlled trial of the middle and junior high school D.A.R.E. and D.A.R.E. Plus programs" *Archives of Pediatrics & Adolescent Medicine* 157(2), pp. 178-184

[50] Office of National Drug Control Policy (2010) *National Drug Control Strategy 2010* http://www.whitehousedrugpolicy.gov/strategy/index.html Accessed 05.13.11

[51] "Obama: Drugs Should be Treated as a Public Health Problem" Interview with Barack Obama on CBS News: http://www.cbsnews.com/8301-503544_162-20029831-503544.html Accessed 05.13.11

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GLOBAL COMMISSION ON DRUG POLICY

The purpose of the Global Commission on Drug Policy is to bring to the international level an informed, science-based discussion about humane and effective ways to reduce the harm caused by drugs to people and societies.

GOALS

- Review the basic assumptions, effectiveness and consequences of the 'war on drugs' approach
- Evaluate the risks and benefits of different national responses to the drug problem
- Develop actionable, evidence-based recommendations for constructive legal and policy reform

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Die Wiener Erklärung

Die Kriminalisierung von Konsumenten illegaler Drogen trägt zur Ausbreitung der HIV-Epidemie bei und hat äußerst negative gesundheitliche und soziale Folgen nach sich gezogen. Hier ist eine umfassende strategische Neuorientierung erforderlich.

DIE ERKLÄRUNG UNTERZEICHNEN

Als Reaktion auf die gesundheitlichen und sozialen Schäden durch illegale Drogen wurde unter dem Dach der Vereinten Nationen eine breit angelegte internationale Drogenverbotspolitik entwickelt.[1] Dank jahrzehntelanger Forschung ist eine umfassende Einschätzung der Auswirkungen des globalen „War on Drugs“ möglich. Nun, da sich tausende Menschen anlässlich der XVIII. Internationalen AIDS-Konferenz in Wien versammeln, fordert die internationale wissenschaftliche Gemeinschaft eine Anerkennung der Grenzen und schädlichen Auswirkungen von Drogenverboten sowie eine Reform der Drogenpolitik, die zum Ziel hat, Barrieren für eine effektive HIV-Prävention, -Therapie und -Versorgung zu beseitigen.

Mittlerweile ist zweifelsfrei bewiesen, dass es den Strafverfolgungsbehörden nicht gelungen ist, die Verfügbarkeit illegaler Drogen an Orten, wo eine entsprechende Nachfrage existiert, zu unterbinden.[2, 3] Nationale und internationale Drogenüberwachungssysteme zeigten über die letzten Jahrzehnte hinweg eine allgemeine Tendenz sinkender Preise und zunehmender Reinheit von Drogen – und dies trotz massiver Investitionen in die Strafverfolgung bei der Drogenbekämpfung.[3, 4]

Darüber hinaus gibt es keine Belege dafür, dass härtere Strafverfolgungsmaßnahmen den Drogenkonsum spürbar senken.[5] Ferner zeigen die Daten eindeutig, dass auch die Zahl der Länder, in denen Menschen illegale Drogen injizieren, wächst, wobei zunehmend Frauen und Kinder betroffen sind.[6] Außerhalb von den subsaharischen afrikanischen Ländern geht ungefähr jeder dritte neue Fall von HIV auf den Konsum injizierter Drogen zurück.[7, 8] In einigen der Gegenden mit der derzeit schnellsten HIV-Ausbreitung wie z.B. Osteuropa und Zentralasien kann die HIV-Prävalenz bis zu 70 % der injizierenden Drogenkonsumenten betragen. Stellenweise fallen sogar mehr als 80% aller HIV-Fälle in diese Gruppe.[8]

Angesichts dieser erdrückenden Beweislage, die zeigt, dass die Strafverfolgungsmaßnahmen in der Drogenbekämpfung ihre erklärten Ziele nicht erreicht hat, ist es von entscheidender Bedeutung, dass die schädlichen Folgen dieses Scheiterns zur Kenntnis genommen und entsprechende Gegenmaßnahmen getroffen werden. Beispiele für die schädlichen Folgen sind:

