IT’S PROHIBITION, STUPID!

REVISITING THE WAR ON DRUGS
In 1961, the United Nations adopted the Single Convention on Narcotic Drugs, an international treaty that prohibits the production and supply of narcotic drugs such as heroin, cocaine and cannabis. This year the Convention turned 50 and a very strange group of people are celebrating its birthday party: a group of drug lord-lookalikes! These ‘drug lords’ (NGO protesters) held an unofficial opening of the fifty-fourth session of the Commission on Narcotic Drugs in Vienna to demand 50 more years of drug prohibition because “illegal is profitable”.

The last decades of drug policy, dominated by stigmatization and the detention of drug-users, seem only to have benefited those who should not receive any help in running their businesses: criminals. By prohibiting the use of drugs, almost the complete production and distribution of narcotic drugs has been given into the hands of criminals. The same patterns of action and failure were witnessed during the years of alcohol-prohibition, which can also be used as a good example of how the perception of what is a dangerous drug has changed over time. While governments encourage criminals to take over a market with an annual turnover of more than 400 billion dollars, the drug users are deliberately exposed to huge health-risks, jail and public discrimination.

The prohibition was certainly implemented with good intentions. Drugs can be very bad for human health and impose huge costs on public health-systems all over the world. However, politics should be based on facts, not on good intentions. After 50 years of scientific research that prove failure on a global scale, most politicians still seem unwilling to break the taboo and start to revalue drug policies. Most of them still consider drugs a criminal problem and don’t regard it as a health-care issue. It is time to remember Charles De Gaulle’s saying: “I have come to the conclusion that politics are too serious a matter to be left to the politicians.”
EUROPEAN YOUTH PRESS

European Youth Press is an umbrella association of young journalists in Europe. It involves more than 50,000 journalists working for university magazines, internet projects, radio and video productions, or are interns in editor-rooms, freelance journalists, journalism students or trainees. With print magazines or blogs, podcasts and v-casts, the association wants to give young media makers from all over Europe the opportunity to cooperate directly with each other. Above all, the aim of all member associations and the umbrella structure is to inspire young people to deal with media and take an active part in society by fostering objective and independent journalism.

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IMPRINT

Publishers line: Orange Magazine European Youth Press, Rue de la Tourelle 23, BE-1040, Brussels, Belgium

Editor-in-chief: Philipp C. Gérard, Germany

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All articles do not necessarily represent the opinions of the magazine.
by Alessandro Di Maio, Italy

After the psychological trauma of the Vietnam War and the consequent spread of movements for peace and free love, the United States of America found a new enemy, capable of putting thousands of lives at risk. This time the enemy was different, this time the enemy was drugs.

During an improvised press conference on 17 June 1971, U.S. President Richard Nixon declared a “War on Drugs”, naming drugs as „public enemy number one“. Forty years later, there are no winners or losers yet, and though initially the war front was in the United States of America, now it has spread across the whole world.

By definition, war is a political and social phenomenon where two or more collective subjects begin an armed confrontation when a conflict of economic, ideological or strategic interests can not be settled by negotiating, or when at least one party perceives that there is no other way to achieve its objectives.

When Nixon started his war against drug producers, traffickers and consumers, it is conceivable that he was unwilling to try other methods to reduce the phenomenon of drug abuse, but after forty years, one needs to ask the questions: What did the War on Drugs achieve so far? Who are the winners? Who are the losers? What are the results?

Aram Barra - activist of Espolea, one of the most important Mexican NGOs committed to the drugs issue - says that finding precise achievements from the War on Drugs is very difficult: “There were many military campaigns, but the production and consumption of drugs has remained unchanged in some countries, while in others it has increased”, he says.

In 1986, a research of the U.S. Department of Defense analyzed the previous fifteen years of the war on drugs and concluded that the American military activities not only had little effect on reducing the use of drugs but actually helped to increase the profits of criminal organizations involved. A few years later another study initiated by President Bill Clinton came to similar conclusion. It suggested that financing medical programs for the treatment of drug addicts might be more economical and efficient than spending billions of US dollars on military machinery.

However, to gauge what point the war on drugs is at now, it is necessary to go to Vienna, Austria, where once a year the UN Commission on Narcotic Drugs meets to discuss the results of their policy. A demonstration organized by a group of activists, dressed as gangsters and businessmen from various pro-legalization NGOs, welcomes the delegates of each nation. They wave fake dollars and glasses full of champagne, thanking the delegates of the countries that have always supported the prohibition of drugs: „The reason for our protest“ says one of the demonstrators from Great Britain - “is to communicate to the UN delegates the truth about the War on Drugs, to make them realize that forty years of their War on

IT IS THE LONGEST, THE MOST GLOBAL AND THE MOST EXPENSIVE WAR OF THE LAST CENTURIES. IT HAS LASTED LONGER THAN THE TWO WORLD WARS OR THE RELIGIOUS WARS AND IT IS ALSO MUCH MORE EXPENSIVE. IT IS HAS NOW BEEN FOUGHT FOR 50 YEARS ON MANY FRONTS, ENGAGING SOLDIERS, THE LATEST TECHNOLOGY, WEAPONS AND MODERN WAR TACTICS. IT IS THE WAR ON DRUGS, PERHAPS THE MOST QUESTIONABLE CONFLICT IN THE HISTORY OF HUMANKIND.
Drugs has increased the profits of organized crime and drug traffickers”.

The Commission on Narcotic Drugs represents all countries because the war is global: “We started in the U.S.” - says Daniel Wolfe, director of the International Harm Reduction Development Program of the Open Society Institute – “and now we think in global terms because the issue of drugs has been militarized on a global level, not only in the United States, with a variety of collateral damage”.

The War on Drugs has now seen billions of dollars spent and thousands of soldiers, planes and tanks used in America as well as in Asia. On one side there is a coalition led by the United States, China and Russia; on the other side, South- and Central-American drug-traffickers and warlords from Afghanistan, Pakistan and various countries in Asia.

“Countries which are normally on opposite diplomatic sides fight together against drugs, affecting both the strong and the weak link of the chain made up of poor farmers and drug addicts”, says Daniel Wolfe.

