THE BECKLEY FOUNDATION
DRUG POLICY PROGRAMME

A DRUGSCOPE REPORT

TOWARDS A REVIEW OF GLOBAL POLICIES ON ILLEGAL DRUGS

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REPORT ONE

DrugScope

Towards a review of global policies on controlled drugs

SUMMARY

This first report from the *Beckley Foundation Drug Policy Programme* (*BFDPP*) discusses the global drug control system - particularly the role of the United Nations – and the challenges confronting drug policy. It argues that the current system is not achieving its stated objective: to eradicate completely – or even substantially reduce – illicit drug markets. On the contrary, over four fifths of the 92 countries that reported on progress to the UN Office on Drugs and Crime said that drug use in their populations was either not coming down or – in the majority of cases – was still going up.

The *BFDPP* is calling for a fundamental review of the impact of this global framework. The overarching objectives of global drug policy should be to reduce crime and nuisance, death, physical and mental illness, damage to children and families and failure in education and employment resulting from drug use. This report will ask whether these objectives are being achieved and which strategies are most likely to deliver positive results in the future.

It is concluded that the drug free world currently sought by the UN is an impossible ideal, but a world in which far less harm is caused as a result of the production, trafficking and consumption of drugs is both an inspiring ideal and an achievable objective.

THE GLOBAL SYSTEM

Since the 1920s, the international community has agreed to systems of prohibition for a wide range of psychoactive substances, including heroin, cocaine and cannabis. The current framework for this drug control system is enshrined in a set of three landmark United Nations (UN) Conventions:

- *The Single Convention on Narcotic Drugs 1961.*
- *The Convention on Psychotropic Substances 1971.*
- *The Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988* (see box 1).

These Conventions limit the acceptable uses of narcotic and psychotropic substances to medical or research purposes and call on Member States to otherwise prohibit the production, distribution and use of psychoactive drugs.

The Conventions have been signed and ratified by most UN Member States. This is a remarkable diplomatic achievement. It shows a high level of international consensus on a complex policy issue that impacts on different societies in different ways. There is near universal recognition of the gravity of 'the drug problem' and a shared recognition that it has an irreducibly global dimension.

But there are substantial differences over the content and trajectory of drug policy too. Consider three points:

1. Different states have pursued the implementation of drug prohibition with varying degrees of enthusiasm. These range from the strong enforcement of highly punitive drug laws (including the use of the death penalty in countries such as Thailand and Saudi Arabia) to official tolerance of widespread coca use in some South American countries and (increasingly) of cannabis use in parts of Europe.
2. There are differences between and within states on the relative importance of enforcement, treatment, prevention and social inclusion. Some jurisdictions continue to focus all their efforts on reducing the supply of drugs. Others accept that a significant proportion of their populations will use drugs despite their law enforcement efforts and while not condoning drug use, are looking at measures to reduce the harm that results from it.
3. The effectiveness of existing drug policies is – to a growing extent – being monitored and evaluated by the UN, regional organisations (such as the EU) and national governments. As the evaluation of policy has spread and become more sophisticated, questions are being raised about the cost-effectiveness of the established frameworks and there is increasing divergence of opinion on the way forward.

These differences have contributed to sharp diplomatic exchanges between individual Member States at the UN – and to some interesting debates within countries – but they have not yet led to any serious review of existing policies in official international settings. Recently, there has been a greater

emphasis on demand reduction (treatment and prevention) in international drug policy, but the policy horizon nonetheless continues to be dominated by law enforcement (national and international) with the aim of eliminating – or, at least, substantially reducing – the use and availability of illicit psychoactive drugs.

The growing tensions between inflexible interpretations of some of the existing UN orthodoxies and the practices of some Member States are exhibited, once again, in the 2003 Annual Report from the International Narcotics Control Board (INCB), which was published in March 2004. The Canadian Government is condemned for approving the establishment of a drug injecting room in Vancouver. Concern is expressed about the 'relaxation' of cannabis laws in some European countries. A more general worry is expressed about what is viewed by the INCB as 'ambiguity towards drug abuse … in countries in Western Europe' (INCB, 2004). It should be noted that there are a number of more progressive strands to be welcomed in the INCB's Annual Report too. For example, the discussion of the links between drugs and crime highlights the need for effective demand reduction programmes and the importance of referring drug dependent people for treatment through the justice system as an alternative to incarceration. But in many parts of the world, local evidence-based practice is increasingly at odds with what is often excessively rigid enforcement of the global control system.