- Ausbreitung der HIV-Epidemie durch Kriminalisierung von Konsumenten illegaler Drogen sowie durch das Verbot der Bereitstellung steriler Nadeln und opioidgestützter Substitutionstherapien[9, 10]
- HIV-Ausbrüche unter inhaftierten und heimuntergebrachten Drogenkonsumenten als Ergebnis von Strafgesetzen und -regelungen sowie von mangelnder HIV-Prävention in diesem Umfeld.[11-13]
- Die Aushöhlung öffentlicher Gesundheitssysteme im Zuge von Strafverfolgungsmaßnahmen, die Drogenkonsumenten

von Prävention und Versorgung fernhalten und in ein Umfeld drängen, wo ein erhöhtes Risiko der Übertragung von Infektionskrankheiten (z.B. HIV, Hepatitis C und B sowie Tuberkulose) und anderer schädlicher Einflüsse besteht.[14-16]

- Krise der Strafjustizsysteme als Ergebnis von Rekordinhaftierungsraten in zahlreichen Ländern.[17, 18] Dies hat sich negativ auf die soziale Funktionsfähigkeit ganzer Kommunen ausgewirkt. Während sich ethnische Unterschiede bei den Inhaftierungsraten für Drogendelikte in vielen Ländern weltweit zeigen, so ist dieser Effekt in den USA besonders stark ausgeprägt: Hier sitzt zu einem x-beliebigen Zeitpunkt jeder neunte männliche Afroamerikaner aus der Altersgruppe von 20 bis 34 Jahren im Gefängnis, was vor allem das Ergebnis von Strafverfolgungsmaßnahmen bei der Drogenbekämpfung ist.[19]
- Stigmatisierung von Menschen, die illegale Drogen konsumieren, was wiederum die Kriminalisierung von Drogenkonsumenten politisch populärer macht und die HIV-Prävention sowie andere Gesundheitsförderungsprogramme untergräbt.[20, 21]
- Schwere Menschenrechtsverletzungen, einschließlich Folter, Zwangsarbeit, unmenschliche und erniedrigende Behandlung sowie Hinrichtungen von Drogenstraftätern in etlichen Ländern.[22, 23]
- Ein riesiger illegaler Markt mit einem geschätzten jährlichen Wert von 320 Milliarden US-Dollar.[4] Diese Gewinne bleiben vollständig außerhalb der Regierungskontrolle. Sie schüren Kriminalität, Gewalt und Korruption in unzähligen Städten und haben ganze Länder wie z.B. Kolumbien, Mexiko und Afghanistan destabilisiert.[4]
- Milliarden an Steuerdollars werden an einen „War on Drugs“-Ansatz zur Drogenbekämpfung verschwendet, der seine erklärten Ziele nicht erreicht, sondern stattdessen sogar direkt oder indirekt zu den genannten schädlichen Auswirkungen beiträgt.[24]

Leider werden Belege dafür, dass die Drogenverbotspolitik ihre erklärten Ziele verfehlt hat, sowie für die äußerst negativen Folgen dieser Strategie oftmals durch diejenigen geleugnet, die ein persönliches Interesse daran haben, den Status quo aufrechtzuerhalten.[25]Dies hat zu Verwirrung in der Öffentlichkeit geführt und unzählige Menschenleben gefordert. Regierungen und internationale Organisationen sind ethisch und rechtlich dazu verpflichtet, auf diese Krise zu reagieren, und müssen sich um alternative evidenzbasierte Strategien bemühen, die effektiv die schädlichen Auswirkungen von Drogen reduzieren können, ohne ihrerseits neue Schäden nach sich zu ziehen. Wir, die Unterzeichner, fordern Regierungen und internationale Organisationen, einschließlich der Vereinten Nationen, dazu auf:

- eine transparente Überprüfung der Wirksamkeit der derzeitigen Drogenpolitik durchzuführen.
- einen wissenschaftlich fundierten gesundheitspolitischen Ansatz umzusetzen und zu evaluieren, der den individuellen und gemeinschaftlichen Schäden durch illegalen Drogenkonsum wirksam begegnet.
- Drogenkonsumenten zu entkriminalisieren, mehr Möglichkeiten evidenzbasierter Behandlung von Drogenabhängigkeit zu schaffen sowie erfolglose Behandlungszentren zu schließen, in denen Drogenabhängige zwangstherapiert werden und die gegen die Allgemeine Erklärung der Menschenrechte verstoßen.[26]
- die Finanzierung für die Umsetzung des umfassenden Pakets von HIV-Interventionen aus dem Zielsetzungshandbuch von WHO, UNODC und UNAIDS eindeutig zu befürworten und auszuweiten.[27]
- die betroffenen Kommunen sinnvoll in die Entwicklung, Überwachung und Durchführung von Dienstleistungen und politischen Maßnahmen, die das Leben der Menschen vor Ort beeinflussen, einzubinden.