“Plan Colombia”, a United States program to reduce the production of cocaine in Colombia, involved the expenditure of 7.5 billion US tax dollars, the use of 72 war helicopters, more than 100 aircrafts and 20,000 soldiers, but „the only result” - says Allan Clear, executive director of the Harm Reduction Coalition – “has been to politically and militarily destabilize the region, without reducing the production of cocaine, which remained the same”.

However, the war on drugs is not only fought in the forests of South and Central America or in the fields of Central Asia by regular armies, but also in Western cities, where most of the drugs are sold and consumed.

“The militarization of the phenomenon has been realized thanks also to the criminalization of drug use. There are countries” - says Daniel Wolfe – “where smoking a joint carries the risk of ending up in jail for seven years and being subjected to torture, abuse and situations that could lead to lethal infections such as HIV and hepatitis”.

Many NGOs criticize the War on Drugs. from their point of view, it is understandable that politicians try to do something against the increasing use of drugs but they very much disagree with the methods and aims involved. At the same time, there are organizations that support the war. The “World Federation Against Drugs” is one of these. They reject any soft approach to drugs, because they consider this an issue that should not be compromised on.

The UN delegates at the Commission are divided. Many observers have the impression, that only the United States of America has sufficient power and knowledge to initiate a real discussion. It seems that all other delegations merely follow the leader by voting in favor of intransigent military plans against drugs.

„People and governments can support or oppose this war, but we must keep our feet on the ground and look at the empirical data”, says the Mexican activist Aram Barra. According to data published in the 2010 UN report on drugs, the production and consumption of all types of drugs has increased on a global scale. Global production of opium has grown by 800 per cent, from 1000 tons in 1980 to 8000 in 2009, and the same trend is clearly visible for cocaine and marijuana.

An analysis of the longest and most expensive war in the history of humankind should bring governments and the international community to think about the use of alternative methods. Maybe these alternative methods were not well documented in the past, but now they are. Alternatives exist, thanks to both medical and sociological scientific studies that focus mostly on prevention rather than militarization or on the treatment rather than the criminalization of addicts. By exploring these alternatives and others, this time they could actually win the War on Drugs.

by Palina Mahlina, Belarus

Kasia Malinowska-Sempruch

“DON’T SMOKE IF YOU DON’T KNOW WHAT YOU’RE SMOKING”

ORANGE: HOW IS HIV PREVENTION RELATED TO DRUG-ISSUES?

HIV prevention for drug users is easier in comparison to HIV prevention in the area of sexual health. I don’t know any drug-user to whom you would offer a needle and who would give you reasons why not to use it, as is often the case with condoms. It’s a very simple public health intervention: easy to deliver and people want it. Basically there should be no reason for drug users to become infected with HIV. But when you look at data, hundreds of thousands of drug-users are in fact HIV positive.

If a heroin user says, “I don’t want to use drugs anymore. I would like to start treatment”, there is a simple way to deliver intervention that helps people to reduce or stop heroin use: it’s called substitution treatment. It has been studied over the last 40 years and the treatment is cheap. One does not have to stay in a hospital or a long-term rehabilitation to begin treatment. In the best cases the patient also receives psycho-social counselling, maybe also help with job training. Let’s look at Russia: close to two million people there are HIV-infected and
the majority of them are drug-users. Even though there are effective tools for HIV prevention, Russia makes a policy decision not to use them.

**ORANGE: WHAT IS THE WAR ON DRUGS?**

It’s clearly a policy that is not based on evidence. For example, 50 years ago when the Single Convention on Narcotic Drugs was adopted, there was no HIV. It is somewhat silly that half a century later we are still guided by the same document.

**ORANGE: HOW AND ON WHAT BASIS WOULD YOU EVALUATE THE CURRENT POLICY ON DRUGS?**

I can think of a couple of indicators. The first one would be the health of people who use drugs, especially the danger of infectious diseases. Secondly, there’s the quality of life of drug-users and their families, including questions of discrimination and the availability of social support. For the most part, our policies are now guided by a quest for abstinence. Most medical treatments aim to improve the quality of life of the patient. Why should the goal for drug-treatment be different? If someone has diabetes, you don’t tell him, “You won’t get insulin, because it won’t cure you.” For drug-addiction we expect the solution to be perfect. But we don’t use the same standard for other medical purposes.

**ORANGE: DO YOU HAVE ANY EXAMPLES OF SUCCESSFUL DRUG-POLICY?**

There are a number of governments that have done excellent research in this area. Holland was the first to try something different with the coffee shops. The assumption that making cannabis legally available will somehow make people smoke it constantly was proven wrong. When cannabis use in Holland is compared with the neighbouring countries, it turns out that the Dutch use the least. So the assumptions that we make about “what happens if” in real life often turn out not to be true. Another example is Switzerland. It was one of the first countries in Europe to scale up heroin maintenance. And again, the fear was that once you make heroin legally available to addicts, they would keep on increasing the doses until they stop functioning. We now know, that this is not true. These practices have provided a lot of solid data. The question is: Are we willing to look at this data and learn from it? Is our policy to be based on science or ideology? In this case, ideology often stands in the way of science. And regardless of how rigorous the data is that comes out, there are reasons for why it is difficult to accept. Politicians want to be re-elected, for example.

**ORANGE: HOW MUCH DO SCIENTISTS PARTICIPATE IN DEFINING THE CURRENT POLICY?**

In some countries like Holland, Switzerland, Portugal and some others, there is a clear move in this direction. The German Bundestag voted for expanding the availability of heroin treatment based on data from pilot programs. Czech Republic, based on data from the police and courts, passed a law that clearly defines how much of the given substance you can possess without criminal charges. Allowing people to grow their own cannabis plants is an effort that takes them away from the illicit market, away from the dealers, away from organized crime.