The cost of pursuing an approach to drug policy that has concentrated on the supply side (and which has marginalised demand and harm reduction) has not been cheap. Both governments and international agencies continue to dedicate significant budgets to the enforcement of the global drug control system. Recent estimates for the United States are that a total of over $30 billion per year of taxpayers' money is being spent on the enforcement of the drug laws. The equivalent estimate for the United Kingdom is over £1 billion. Estimates of the global community's spending over a 3 years period on reducing the amount of coca grown in Colombia alone range from under $2 billion to over $6 billion. Whatever the exact figure, these investments are substantial. Perhaps this level of expenditure would be justifiable if the current approach were significantly reducing prevalence. But it isn't. So, isn't it time to rethink our tactics?

The UN Secretary General, Kofi Annan, speaking at the opening of the UN's Special Session on the World Drug Problem in 1998 (UNGASS), declared that the international community's mission was 'to create the momentum for a drug-free world in the twenty-first century'.[1] In April 2003, progress was reviewed in Vienna at a meeting of the Commission on Narcotic Drugs (CND) - the UN body that oversees global drug policy. This meeting concluded with a reiteration and defence of the existing framework. Antonio Costa, the Executive Director of the UN Office on Drugs and Crime (UNODC), proclaimed that the UN was making 'significant progress towards still distant goals'.

This claim is, of course, highly controversial. Indeed, it is very difficult to reconcile with the findings of the UN's own report *Global Illicit Drug Trends 2003.* Of the 92 countries reporting to the UNODC in 2001:

- 5% reported a 'large decrease' in drug abuse;
- 10% 'some decrease';
- 11% a 'large increase';
- 37% 'some increase'; and
- 37% no significant change or 'stability' (UNODC 2003, p 104).

So, only 15% reported decreases, while 85% reported that things had either remained the same or had got worse. With regard to particular substances:

- 21% reported an increase of crack use;
- 36% of ecstasy use;
- 36% of heroin use;
- 46% of cocaine use;
- 50% of amphetamine use; and
- 54% reported an increase of cannabis use (UNODC, 2003, p 105).

Against this background, Georges Estievenart, Executive Director of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has recently commented that 'overall, the drug use trend remains upwards and new problems are emerging'.[2]

There are then some significant discrepancies in the assessment of international drug policies – or at the very least, some marked differences in emphasis. What is beyond reasonable dispute is that the UN strategy is failing to make satisfactory progress against its own targets, raising questions about the appropriateness and realism of those goals themselves.

BOX 1

THE UN SYSTEM

Single Convention on Narcotic Drugs, 1961

This Convention aims to combat drug abuse by coordinated international action. There are two forms of intervention and control that work together. First, it seeks to limit the possession, use, trade in, distribution, import, export, manufacture and production of drugs exclusively to medical and scientific purposes. Second, it combats drug trafficking through international cooperation to deter and discourage drug traffickers.

Convention on Psychotropic Substances, 1971

The Convention establishes an international control system

for psychotropic substances. It responded to the diversification and expansion of the spectrum of drugs of abuse and introduced controls over a number of synthetic drugs according to their abuse potential on the one hand and their therapeutic value on the other.

Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988
This Convention provides comprehensive measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals. It provides for international cooperation through, for example, extradition of drug traffickers, controlled deliveries and transfer of proceedings.

The key UN bodies
The United Nations Office on Drugs and Crime
The UNODC is the key international body in developing and implementing policy to deal with illicit drugs and international crime. It has approximately 500 staff members worldwide and relies on voluntary contributions, mainly from the governments of UN Member States, for 90% of its budget. Antonio Maria Costa is the current Executive Director of the UNODC.

The Commission on Narcotic Drugs (CND)
Established in 1946, this is the central policy making body with responsibility for drug-related issues. It is composed of 53 countries and meets annually in Vienna in March.