Des weiteren fordern wir den UN-Generalsekretär Ban Ki-moon auf, dringend Maßnahmen zu ergreifen um sicherzustellen, dass das System der Vereinten Nationen, einschließlich des Internationalen Suchtstoffkontrollamtes, mit einer Stimme spricht, um die Entkriminalisierung von Drogenkonsumenten und die Durchführung von evidenzbasierten Ansätzen der Drogenkontrolle zu unterstützen.[28]

Die Drogenpolitik auf wissenschaftliche Erkenntnisse zu stützen, wird den Drogenkonsum oder die Probleme, die durch injizierenden Drogenkonsum entstehen, nicht beseitigen. Aber eine Neuausrichtung der Drogenpolitik in Richtung evidenzbasierter Ansätze, die die Menschenrechte respektieren, schützen und erfüllen, hat das Potenzial, Schäden, die durch die gegenwärtige Politik entstehen, zu verringern und würde die Umleitung großer finanzieller Ressourcen dorthin ermöglichen, wo sie am meisten gebraucht werden: zur Durchführung und Evaluierung evidenzbasierter Prävention, Kontrolle, Behandlung und Maßnahmen zur Schadensminimierung.

DIE ERKLÄRUNG UNTERZEICHNEN

REFERENCES

1. William B McAllister. Drug diplomacy in the twentieth century: an international history. Routledge, New York, 2000.

2. Reuter P. Ten years after the United Nations General Assembly Special Session (UNGASS): assessing drug problems, policies and reform proposals. *Addiction* 2009;104:510-7.

3. United States Office of National Drug Control Policy. The Price and Purity of Illicit Drugs: 1981 through the Second Quarter of 2003. Executive Office of the President; Washington, DC, 2004.

4. World Drug Report 2005. Vienna: United Nations Office on Drugs and Crime; 2005.

5. Degenhardt L, Chiu W-T, Sampson N, et al. Toward a global view of alcohol, tobacco, cannabis, and cocaine use: Findings from the WHO World Mental Health Surveys. *PLOS Medicine* 2008;5:1053-67.

6. Mathers BM, Degenhardt L, Phillips B, et al. Global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review. *Lancet* 2008;372:1733-45.

7. Wolfe D, Malinowska-Sempruch K. Illicit drug policies and the global HIV epidemic: Effects of UN and national government approaches. New York: Open Society Institute; 2004.

8. 2008 Report on the global AIDS epidemic. The Joint United Nations Programme on HIV/AIDS; Geneva, 2008.

9. Lurie P, Drucker E. An opportunity lost: HIV infections associated with lack of a national needle-exchange programme in the USA. *Lancet* 1997;349:604.

10. Rhodes T, Lowndes C, Judd A, et al. Explosive spread and high prevalence of HIV infection among injecting drug users in Togliatti City, Russia. *AIDS* 2002;16:F25.

11. Taylor A, Goldberg D, Emslie J, et al. Outbreak of HIV infection in a Scottish prison. *British Medical Journal* 1995;310:289.

12. Sarang A, Rhodes T, Platt L, et al. Drug injecting and syringe use in the HIV risk environment of Russian penitentiary institutions: qualitative study. *Addiction* 2006;101:1787.

13. Jurgens R, Ball A, Verster A. Interventions to reduce HIV transmission related to injecting drug use in prison. *Lancet Infectious Disease* 2009;9:57-66.

14. Davis C, Burris S, Metzger D, Becher J, Lynch K. Effects of an intensive street-level police intervention on syringe exchange program utilization: Philadelphia, Pennsylvania. *American Journal of Public Health* 2005;95:233.

15. Bluthenthal RN, Kral AH, Lorvick J, Watters JK. Impact of law enforcement on syringe exchange programs: A look at Oakland and San Francisco. *Medical Anthropology* 1997;18:61.

16. Rhodes T, Mikhailova L, Sarang A, et al. Situational factors influencing drug injecting, risk reduction and syringe exchange in Togliatti City, Russian Federation: a qualitative study of micro risk environment. *Social Science & Medicine* 2003;57:39.

17. Fellner J, Vinck P. Targeting blacks: Drug law enforcement and race in the United States. New York: Human Rights Watch; 2008.

18. Drucker E. Population impact under New York's Rockefeller drug laws: An analysis of life years lost. *Journal of Urban Health* 2002;79:434-44.

19. Warren J, Gelb A, Horowitz J, Riordan J. One in 100: Behind bars in America 2008. The Pew Center on the States Washington, DC: The Pew Charitable Trusts 2008.