There is no prohibition on tobacco. Tobacco is regulated. It is a relatively new and an on-going experiment. We have no idea, if complications will arise in five years but so far, anti tobacco efforts are doing well. Alcohol and tobacco provide a useful framework for the regulation of psychoactive substances. In the current drug control system, we basically gave over the regulating power to criminals. They set the price and they control the quality and availability. I somewhat doubt, that this was what the authors of the drug conventions were aiming for.
WHILE HUMANITY IS STILL THINKING ABOUT THE AFTERMATH OF THE RECENT FINANCIAL CRISIS THAT SHOWED THE WORLD THE NEED TO RECONSIDER ITS ECONOMIC POLICIES, IT IS PERHAPS ALSO TIME TO RETHINK ABOUT ANOTHER PROBLEM: ILICIT DRUG MONEY WHICH IS INVESTED IN MACROECONOMIC MANAGEMENT.

by Elsy Melkonian, Armenia

The role of illicit drugs in the economy has gone beyond the simple producer-consumer relationship. In an attempt to determine the causality, different trajectories could be seen all around the world. Different circumstances and different strategies, yet, there is a unified aim: To expand the drug trafficking business.

SOCIO-ECONOMIC IMPACT

The societal makeup of a given community determines the level at which drugs can attract the labor force, dominate employment opportunities (no matter how dodgy that actually is) and damage or boost the economy. In war stricken countries such as Afghanistan, for instance, illicit drugs penetrate the lives of farmers and other impoverished members of the society to become a source of income. Furthermore, in failing states where the government has lost most elements of statehood, controlling illegal markets seem to be out of reach. In some countries, the revenues of the drug market are extremely high. Research conducted by Nick Crofts from the University of Melbourne found that opium farming in Myanmar accounts for 70 per cent of total cash income.

Helping these impoverished societies to tackle drug trafficking is another challenging task. „Our society members are too weak to resist,” says Aram Barra, a Mexican citizen, „when drug mafia offer social services to areas that the government neglects or abandons, they technically combat unemployment through channeling the job opportunities, „ he explains. „When essentials are offered to the inhabitants to improve their low living standards, they accept them. They accept being subservient to drug traffickers as the only choice they are left with to lead a decent life”.

POOR VS. RICH

Research conducted by the ‘Studies and Threat Analysis’ Section of UNODC with the aim of counting the magnitude of illicit funds, claims that proceeds of crime amounts to 3.6% of global GDP while the amount of laundered money reached 2.7% of the global GDP in 2009. The question is: Are these numbers provided by developing or developed countries?
It has been generally argued that since poor countries are producers of drugs, they are expected to make the greatest share of the global production. However, this is not the absolute truth. Illegal economic operations seen in western countries, which are usually assumed to be consumers of drugs, show that their activity surpasses that of their underdeveloped counterparts. The United States seem to comprise a big share of drug trafficking activity compared to other western countries. Skewed income distribution distorts the balance of supply and demand. Nonetheless, it is clear that foolish policies were adapted by governments that opened the doors to magnify the problem „An example of this pattern could be seen in the northern part of Italy,“ said Roberto Ricci, an economic analyst. „It is not a question of poor or rich countries. It is question of illegal transactions which became legal practices adapted in developed western countries by large,“ he added.

The idea of finding the solution to stop the problem has always been a controversial issue. Corrupt governments impede every corrective movement towards putting an end to drug use. In poor countries officers with low payments often help drug dealers to be released from prison by accepting a generous bribe in return. Similar trends are found in the west, but with slight differences. Many drug consumers are detained and placed in jails but unfortunately they are the average consumers and not the virtuoso traffickers. According to Ricci, only 10 per cent of dealers are kept in jails. „They are in constant movement and those who are detained are caught from the streets and are not the actual traffickers,“ he added.

### PROMISING FUTURE?

As a result of modernization and globalization drugs find their way into every culture and every society around the globe. Various policies have been advocated by different institutions - from governmental institutions to NGO activists – in an attempt to address the problem. According to the Italian economic analyst Carla Rossi, the problem lies in the regulation and the ruling policies, which are in a desperate need of change. „In Europe there are some 2000 new drug substances that are discovered every year. The newly born items are immediately prohibited from public use until being assessed by the National Council on Drug Abuse (NSDA) to ascribe an adjective to them - healthy drugs or harmful drugs,“ says Rossi. „Until we reach the assessment stage, many trials are made by drug traffickers to make the best earnings out of the newly discovered materials“. Worth mentioning also is the fact that drug traffickers have set up strong ties with officials and decision makers. Therefore, regulating laws against dealers are not likely to happen. Consequently, the drug industry uses its economic power as an instrument to press government’s decisions in its favor. Statistics and research conducted on the drug market point to shocking figures. Analysts are unable to predict how the future of the drug market looks. Humans seem oblivious to the fact that unless new and strong measures are taken to combat it, the illegal drug industry will continue to flourish.
For a long time, technicians, activists and observers have analyzed the results of the war and compared the economical cost with the actual reduction of drug trade, use and the criminal activities around it. They conclude that not enough has been achieved after 50 years of war. If the war on drugs is failing, what are the alternatives?

One alternative idea is to focus on prevention rather than punishment, to regulate drugs instead than making them illegal, “not only because a punitive drug war hurts people and the communities in which they live but also good prevention saves money” says Allan Clear, Executive Director of the Harm Reduction Coalition, an NGO specialized in drugs and a participant at the 54th UN Commission on Narcotic Drugs in Vienna.

Harm reduction includes a variety of public health policies designed to reduce the harmful consequences associated with the drug use that can be categorized depending on the substance’s chemical characteristics and effects.

Heroin is a good example to get an idea of what harm reduction means and how much it differs from the methods used in the ‘war on drugs’. Since the use of heroin can involve hypodermic syringes, that are not freely available, heroin users tend to share syringes or needles with other addicts and use them more than once, creating the perfect situation to spread infections like HIV and hepatitis from one addict to another.

Here, the harm reduction approach comes into play: It advocates providing a medical prescription for pharmaceutical heroin and specialized places where heroin addicts can easily find needles and syringes, thus preventing them from sharing syringes or needles.
“NO ONE CAN BEAT NGOS!”

IN AN ATTEMPT CONSIDERED BY MANY NGOs AS A STEP TO CLARIFY HIS CONTROVERSIAL SPEECH AT THE OPENING OF THE UNITED NATIONS OFFICE ON DRUGS & CRIMES (UNODC) 54TH SESSION OF THE COMMISSION ON NARCOTIC DRUGS, YURY FEDOTOV, THE EXECUTIVE DIRECTOR OF UNODC, CALLED FOR AN INFORMAL DIALOGUE WITH NGOs REPRESENTATIVES.

by Rowaida Mroue, Lebanon

During this dialogue, NGOs expressed criticism of UNODC’s work around the world, while Fedotov defended his previous speech at the opening session when he rejected criticism that the 50-year-old 1961 Single Convention on Narcotic Drugs is out of date and urged the international community to rejuvenate the convention.