The International Narcotics Control Board (INCB)
Established by the 1961 Convention in 1968, this is the quasi-judicial control body responsible for monitoring the implementation of the UN drug conventions. The INCB ensures that adequate legal supplies of controlled drugs are available for medical and scientific purposes. The Board also makes certain that no leakage from licit sources of drugs to illicit trafficking occurs. It identifies and helps to correct weaknesses in drug control systems and determines which chemicals used to illicitly manufacture drugs should be under international control. Its members are elected by ECOSOC (the UN Economic and Social Council) from nominees submitted by member states and the World Health Organisation (WHO).

HOW MUCH PROGRESS HAS BEEN MADE?

Before measuring progress – as subsequent reports from the *BFDPP* will do – it is necessary to ask 'against which objectives?'

There is room for legitimate disagreement about the goals of drug policy, and the UN itself has never articulated a clear list of the objectives of international drug control. However, it is possible to arrive at some definite conclusions. In particular, as noted above, it is clear on reading the UN Conventions – and subsequent political declarations from the CND – that the primary objective of international drug policy has been to reduce substantially, or even to eradicate completely, illicit markets for controlled substances. Measuring global drug policy over the past 40 years against these internal criteria, the conclusion that it has failed on its own terms is unavoidable.

Consider the evidence. It is true that the production of opium and coca – crops that are associated with some of the most problematic drug use – has stabilised since the mid-1990s. However, this stabilisation has occurred at high levels after a dramatic increase in the recent past. Production of opium rose steeply in the 1980s and 1990s. There was a sharp rise in coca production in the 1970s and 1980s (see Fazey C and Lloyd C, 2003).[3] The UNODC's *Global Illicit Drug Report 2003* concludes that the cultivation of cannabis has continued to increase. In addition, there is on-going expansion in the production and trafficking of 'amphetamine-type substances' (ATSs) – that is, amphetamines, methamphetamines and ecstasy (UNODC, 2003, pp 10-11). This last phenomenon shows how 'the drug problem' has changed over the past 30 years with changes in consumption patterns and the availability of different psychoactive substances – for example, with the spread of crack cocaine in the 1980s and 1990s.

The available data on consumption tells a similar story. As noted above, despite global prohibition, an estimated 200 million people broke the law in their respective countries (often risking harsh criminal sanctions) and took illicit drugs in 2000-2001. The world consumption figures over this period break down as follows: 163 million people worldwide consumed cannabis, 34 million amphetamines, 8 million ecstasy, 14 million cocaine and 15 million opiates, of which 10 million took heroin (UNODC, 2003, p 11, pp 101-161, pp 334-345).[4]

There are obvious problems with measuring the prevalence of drug use, but these figures are nonetheless striking – and are, if anything, likely to be an underestimate of the true situation (some of these problems are discussed in UNODC, 2003, pp 346-347). While a lack of reliable data means that any claims about general trends in consumption need to be treated with caution, there is every reason to think that drug use has continued to rise on a global scale and has significantly increased over the four decades that the current system has been developed and implemented.

There are of course significant variations from region to region and country to country. A study of these differences can be highly instructive and will have a vital role to play in the development of more effective drug policies guided by good – and avoiding bad – practice. But it is also necessary to highlight

a clear and disturbing trend. The drug market is expanding and diversifying.

BOX 2

THE 'TOUGH' OPTION

Two disturbing trends in different parts of the world suggest that punitive responses are failing to prevent or control epidemics of new kinds of illicit substance use across the world: the HIV epidemic in the former Soviet Union and the methamphetamine problem in South East Asia.