20. Rhodes T, Singer M, Bourgois P, Friedman SR, Strathdee SA. The social structural production of HIV risk among injecting drug users. *Social Science & Medicine* 2005;61:1026.

21. Ahern J, Stuber J, Galea S. Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence* 2007;88:188.

22. Elliott R, Csete J, Palepu A, Kerr T. Reason and rights in global drug control policy. *Canadian Medical Association Journal* 2005;172:655-6.

23. Edwards G, Babor T, Darke S, et al. Drug trafficking: time to abolish the death penalty. *Addiction* 2009;104:3.

24. The National Centre on Addiction and Substance Abuse at Columbia University (2001). Shoveling up: The impact of substance abuse on State budgets.

25. Wood E, Montaner JS, Kerr T. Illicit drug addiction, infectious disease spread, and the need for an evidence-based response. *Lancet Infectious Diseases* 2008;8:142-3.

26. Klag S, O'Callaghan F, Creed P. The use of legal coercion in the treatment of substance abusers: An overview and critical analysis of thirty years of research. *Substance Use & Misuse* 2005;40:1777.

27. WHO, UNODC, UNAIDS 2009. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injection drug users.

28. Wood E, Kerr T. Could a United Nations organisation lead to a worsening of drug-related harms? *Drug and Alcohol Review* 2010;29:99-100.

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NATIONALRAT

Kommission für soziale Sicherheit und Gesundheit (SGK)

Bericht der Subkommission Drogen

April 1999

Im Namen der Subkommission
Der Präsident

Marc Suter

Vorentwurf über die

Aenderung des Betäubungsmittelgesetzes

betreffend Strafbestimmungen des Betäubungsmittelgesetzes

Vorentwurf und erläuternder Bericht
der Kommission für soziale Sicherheit und Gesundheit des Nationalrates
vom ...

1) eine Regelung, welche den Konsum **sämtlicher Betäubungsmittel** sowie die Widerhandlungen zur Beschaffung von Betäubungsmitteln für den eigenen Konsum für straflos erklärt;

2) die Einführung einer Opportunitätsregelung herkömmlichen Zuschnitts für Fälle, in denen ein Strafbedürfnis fehlt;

3) eine Bestimmung, welche bei drogenabhängigen Tätern, namentlich bei Klein- und Bedarfshändlern, in Analogie zu Artikel 19a Ziffer 3 des geltenden Rechts die Einstellung des Verfahrens zugunsten einer Therapie ermöglicht; und

4) die gesetzliche Verankerung einer Opportunitätsregelung nach niederländischem Muster für den Kleinhandel mit Cannabis und die Tolerierung entsprechender Verkaufsstellen.

Die Ziffern 1 bis 3 sind eine Ausformulierung der Reformvorschläge der Kommission Schild. Sämtliche Varianten (auch Variante 2 und 3; vgl. Anhang) stehen mit der Vier-Säulenpolitik des Bundesrates in Einklang. Dabei ist zu betonen, dass mit keinem der vorgeschlagenen Modelle eine Legalisierung von Drogen (auch nicht von Cannabis) erfolgt. Drogen (inklusive Cannabis) werden auch nach der Revision nicht wie andere Güter des alltäglichen Lebens behandelt. Vorgesehen ist lediglich eine teilweise, keine umfassende Entkriminalisierung.

Für ein Modell, das den Konsum von Betäubungsmitteln und entsprechende Beschaffungshandlungen straflos lässt, sprechen im wesentlichen folgende Argumente:

Ein strafrechtliches Verbot eines (möglicherweise) selbstgefährdenden Verhaltens widerspricht den grundlegenden Wertentscheidungen einer **freiheitlich verfassten Rechtsordnung** und damit der legitimen Funktion, die ein auf eine solche Ordnung verpflichtetes Strafrecht haben kann. Die verbreitete Vermutung einer ins Gewicht fallenden **generalpräventiven Wirkung** der Konsumstrafbarkeit kann nicht nachgewiesen werden und scheint auch wenig plausibel: Gegen die Annahme einer

generalpräventiven Wirkung spricht bereits, dass das Bestrafungsrisiko des Einsteigers gegen Null tendiert, weil der illegale Konsum von Betäubungsmitteln in aller Regel nicht entdeckt wird. Anders als bei den meisten Straftaten fehlt nämlich ein Geschädigter, der das Delikt den Strafverfolgungsbehörden durch eine entsprechende Anzeige zur Kenntnis bringen würde. Sämtliche empirischen Untersuchungen und statistischen Daten, sowohl im internationalen wie im interkantonalen Quervergleich deuten dementsprechend mit steter Regelmässigkeit darauf hin, dass zwischen der Verbreitung/Häufigkeit des Drogenkonsums und der strafrechtlichen Verfolgungs- und Sanktionierungspraxis kein signifikanter Zusammenhang besteht[6]. Auch steht die Tatsache, dass rund 25% der 15-30jährigen schon Cannabis, hingegen bloss annähernd 3% Opiate konsumiert haben, der Annahme einer generalpräventiven Wirkung des Konsumverbots entgegen, denn das Gesetz bedroht beide Verhaltensweisen mit (derselben) Strafe.