In this informal dialogue Fedotov told NGOs representatives that for him not all drugs users are victims, but rather human beings who need help and assistance regardless of the role they play in the network of the drug procurement system. He stated that prevention is the best solution and he highlighted the role of the UNODC in keeping children away from drugs, as an example. Fedotov called on NGOs to develop more skills and family and community level programs to prevent drug addiction. Fedotov said, “it is not an acceptable way of life, together we need to raise a public campaign against taking drugs.”

Fedotov reflected on the meaning of the word “rejuvenation”, stating that 50 years after the adoption of the single convention, we are experiencing new ways of life, globalization effects and new problems. Therefore, we need to take into consideration the provisions of international law and global circumstances when applying the convention.

Fedotov said that what is needed today in terms of the war on drugs and drug prevention is a “shared responsibility doctrine” between the UNODC, governments, and NGOs. The Executive Director seemed to be calling on more cooperation with NGOs by stating that NGOs can reach places and people whom governments and the UN cannot. “No one can beat NGOs” he added. Some NGOs might well ask why, if this is a general feeling, the voices of NGOs are ignored so often.

Fedotov admitted that the number of participants from African NGOs is shrinking year after year in UNODC meetings due to low capacity and low resources. He pointed out that there need to be more African voices to start common action campaigns between the UN, local governments and NGOs to fight drug smuggling all over the world and especially in Africa.
Due to strong anti-drug and anti-laundering measures taken in other regions of the world (Central America, Andean Countries, Caribbean, Central Asia, and the Balkans), drug traffickers have sought out new routes in order to get their illicit product to market. Those traffickers have now taken direct aim at West Africa where geography, social conditions and weak anti-drug response capacity allow the quasi-free transit of drugs to market.

At the United Nations Offices in Vienna and during the 54th meetings of the UNODC Commission on Narcotic Drugs, Martine Jelsma, Coordinator of Drugs & Democracy Programme at the Transnational Institute (TNI) told “Orange” that “After several decades of attempts to reduce drug routes in the world through laws of enforcement, these markets have not been diminished yet. However, they remained stable in some countries while they increased in others, mainly West Africa & Sahara.”

Jelsma explained that “Cocaine used to move from Latin America to Europe in containers or by swallowers who are considered as ‘small dealers’. This route has been closed by stepping up controls at airports through security procedures, therefore, drug cartels searched for less risky routes and they found West Africa.” He added, “West African countries started experiencing more corruption, violence, and criminal activities because local group of traffickers are becoming richer and more powerful in these countries and thus more able to have weapons and corrupt governmental officers.”

ALL ROADS LEAD TO ROME!

The trafficking routes through West Africa are well known by now. The goal is to reach European shores as quickly and efficiently as possible—which means Iberia, Italy, the Balkans and the Mediterranean coast. However, direct flights and container shipments to major ports of entry make the control of traffickers much more complex. The methods are also very well known: mules, shipping for containers, mixed in with petroleum products (like plastics), hidden in live animals, and flown in small aircraft.
Furthermore, the disruption caused by the numerous natural disasters over the past few years has also facilitated the traffickers’ job, since law enforcement officials have been otherwise occupied. All West African countries are increasingly being used as transit routes, particularly those closest to the goal, those most defenceless security-wise and those most unstable internally, like the Western Sahara borders.

CORRUPTION AS A WAY OF LIFE!

Another participant at the UNODC 54th meeting of Commission on Narcotic Drugs, Rogers Kasirye, the Executive Director of Uganda Youth Development Link (UDEL), confirmed to “Orange” that one of the main conditions leading to the increased drug smuggling in West Africa is the weak law enforcement of African governments in this region.

He added “In West Africa, governments are weak in terms of financial capabilities, corruption challenges, and low salaries for police and governmental officers who are easily corrupted in turn.” According to Kasirye, “the second major issue is that nations’ borders in West Africa are big and left uncontrolled and together with the increased unemployment and people demanding more money to live in better situations, smuggling dealers are finding it easy to use the region and the people of the region for their trafficking interests.” He added, “In countries like the Benin where there is a lot of smuggling due to political instability and in Western Sahara borders where there is illegal trafficking because of the weak cease-fire situation between Morocco and POLISARIO Front. Even if there is no real ongoing fighting there, the presence of low control over borders means that the routes are open to drug traffickers day after day.” Kasirye concluded, “Only stable countries with stable borders can address successfully drug smuggling problems”.

WEST AFRICA: NEW DRUGS, NEW MARKETS!

Most cocaine entering Africa from South America makes landfall around Guinea-Bissau in the north and Ghana in the south. According to seizure data, the majority of air couriers seem to be coming from Guinea (Conakry), Mali, Nigeria and Senegal destined for France, Spain and the United Kingdom. Upon arrival, the cocaine is predominantly distributed by West African criminal networks throughout Europe.

The last World Drug Report issued by UNODC in 2010, mentioned that drug use is shifting towards new drugs and new markets. The report added, to an extent, that “the shift in demand has led to a shift in trafficking routes, with an increasing amount of cocaine flowing to Europe from the Andean countries via West Africa, causing regional instability.” The report highlighted that traffickers “have been able to co-opt top figures in some authoritarian societies”, citing the recent case of Guinea-Bissau.

A CALL FOR ACTION!

The drug cartels have now elected to reroute a large portion of their cargo via West Africa, since it is far easier and cheaper to get it through to the markets in the populated and rich North. In response, a concerted and coordinated action and better exchange of intelligence and the active support of civil society are all required in order to initiate a real decline in drug smuggling in West Africa.
ACROSS THE WORLD
DRUG PRODUCTION AND SHIPMENT

Sources: US State Department, UNODC, CIA
DESIGNER DRUGS
DELUGE THE EU AND USA

THE PRODUCTION OF DRUGS IS NOT THE MONOPOLY OF REGIONS OUTSIDE THE EUROPEAN UNION (EU) OR THE UNITED STATES OF AMERICA (USA). DESIGNER DRUGS, SPECIALIZED IN “DESIGNING” THEIR WAY OUT OF LEGISLATION AND TIGHT CONTROLS, ARE BEING PRODUCED ON A LARGE SCALE AND AT AN EVER-FASTER PACE IN THE EU AND USA.

by Ourania Tsimpliou
Greece

Due to their high demand in the EU and USA, the production of synthetic drugs, in particular amphetamine-type stimulants (ATS) like methamphetamine and ecstasy, has become one of the most difficult problems for the United Nations Office on Drugs and Crime (UNODC).