Heroin use in the former Soviet Union
Between 1991 and 2001 the number of registered drug addicts in the Russian Federation rose more than tenfold, from 21.2 to 219.9 per 100,000 inhabitants. In 2001, Russia again reported a strong increase in the abuse of heroin to the UNODC. Increasing heroin abuse has driven an HIV pandemic in the former Soviet Union. In 2003, the total number of people registered as having HIV was 265,000, nearly three times as many as in 2000. It is estimated that the actual figure is probably around 1.5 million. Injecting drug use is the main form of transmission in Russia followed by sexual contact. This rise in heroin use has occurred despite the introduction of tough laws that have significantly increased penalties for drug offences. These laws have conspicuously failed to reverse the sharply upward trend in heroin use in this region (see Grassly N C *et al*, 2003). *See BFDPP Briefing Paper No 2 for a detailed analysis of recent developments in the former Soviet Union.*

Thailand and the methamphetamine explosion
Methamphetamine is a highly potent psycho-stimulant that has been consumed for many years in the Far East. More recently, its manufacture has spread to new countries – including China, Indonesia, Malaysia, Myanmar, the Philippines, Singapore and Thailand. The UNODC's *Global Illicit Drug Trends 2003* includes evidence that suggests that the number of methamphetamine abusers in Thailand rose ten-fold from 1993 to 2001 – with around 2.5 million Thai people saying they have used the drug at some time (5.6% of the population aged 15 to 64). Methamphetamine use is associated with high-risk HIV behaviours, social problems and acute and chronic psychological disturbance (Farrell M and Marsden J, 2002). The Thai Government, under Prime Minister Thaksin Shinawatra, recently declared victory in a year long 'war' to rid the country of methamphetamine, pointing to the arrest of over 90,000 drug suspects, and claiming that prices have soared more than seven-fold as a result of the fall in supply. But there is acute international concern about an estimated 2,500 people who have died in mysterious circumstances during this campaign, and outside observers – including the UN – have been sceptical about the sustainability of reduced availability. Yngve Danling of the UNODC in Bangkok has commented: 'it has been a success if you talk about less availability. On the other hand, I'm doubtful that Thailand has been able to reduce the demand. So the question is how sustainable will this be?' (Aglionby J, 2003). *See BFDPP Briefing Paper No 4 for a detailed assessment of the impact of Thai policy on the methamphetamine problem.*

On the basis of a cursory survey of the evidence base, the overall prognosis for current international drug policy does not look good. But the picture is not entirely negative. There are parts of the world where illicit drug use is still a relatively rare occurrence. In addition, there are examples of drug policies showing some success in stifling the illicit market.

In the USA during the 1980s, the prevalence of drug use fell significantly. In Scandinavia the scale of the illicit drug market has remained relatively small compared to the rest of Europe, despite similar conditions. Australia succeeded in creating a heroin 'drought' that lasted through 2002 and into 2003. While these achievements appear to have been temporary and seem to be the exception not the rule, it is important to learn the lessons from them. The *BFDPP* project will investigate these experiences and draw out the lessons for policy makers. This also means asking whether the absence or reduction of drug problems in some countries has been a result of their anti-drug programmes, or other cultural, economic, social and political factors – and if the latter, what these protective factors are and whether they are 'exportable' – at least in principle - to other areas of the world.

THE DILEMMA

The challenge for the world community is not simply that an excessively supply-led approach to drug policy is failing in its primary objective of eliminating – or substantially reducing - the use and availability of illicit drugs. In addition, countries – particularly in the developing world – can be put under pressure by the international community to adopt an approach to illicit drugs that has failed elsewhere and which can inhibit investment in public health measures. Meanwhile, some of the Member States with the most experience of drug problems among their populations have changed direction. While these jurisdictions are not abandoning their law enforcement efforts, they are now developing complementary policies to reduce the harm caused by drug use. However, they are sometimes struggling to reconcile the evidence emerging from their own programmes with the approaches promoted by the UNODC.

In reality, behind a veneer of consensus, there are growing tensions within the United Nations itself and between different UN agencies.

Martin Jelsma and Pen Metaal of the Transnational Institute have recently highlighted fundamental inconsistencies at the core of the UN drug control programme – tensions between repression and protection, dogmatism and pragmatism, the developed and developing world and demand-led and supply-led approaches. They conclude that 'consensus seeking' has resulted in the creation of a 'virtual reality … in the conference halls, as if somehow these different positions all contribute to a common goal, reinforcing one another, while in fact, some are incompatible or mutually exclusive'. Moreover, the UN bodies themselves have different cultures and approaches. The INCB has acquired a reputation for interpreting the Conventions in a strict and narrow fashion (for example, issuing a strongly worded condemnation of the UK Government's decision to reclassify cannabis), while other UN agencies, such as UNAIDS, the World Health Organisation, and the UN Development Programme have given support to the public health and development approaches that are viewed with such suspicion in Vienna.