Die Bestrafung wegen Drogenkonsums kann ferner immer nur einen verschwindend geringen Bruchteil derjenigen treffen, die dem Verbot zuwiderhandeln. Es besteht die Gefahr, dass die (überdies regional erst noch höchst unterschiedliche) Strafverfolgung von den Betroffenen als willkürlicher Akt sinnloser Repression begriffen wird, die eigentlich kaum jemand noch wirklich ernst nimmt, mit der Folge, dass die **Drogenpolitik insgesamt an Glaubwürdigkeit verliert** - und dies auch insoweit, als die Prävention mit sinnvolleren Mitteln als dem Strafrecht betrieben wird.

Auch in der ihm zugeschriebenen Funktion als eine Art **Warntafel**, welche auf die Gefährlichkeit von Drogen aufmerksam macht, ist das Konsumverbot entbehrlich. Für die ausreichende Vermittlung dieser „Botschaft" genügt, dass der Handel strafbar bleibt. Sie lässt sich überdies ebenso und in der Sache angemessener durch das Mittel **aufklärender Prävention** verbreiten und ist bereits in hohem Masse durch die anhaltende Aktualität des Themas in den Medien präsent.

Gegen „lästige Begleiterscheinungen" des (öffentlichen) Drogenkonsums (**offene Szenen**) kann bei Straflosigkeit des Drogenkonsums auf der Grundlage eines entsprechend ausgestalteten **kantonalen Polizeirechts** (in extremis gestützt auf die polizeiliche Generalklausel) eingeschritten werden, wie dies beispielsweise bei Nebenerscheinungen der Prostitution (vgl. Artikel 199 StGB) bereits heute der Fall ist. Ueberdies werden in offenen Szenen regelmässig nicht nur Drogen konsumiert. Es wird

auch mit Betäubungsmitteln gehandelt, so dass polizeiliches Einschreiten auch aus diesem Grunde möglich ist[7].

Die **Verfolgung des Drogenhandels** wird durch die Straflosigkeit des Drogenkonsums ebenfalls nicht beeinträchtigt. Der Drogenkonsument kann als Zeuge befragt werden und steht dann, anders als wenn er als Angeschuldigter einvernommen wird, unter Aussagezwang und Wahrheitspflicht. Hinzu kommt, dass wirkliche Erfolge in der Bekämpfung des Drogenhandels ohnehin aufwendige Ermittlungen voraussetzen und vor allem durch verdeckte Fahndung und Ueberwachungsmassnahmen zustande kommen, nicht durch die Befragung von Konsumenten, die häufig genug nur den Kleindealer, nicht dagegen die eigentlichen Drahtzieher des Drogengeschäfts kennen[8].

22 Prioritäten der Subkommission hinsichtlich der Entkriminalisierungsmodelle

Die Subkommission hatte nach Variante 1 im übrigen folgende Prioritäten:

221 Variante 2

Variante 2 (vgl. Anhang) umfasst im wesentlichen:

1) die Strafloserklärung des Konsums und der Beschaffungshandlungen zur Ermöglichung des eigenen Konsums ausschliesslich **bei Betäubungsmitteln des Wirkungstyps Cannabis**;

2) eine Neufassung von Artikel 19a Ziffer 3 des geltenden Rechts für die Sistierung des Verfahrens zugunsten einer Therapie bei Tätern, die lediglich Betäubungsmittel konsumiert oder sich der Beschaffung von Betäubungsmitteln für den eigenen Konsum strafbar gemacht haben; und

3) eine der veränderten Ausgangslage - Straflosigkeit des Konsums nur von Cannabis und der darauf gerichteten Beschaffungshandlungen - angepasste Opportunitätsregelung, die diejenige von Artikel 19a Ziffer 2 des geltenden Rechts („leichte Fälle") ersetzt und zugleich erweitert, indem sie nicht nur auf