In the EU and USA there are two popular categories of narcotics: Amphetamine-type stimulants, namely a group of substances including predominantly amphetamine, methamphetamine and ecstasy and a group of substances including MDMA (and its analogues) as well as substances containing or thought to contain MDMA. Both categories can be found in powder, tablets or crystals and due to the fact that they are made from chemicals that are not under supervision, they are really difficult to tackle.

Although in recent years there has been a decrease in the number of clandestine drug laboratories in the EU, there is a significant increase in the USA as a result of the rising popularity of methamphetamine and ecstasy among young people and drug abusers.

“While the number of ecstasy laboratories in Europe has declined significantly over the past decade, the number of amphetamine laboratories in Europe is not so low. In 2008, (the latest year for which data is available), 45 laboratory incidents were reported from Member States. Europe is a major market for amphetamine whereas Asia and the United States are important markets for methamphetamine”, said Beate Hammond, expert and manager of the Global SMART Programme of the Laboratory and Scientific Section of the UNODC.

Besides this, a shift has occurred from complex production procedures for drugs to simpler and smaller „kitchen type“ methods, involving the alternative use of household chemicals like Ketamine, usually used for veterinary purposes, making concrete detection difficult and causing injuries not only to the drugs makers, but also among drug users, due to their unknown side effects after consumption.

Compared to other drugs, the synthetic drugs market is a lucrative business because production does not depend on raw plant material and is mobile, there are a variety of starting materials and manufacturing processes and trafficking routes can change rapidly. In addition to the limited forensic capacity, monitoring and strategically responding to the plague of synthetic drugs is particularly challenging for the authorities.

Authorities are having a hard time keeping up with all the new precursors. For example, one of the most popular drugs, mephedrone, also known as Meow Meow, first appeared in 2007 with no known medical use. It was legally sold online, causing 40 deaths in Europe and it was not until December 2010 that U.K., Sweden and Germany decided to ban it. After mephedrone was banned, some websites that had been selling it began advertising NRG-1, or naphyrone, instead, leading the U.K. to become the first EU member state to ban it. Seizures of tablets with different logo imprints suggest involvement of organized crime in the distribution of mephedrone. In the USA, a drug with the catchy name “spice”, a new kind of smokable synthetic cannabinoid is increasingly popular, and some states have banned it, whereas it also became popular in Europe in 2008 and was subsequently banned. Only last year, 24 new „psychoactive substances“ were identified in Europe, almost double the number reported in 2008, according to the European Monitoring Centre for Drugs and Drug Addiction.

“The drug control Conventions are most effective if their provisions are fully applied. Improving the understanding of the phenomenon of the illicit manufacture, trafficking and abuse of synthetic drugs is the first step which will enable Governments to find ways to address the problem effectively,” as Beate Hammond states, underlining about the role of the UN in seizures of drug concoctions. The Global SMART Programme exists to support Member States to better understand and tackle the synthetic drug problem.

IN 2008, THERE WERE ONLY FOUR LABORATORIES EXPOSED BY EUROPOL IN BELGIUM, NETHERLANDS AND SPAIN, WHEREAS MORE THAN 20 LABORATORIES WERE TRACED IN THE USA.
The association between drugs and evil has dwelled in the collective conscious for many decades. In practice, many approaches were taken from governments in an attempt to combat the harmful effects drugs left on societies but so far these efforts, some sensible and some not so sensible, have never been enough.

Operating away from governments’ influence, NGOs took the initiative to lead a different approach making the best of their involvement with members of civil society. However, the socio-political make up in each country added more pressure to the work of these organizations. So, how successful have they been?

WHY ARE NGOs IMPORTANT?

Every drug consumer has a treatment scheme that is planned according to the seriousness of the disease. But the so-called ‘treatment’ has a different understanding when it is applied by the government. „There should be a separation between the work of public health institutions and law enforcement,” says Daniel Wolfe, Director of International Harm Reduction Development program. „In Armenia for instance, when a patient is sent to a public health institution, the police interfere after a while to register the name of that patient. This will result in major distrust in any medical program set by the government,” Wolfe adds.

The multitude of experience NGOs have with civil society members has proved to be more efficient. When more members participate with the aim of alleviating the dangers of drugs they can build the trust between the organization and the patient.

SHARED RESPONSIBILITY

One aspect of the CND (Commission for Narcotic Drugs) vision is to take a shared responsibility between member states from all over the world. Malaysia-based International Federation of NGOs for Prevention of Drug and Substance Abuse (IFNGO) has operated actively in the field of combating drug consumption for almost thirty years.

However, their determined work which is carried out single-handedly could be conducted in participatory approaches with others. Head of the organization, Mustapha Haji Mustapha Ma thinks that putting words into practice is needed to achieve success, „We are trying our best to conduct efficient work but what about the concept of shared responsibility that the UN reinforces? We are not waiting for financial assistance from anyone but at least some spiritual support and cooperation with sister organizations from the other countries could help us share ideas and experiences for better results” he says.

MANY CHALLENGES

Reaching a wider spectrum of civil society doesn’t solve the myriad of problems that NGOs face during their everyday work from finances to social challenges.

Gaining a financial support from the government is essential to administer their organizational work. The Harm Reduction Coalition promotes the health and dignity of individuals and communities impacted by drug use in New York. The organization managed to receive government support: „We receive a mixture of funding such as federal money and corporate money,” says Allan Clear, the organization’s executive director. In the wake of economic crisis, however, many similar organizations have lost the funding of federal government.

The Abu-Dhabi based National Rehabilitation Centre receives public funding which has helped them to enlarge the scope of activities and services offered to the patients. However, another problem appears on the horizon. Amongst other issues, societal barriers challenge their activities.