It has also been claimed that there may be tensions between international drug policy and the UN Charter of Human Rights and other legal instruments – notably where punishments for less serious drug offences are widely regarded as disproportionate to the gravity of the offence (see for example, Bewley-Taylor D, 2003). For example, it may be difficult to reconcile the imprisonment of young people for drug offences with Article 37 of the *UN Convention on the Rights of the Child*, according to which 'the arrest, detention or imprisonment of a child … shall be used only as a measure of last resort and for the shortest appropriate period of time'.

FUTURE POLICY OPTIONS

There is little ground for optimism that current global control systems will lead to eradication or significant reduction of drug use. Extensive production, trafficking and consumption of psychoactive drugs will persist in most parts of the world for the foreseeable future. That is the reality. Against this background, an independent review and reassessment of the ultimate aims of global drug policy and an investigation of the best means of achieving these objectives based on a detailed and independent evaluation of good – and less good – practice, is overdue. This is part of the *BFDPP's* mission.

For us, the challenge is to develop policies and programmes – nationally and internationally – that can manage the phenomenon of drug use in ways that minimise the health, economic, social and political costs. The 'war against drugs' approach aimed to eliminate – or, at least, to reduce substantially – the use of illicit substances through tough and uncompromising law enforcement. The reality is that this is no longer a credible objective. The aim of drug policy at the beginning of the twenty-first century should be to minimise the harms caused by illicit drugs, with law enforcement, treatment and prevention all continuing to be important means to this end. These include direct harms to users, harm to families, neighbourhoods, communities and societies, as well as the unintended harms that can result from the implementation of ill-conceived drug policies, nationally and internationally.

It is possible to create a list of policy objectives against which progress can be measured – although there are significant disagreements on their relative importance. A detailed taxonomy is provided by MacCoun and Reuter. They distinguish between harms *to* users, dealers, intimates, employers, neighbourhoods and society. They identify four broad category of harm: 'health', 'social and economic functioning', 'safety and public order' and 'criminal justice'. These categories are further broken down into a vast array of more specific harms ranging from reduced performance at work or school to corruption of legal authorities, from mental and physical illness to interference in source countries, and from devaluation of arrest as a moral sanction to HIV and other disease transmission (see MacCoun R and Reuter R 2001, pp 106-107).

The *BFDPP* taxonomy of harm (see box 3) provides a simpler basis for judging the effectiveness of different policies. It shifts the evaluative emphasis from effectiveness in reducing the *use and production* of illicit drugs to effectiveness in reducing the *harm* associated with drug use and drug policy. Reducing prevalence is reconceived as an important *means* of reducing drug-related harm, and not as an *end in itself.* This does *not* mean that high prevalence rates should be accepted as given and the focus should be on harm reduction *instead.* Illicit drugs are harmful, and reducing use is an effective way of reducing harm. But it does mean that policy makers need to be realistic about the *scope* for reducing use and availability; to be guided by the evidence base in determining effective *ways* of reducing prevalence; and be committed to reducing harm *to* drug users *as well as* to reducing the numbers *of* drug users. We will develop these ideas further in our next report.

BOX 3

KEY HARMS RELATED TO DRUGS AND DRUG POLICIES

The *BFDPP* aims to assess the costs and benefits of different approaches to drug policy across six key dimensions which are already implicit in many of the relevant international and national policy documents.
The aims of policy should be:

1. To reduce the levels of crime and public nuisance associated with the production, supply, purchase and use of drugs.
2. To reduce the numbers of deaths that result directly from the production, supply, purchase and use of drugs.
3. To reduce the number of people suffering physical health problems as a result of the use of drugs, and particularly HIV and hepatitis infections.
4. To reduce the number of people suffering mental health problems and addiction as a result of their use of drugs.
5. To reduce the social costs of drug use, including the impact on families and children and the numbers of people failing in education and employment as a result of their use of drugs.
6. To reduce the damage to the environment as a result of the production, supply, purchase and use of drugs.

The pursuit of these objectives should respect universal human rights and, subject to this requirement, local judicial norms and practices. Policy should also reflect the fact that different drugs have different consequences in terms of these harms. An accurate evaluation of the costs associated with drug use will also require on-going scientific review of the effects of different psychoactive substances.

RESPECT FOR LOCAL PRIORITIES AND PRACTICES

The *BFDPP* is not claiming that there is a single correct solution to 'the drug problem', even in principle. There is room for significant disagreement about the way forward even if there is agreement that the ultimate aim should be to reduce harm and that policy should be guided by the best available evidence. Different areas of the world have different problems and the consequences of illicit drug use vary greatly from place to place. Furthermore, the development of drug policy is not simply a statistical exercise that can be resolved by social scientists. It is a matter for democratic debate at international level and within individual countries about political priorities, cultural commitments and moral values.

As Reuter and MacCoun point out, the advantages and disadvantages of different approaches to drug policy will be unevenly distributed between different segments of society – and between regions of the world. In addition, how the different options – and the associated harms and benefits – are weighed 'depends on one's values and on the normative framework one applies' (MacCoun R and Reuter P, 2001, pp 11-12). Similarly, Francisco Thoumi has recently commented that 'the illicit drug problem has many dimensions: political, social, moral, public health, economic, environmental, etc. Every one of these imposes constraints on policy success' (Thoumi F, 2002, p 172). This presents policy makers with some difficult practical choices and some profound moral dilemmas. As Thoumi explains, 'some constraints cannot give, but others must be sacrificed. For example to control drugs it might be necessary to sacrifice individual human rights or the environment' (*ibid*).

There will always be hard moral and political choices in this difficult policy area and there is room for informed and legitimate disagreement about the best way forward. But this debate should be properly informed and while the *BFDPP* will not necessarily succeed in pointing the way forward in a clear and unambiguous way, it is anticipated that it will be able to do much to signpost some of the swamps and pitfalls that should be avoided.

AN INDEPENDENT REVIEW IS OVERDUE

The need for open debate about global drug policy is driven by three key developments:

- the lack of progress of the current system
- the fragmentation of the international consensus on the way forward and;
- the speed of change of the external environment (for example, the development of new synthetic drugs).

The aim of the *BFDPP* is to inform this debate, not to pre-empt it. This project is not driven by a commitment to any definite set of policy or political positions, except a concern about the effectiveness of global drug policy and a belief that this situation needs to be addressed as a matter of urgency (see box for a summary of the guiding principles of the *BFDPP* programme).

This is an international humanitarian crisis in its own right. The human costs of drug abuse and of ill-considered policy responses to it are immense. Certainly, the international status quo is hard to defend. Yet, as they confront new drug problems, more countries are being pressurised into pursuing policies that have manifestly failed elsewhere. The time is overdue for an informed, open and mature debate about drug policy at an international level. The current UN drug strategy runs to 2008 and it is already clear that it will not succeed in its core objectives. The global systems that have been established in the past 40 years mean that more evidence is becoming available all the time on the impact of different policies and initiatives in different parts of the world. The lessons from this growing international evidence base need to be learnt. Against this background, there is a clear need for an independent review which gives due consideration to the emerging evidence base.

A number of individuals and groups throughout the world will have a positive contribution to make to this process. There is

considerable expertise in policy analysis in the academic sector which has yet to be fully exploited to review global drug policy. Throughout the world, non-governmental organisations (NGOs) combine expertise on drug policy with practical experience of the realities of tackling drug problems 'on the ground'. But, for a variety of reasons, these voices are not sufficiently heard in the official international forums.

The *BFDPP* will seek to draw on this experience and expertise to inform and broaden out a debate about international drug policy that has been dominated by official government and statutory bodies. It will aim to provide a focus for independent analysis and assessment of international policy and seek to promote debate at a time when, despite the best efforts of the international community, the drug problems confronting the world appear to be more serious than at any time in the past 40 years.

This is a big challenge, but it is not an insurmountable one. A drug free world is an impossible ideal. A world in which far less harm is caused as a result of the production, trafficking and consumption of drugs is both an inspiring ideal and an achievable objective.