Society and tradition are major impediments. „Embarrassment and social stigma is what patients feel when they think of the treatment program. Added to these are gender issues that ascribe drug addiction to men rather women. In the Emirati society, we discovered a fair portion of women drug addicts hiding behind the curtains and these women would never think of approaching us,” says Hisham AlArabi, the Institute’s president. “Currently we have 50 patients out of many more cases who are blocked by social barriers when attempting to get any treatment for their ailing bodies,” he added.

NGOs have done their best to reach better results but perhaps further support and an understanding of their important role by public institutions could help achieve more success.
DRUGS AS MEDICINE

ALBERT SCHWEITZER, FAMOUS FRANCO-GERMAN THEOLOGIAN AND PHYSICIAN, ONCE SAID THAT "PAIN IS A MORE TERRIBLE LORD OF MANKIND THAN EVEN DEATH ITSELF". IT IS A SIGNIFICANT PROBLEM FOR PEOPLE WHO ARE SERIOUSLY ILL. THE CONTROL OF NARCOTIC PAINKILLERS IS AN IMPORTANT ISSUE IN TERMS OF THE DEBATE ON MEDICAL LEGALIZATION.

by Huda Al Nasheet, Bahrain

WHAT ARE DRUGS AND WHAT IS MEDICINE?

To be approved as a controlled medical substance, the substance must be approved by the appropriate regulatory authority of a country and its usefulness as medicine must be recognized by the medical community. A drug, in comparison, is any substance that, when absorbed into the body of a living organism, alters normal bodily functions. This obviously applies to a variety of legal chemicals nowadays, like alcohol or tobacco.

COCAINE HAS MANY POSSIBLE USES

Long before rock stars started doing lines off of super models’ breasts, cocaine was hailed as a wonder drug that could be used to cure everything from headaches to alcoholism to hay fever. While modern medicine has discovered much safer treatments for most of these conditions, the drug is still occasionally used as a topical anesthetic for eye, nose and throat surgeries. It has also recently been used as a topical treatment applied to the upper palate of those who suffer from severe cluster headaches.

Research on the medical use of coca leaves has been rather limited, but Andean cultures have been using the leaves for medicinal purposes for centuries. One American physician, Andrew Weil, believes these cultures might have good reasons to do so and suggests that coca leaves may be able to treat motion sickness, laryngitis, constipation and obesity.
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WHEN

DOES USE OF

MARIJUANA VIOLATE THE

UN

CONVENTIONS?

In the US, smoking marijuana for medicinal purposes is not recognized by the US Food and Drug Administra-
tion (FDA), therefore the medical use of smoked marijuana violates the UN Conventions. One of the active
components of marijuana is THC which has a medical use but is not approved under the Controlled Substances Act.

There is quite a variety of medical uses for marijuana, such as for cancer patients. For instance, it relieves
nausea during chemotherapy treatment. It also increases the appetite of AIDS patients who are experiencing severe weight loss. As a treatment for neurological disorders (including spinal cord injury and multiple sclerosis), it reduces pain and spasticity resulting from nerve damage. It is also useful in treating inflammatory pain and cannabinoids seem to be more effective than opiates in treating long-term, chronic pain. Opiates on the other hand are better for treating short-term acute pain. Finally, for autoimmune diseases (such as arthritis) it suppresses the immune system resulting in less pain and inflammation.

OPIATES AS PAIN KILLERS

Morphine, codeine and papaverine are opiates which occur naturally in the opium poppy plant.
For people who are seriously ill, pain is a serious problem. Severe pain can be controlled acceptably 80 to 90 per cent of the time. Yet pain remains under-treated. Studies have shown that among those suffering from cancer, significant pain occurs in 30 to 40 per cent throughout the spectrum of the disease, and in 65 to 85 per cent of persons with advanced cancer. Half of all seriously ill children suffer pain, and 20 per cent of them have moderate to severe pain. Among elders living in the community, up to half suffer significant pain, and this increases to up to 80 per cent of elders living in institutions, such as nursing homes. One-third of persons with HIV disease living in the community, and nearly two-thirds of those in in-patient facilities, suffer from moderate to severe pain. Members of minority groups who are seriously ill face even worse conditions: recent studies show that 50 to 80 per cent of the time, pain in these populations is not well managed.

But we need to clearly differentiate the use of opiates by seriously ill people in pain from the use of opiates by addicts trying to get “high”. David G Evans, the Executive Director of the “Crime and Justice Project” of the “Drug Free Projects Coalition” has got an interesting point of view on the issue because both his parents suffered from cancer. He encourages giving opiates to cancer patients to help them with their suffering to increase their quality of life.

HEROIN AS MEDICINE

Many activist groups claim that heroin should be treated in the same way as morphine under the law. They claim because morphine does not always relieve pain, the next step is to use heroin. However, heroin and morphine differ from one another: heroin enters the brain more rapidly. Heroin is more potent and achieves peak pain control and mood elevation effects faster but both pain control and mood elevation are more prolonged with morphine. This makes heroin a better drug to use in some cases. In addition, increased medical use of heroin might increase the risk of it being diverted for illegal use and could increase the risk of burglaries at pharmacies and hospitals.

It will be a difficult decision-making process to decide whether or not currently illegal drugs should be considered medicine. However, scientific results suggest that the current policy that simply prohibits the use of any available substances should be re-evaluated to include the latest scientific findings.
SHOULD THE TREATIES BE OPENED?


by Ourania Tsimpouli, Greece

Alison Crockett, First Secretary, Permanent Mission of United Kingdom to UN

“My view is that the treaties are far from perfect, but in considering whether or not they should be revisited in order to improve them, one should consider all the possible consequences. If you listen to the interventions made in the CND, you would quickly understand that „improve” means something different to each member state. Views on the need for stronger law enforcement, tighter regulation and harder penalties are no less powerful now than they were fifty years ago. If the Drug Conventions were to open it would be extremely hard for those countries who favour evidence based, humane drug policy to retain the existing language that supports this view. Renegotiating the Conventions would be an extremely lengthy and difficult process. Many Member States, even those who think they should be changed, would think hard before supporting such a costly and resource heavy commitment and in assessing the risks and consequences would conclude that it wasn’t worth it. For that reason, I’m convinced that opening the treaties isn’t the right thing to do.”