THE BECKLEY FOUNDATION DRUG POLICY PROGRAMME

PRINCIPLES AND COMMITMENTS

1. That the current global drug system – as enshrined in the three United Nations Conventions of 1961, 1971 and 1988 – is not achieving its core objective of significantly reducing the scale of the market for controlled substances such as heroin, cocaine or cannabis.
2. That the consequences of the implementation of this system of drug control can themselves be a source of economic, social and political problems.
3. That reducing the harm caused to the many individuals who use drugs is not a sufficiently high priority in international policies and programmes.
4. That there is a growing body of evidence regarding what policies and activities are (and are not) effective in reducing drug use and associated health and social problems, but this evidence is not sufficiently taken into account in current policy discussions which continue to be dominated by ideological and political considerations.
5. That the current dilemmas in international drug policy can only be resolved through an honest review of progress, a better understanding of the complex factors that create widespread drug use and a commitment to pursue policies that are effective.
6. That analysis of future policy options, while identifying policy that has clearly failed, is unlikely to produce a clear 'correct' policy on psycho-active drugs. What may be appropriate in one setting or culture may be less so in another. In addition, there are likely to be trade-offs between different policy objectives – for example, to reduce overall drug use or to reduce drug related crime – that may be viewed differently in different countries.

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ABOUT THE BECKLEY FOUNDATION DRUG POLICY PROGRAMME

The *Beckley Foundation Drug Policy Programme (BFDPP)* is a new project dedicated to providing a rigorous, independent review of global drug policy. The aim of this partnership between the Beckley Foundation and DrugScope is to assemble and disseminate information and analyses that supports the rational consideration of these sensitive policyissues at international level and leads to the more effective management of the widespread use of these psychoactive substances.

The *Beckley Foundation* is a charitable trust set up to promote the investigation of consciousness and the science of drug use. It promotes public health by supporting world-class scientific research into consciousness and its modulation from a multi-disciplinary perspective, and disseminating the information to academics, health professionals, policy-makers and the public.

DrugScope is the UK's leading independent centre of expertise on drugs. Its aim is to inform policy development and reduce drug-related risk. It provides quality drug information, promotes effective responses to drug taking, undertakes research at local, national and international levels, advises on policy-making, encourages informed debate and speaks for its 1000 plus member organisations working on the ground.

The *BFDPP* is being funded by *The Open Society Institute (OSI)*, which is committed to building a global alliance for an open society by shaping government policy and supporting education, media, public health, and human and women's rights, as well as social, legal, and economic reform.

USEFUL WEBSITES

www.internationaldrugpolicy.org
www.beckleyfoundation.org
www.drugscope.org.uk

The European Gateway on Alcohol, Drugs and Addictions, which links to relevant websites across Europe is at www.elisad.uni-bremen.de

The European Monitoring Centre for Drugs and Drug Addiction site is at www.emcdda.eu.int

The Forward Thinking of Drugs website is at www.forward-thinking-on-drugs.org

The Organisation of American States website is at www.oas.org

The United Nations Office of Drugs and Crime website is at www.unodc.org

FOOTNOTES

[1] Committing itself to the slogan 'a drug free world: we can do it!', the UNGASS set three targets for 2008, which were accepted by 150 countries: (i) 'eliminating or significantly reducing the cultivation of the coca bush, the cannabis plant and the opium poppy'; (ii) 'eliminating or significantly reducing the illicit manufacture, marketing and trafficking of psychotropic substances, including synthetic drugs, and the diversion of precursors; and (iii) 'achieving significant and measurable results in the field of demand reduction'.

[2] In his press comment on the publication of the EMCDDA's 2003 Annual Report on the Drug Situation in the EU and Norway.

[3] Although there was a marked decline in world illicit opium and heroin production in 2001 this was largely as a result of internal political developments in Afghanistan. This trend has been reversed with the resumption of large-scale opium poppy cultivation in that country. It is a similar story for other illicit drugs (see UNODC, 2003).

[4] These figures allow for poly-drug use (and, therefore, sum to more than 200 million).