Joze Hren, Senior Advisor of Directorate for Public Health, at the Ministry of Health of Republic of Slovenia

“We think that conventions are useful and valid documents and we don’t see really that this the right moment for changing this legislation, this international framework. I must say that in our country we have prepared our legislation based on treaties but based also on other recommendations from other international organizations, like NGO’s. We’ve got the background to write, in our words, measures that support all services that are proven to be effective. So, we believe that international conventions didn’t create a major problem for us in drafting our legislation and we even believe that we have a liberal legislation concerning drugs.”

Dr Dave Bewley-Taylor, FRSA, Associate Consultant of International Drug Policy Consortium

“If we view the treaties as an international regime, it is an area where state actors converge and it’s really important to covalent this historical process with initial concern about the drug problem. Although the ‘61 convention represented a change, is more like a relic of the past. Member states agreed to sign up to the treaties in a different socio-economic environment with regards to drug use. In many ways ironically the ’61 convention preceded an explosion in drug use in ’60s and ’70s. Predominantly, the conventions are very much based upon a zero tolerant law enforcement approach. International treaties are outdated and need to be revisited in terms of new scientific data, definitions of addiction, epidemiology, criminology and studies on the defectiveness of law enforcement. This is the issue of relevance to today’s international environment but also there is an increasing understanding now on how the prohibited framework has unintended consequences; the damage caused by prohibitions, the creation of a massive black market and its conflict with human rights. All these negative aspects are coming increasingly stark and pronounced within the international community, but drug policy is never really a key area of concern for governments. If it conflicts with their formal policy, drug policy is nearly pushed in the background.”
ENFORCED TREATMENT OF DRUG ABUSERS

by Palina Mahliina, Belarus

Albert Sazhin was sentenced to a two-year probation term, reports ITAR-TASS News Agency. He was found guilty of the illegal detention of drug addicts and heavy drunkards whom he kept at the rehabilitation center.

Novosibirsk against Drugs is just one of the many foundations in Russia that treat drug-addicts. The City without Drugs fund based in Yekaterinburg was inspired by Evgeny Roizman. The activities of the organization began in 2001 with the motto “We will win a victory against drugs together with the whole world!” But it is their method of treatment that gives cause for concern: “They take a very aggressive approach towards rehabilitation. They can come through the kitchen window and kidnap you and take you to the rehabilitation centre, where they will chain you, because they need to break the addiction and think that they can save you from yourself,” – explains Daniel Wolfe, Director of the International Harm Reduction Development program, an Open Society Foundation program.

The staff of the Yekaterinburg foundation says that they prefer the relatives to bring the drug-addicts to their centre: “We used to have chains, but because of too much attention from media and police, we had to change this practice. However, we only use it for safety reasons, otherwise patients could harm themselves” says Yevgeny Malenkii. Once the addict is at the centre, their treatment begins with starvation.

Fedorov underlines during an UN meeting: “There is growing recognition that we must draw a line between criminals, drug traffickers, and their victims, drug users; that drug dependence is a disease not a crime; and that treatment offers a far more effective cure than punishment.” Yet the question remains of what exactly the UN consider as treatment.

“I can’t imagine any other disease where they would kidnap a person, unless they suffer from a serious mental illness. The truth is that we are talking about drug users as people not capable of making decisions, but in fact they make them all day long: how much money to spend on drugs, who to use drugs with, when to use and when not to,” comments Daniel Wolfe on The City without Drugs work. Severe measures are popular and are believed to be the fastest way up the political ladder. For example, Roizman, after 2 years of work at the foundation, was a deputy at the Russian Duma. As a result of public protest, the prison sentence for Albert Sazhin was changed to a suspended punishment with one year of probation. It’s not the first trial of the same kind for the members of these foundations – there were several court cases lately. Wolfe says, “I will say that it’s clear that what ‘City without Drugs’ is doing is against international accepted principles of drug treatment.”

The speech of Fedotov, who hosts the UN meeting for the first time, was questioned for its inconsistency: “Some critics say the Convention is out of date, but I disagree. […] I urge the international community to rejuvenate the Convention, and I encourage member states to rededicate yourselves to implementing its provisions” he said at the opening session. And while officials in Vienna were deciding on how to go on with the War on Drugs, NGO activists were pleading for more humanity. 
ACROSS THE WORLD
DRUG CONSUMPTION

NORTH AMERICA

Late 1990s

- Opiates: 42%
- Cannabis: 6%
- Cocaine-type: 11%
- Amphetamine type: 4%
- Others: 4%

2008

- Opiates: 31%
- Cannabis: 7%
- Cocaine-type: 3%
- Amphetamine type: 6%
- Others: 1%

SOUTH AMERICA

Late 1990s

- Opiates: 65%
- Cannabis: 22%
- Cocaine-type: 10%
- Amphetamine type: 3%
- Others: 0%

2008

- Opiates: 49%
- Cannabis: 21%
- Cocaine-type: 9%
- Amphetamine type: 6%
- Others: 5%

Sources: UNODC, Annual Reports Questionnaire Data/DELTAS and National Government Reports
THE HISTORY OF DRUG USE

A LOT HAS HAPPENED BEFORE THE SINGLE CONVENTION ON NARCOTIC DRUGS WAS PASSED BY THE UN IN 1961. HERE ARE SOME EXAMPLES OF HOW OLD OUR HISTORY OF DRUG USE REALLY IS. by Huda Al Nasheet, Bahrain

5000 B.C.
The Sumerians use opium, suggested by the fact that they have an ideogram for it which has been translated as HUL, meaning „joy“ or „rejoicing.“

2500 B.C.
Earliest historical evidence of the eating of poppy seeds among the Lake Dwellers on Switzerland.

2000 B.C.
Earliest record of prohibitionist teaching, by an Egyptian priest, who writes to his pupil: „I, thy superior, forbid thee to go to the taverns. Thou art degraded like beasts.“

300 B.C.
Theophrastus, Greek naturalist and philosopher, records what has remained as the earliest undisputed reference to the use of poppy juice.

1000
Opium is widely used in China and the far East.

1525
Paracelsus introduces laudanum, or “tincture of opium”, into the practice of medicine.

1792
The first prohibitory laws against opium in China are promulgated. The punishment decreed for keepers of opium shops is strangulation.

1800
Napoleon’s army, returning from Egypt, introduces cannabis into France. Avant-garde artists and writers in Paris develop their own cannabis ritual, leading, in 1844, to the establishment of “Le Club de Haschischins.”

1839-56
The Opium Wars. The British force upon China the trade in opium, a trade the Chinese had declared illegal.

1898
Heroin is synthesized in Germany. It is widely lauded as a „safe preparation free from addiction-forming properties.”

1903
The composition of Coca-Cola is changed; caffeine replacing the cocaine it contained until this time.

1924
The manufacture of heroin is prohibited in the United States.

1946
According to some estimates there are 40,000,000 opium smokers in China.

1951
According to United Nations estimates, there are approximately 200 million marijuana users in the world, the major places being India, Egypt, North Africa, Mexico, and the United States of America.

1961
The Single Convention on Narcotic Drugs is passed as an international treaty that prohibits the production and supply of narcotic drugs.
"THE MORE WE SEE PEOPLE, THE MORE WE UNDERSTAND DRUGS!"

by Rowaida Mroue, Lebanon

The 54th Commission on Narcotic Drugs hosted a special panel discussion entitled Illicit drugs and socio-economic development: a complex and critical relationship, organised by OSI in collaboration with the Nossal Institute for Global health Melbourne and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) on behalf of the German Federal Ministry of Economic Cooperation and Development (BMZ) and moderated by Kasia Malinowska-Sempuch, Director of the Global Drug Policy Program at the Open Society Institute (OSI).

Sempuch welcomed the participants and opened the interesting debate with NGOs and official delegates representatives about the recently published report Dependent on Development: The interrelationships between illicit drugs and socio-economic development written by Nick Crofts, Professor of International health at the Nossal Institute for Global health in University of Melbourne.

Crofts briefed attendees about his work, explaining that his report shows the multifaceted relationships between illicit drug production, trade, use and socioeconomic development. It demonstrates the ways in which the implementation of drug control policies often hinder development sector gains and furthermore, the ways in which many development sector policies actually increase vulnerability to illegal drugs. It is surprising, how - in spite of the complex interrelationships between illicit drug and socioeconomic development - drug control and development policies tend to occur in isolation from each other, as exemplified by the lack of inclusion of illicit drugs in the Millennium Development Goals.

Daniel Brombacher and Linda Helfrich from the Development-oriented drug policy program (EOD) of the GIZ, the major German agency for international cooperation with a decade long experience in the field of drugs and development, explained the nexus of drugs and development from a practitioners point of view, specifying that drug economies tend to flourish in insecure settings and under conditions of fragile statehood. They are often governed by violent means of market regulation due to the absence of peaceful means of conflict settlement. The GIZ speakers explained how development projects and programmes of rural development in drug producing and drug trafficking regions should be designed in order to change the enabling environments of drug economies – not to change the drug economies themselves, what can usually not be achieved by development efforts alone.

Crofts told Orange the media usually mixes up the terms “drug use” and “drug addiction” explaining that the UN reports on Cambodia, Thailand, and Vietnam for example clearly show that drug use does not necessarily lead to addiction. Crofts added: “My own theory is that there is a very strong historical trend of looking at the causes of drug addiction by analyzing drugs themselves, but in fact if we isolate people who uses drugs this does not mean that we solved addiction problems. In Vietnam, for instance, if you use drugs then you are considered socially evil.” However professor Crofts refuses assumptions that make a drug user an invalid society member because “this will encourage them to be irresponsible in their actions and behaviour in their surroundings, using drug usage an excuse for making mistakes”.

Crofts recalled the story of one of the officers of the National Authority for Combating Drugs in Cambodia, who spoke to him about his intentions to advocate new drug policies that respect drug users as human beings and not as passive society members. However one week later, the officer was arrested for corruption, although he was innocent, just because he had different political views than the ruling regime. “The drug war is used to get rid of political opponents in some regimes”, said Crofts.

Speakers at this panel agreed that all aspects of development, ranging from infrastructure projects to education programs, especially donor funded, must consider implications for illicit drug production, trade, and use, as is currently done with respect to poverty, the environment or gender dynamics.
Hungarian Civil Liberties Union highlighted the critical aspects of anti-drug ideology by staging a satiric performance with a focus on people who benefit from strict drug policies.

DRUG LORDS CELEBRATE
GLOBAL DRUG PROHIBITION

THE 50TH ANNIVERSARY OF GLOBAL DRUG PROHIBITION WAS WELCOMED WITH FULL GLASSES OF PREMIUM CHAMPAGNE, LUXURIOUS CIGARS AND PILES OF OVER-SIZED DOLLAR NOTES. DRUG LORDS WERE LOUDLY THANKING THE UN FOR CRIMINALISING THEIR BUSINESS AS A PART OF A POLITICAL PERFORMANCE THAT PARODIED THE PARADOXES OF THE WAR ON DRUGS.

Photo: Ferras Essa

Exactly 50 years ago, the United Nations adopted the first convention on illicit narcotic drugs, one of three international treaties that strictly prohibit the production and trafficking of selected narcotic drugs, including cannabis, cocaine and heroin. The criminalisation of the drug industry triggered numerous unintended consequences, ranging from fueling the HIV epidemic and severe human rights violations to creating the largest commodity market in the global context, yielding over 400 billion US dollars annually. Various non-governmental organisations, such as Hungarian Civil Liberties Union, who organised a creative protest in front of the UN building, aim to promote alternative approaches to drug policies that could lead to more efficient international drug control.
Strict drug prohibition is leading to various harmful consequences, including the expansion of the terrorism.

“I would like to thank the politicians for making us the richest people in the world,” commented one of the activists, dressed as a drug gangster.

NGOs claim that official authorities’ should be open to alternatives that would change the policies which cannot work for the current socio-political dynamics.

According to protesters, strict drug prohibition supports the mafia in a trade that is worth more than 400 billion US dollars annually.

Civil society organisations claim that fifty years of global drug prohibition as seen illegal drug trade become one of the biggest global black markets.