



Global Commission on Drug Policy Offers Inaccurate, Reckless, Vague Drug Legalization Proposal; WFAD Recommends that Current Drug Policy Should Be Improved through Innovative Linkage of Prevention, Treatment and the Criminal Justice System

A self-appointed Global Commission on Drug Policy recently released a report proposing eleven recommendations to achieve its goal of “reducing the harm caused by drugs to people and societies”.¹ Some the recommendations are appealing in that they advocate improving treatment, increasing youth drug use prevention, and using evidence-based practices. However, the foundation on which the Global Commission’s proposals rest is both subtle and ominous: the Commission does not seek to reduce the use of illegal drugs, but instead proposes strategies to normalize and to reduce the “harms” resulting from illegal drug use, largely through legalization and decriminalization of illegal drugs.

The drug policy recommendations of the Global Commission are a threat to public health and to public safety. The unarticulated consequence of the Global Commission’s recommendations is that illegal drugs would become more widely and cheaply available, inevitably leading to increased drug-caused harm. This consequence is not simply conjecture, but is based on the recent experience with the rapid rise in death rates due to the non-medical use of prescription opioids drugs that parallels their increased availability.²

The World Federation Against Drugs (WFAD) supports strategies that seek to reduce illegal drug use and the serious negative consequences that result from drug use. WFAD works to reverse the drug abuse epidemic by supporting the drug-free goal and the drug abuse prevention treaties of the United Nations.

The Global Commission’s Mischaracterization of Current Drug Policy

The Global Commission’s policy is based on inaccurate information. For instance the report states that forty years ago United States President Richard Nixon declared the “war on drugs.” Nixon used the word “war” to describe the nation’s efforts to combat the rising tide of drug abuse although he was forced primarily on reducing the epidemic of heroin addiction.³ The term “war on drugs” is only used today by those who mischaracterize history and US drug policy.

The Nixon Administration repealed federal mandatory minimum sentences for marijuana, and on June 17, 1971, for the first time in US history, the long-dominant law enforcement approach to drug policy, known as “supply reduction”, was augmented by an entirely new and massive commitment to prevention, intervention and treatment, known as “demand reduction”.^{4 5 6} When President Nixon announced this new, balanced approach to drug policy it received full bipartisan support. Since that time, the idea of taking a balanced approach has enjoyed strong and sustained support through the terms of the seven US



Presidents that followed. The US drug policy is rooted in the conviction that singly, neither supply nor demand reduction can succeed, but that together they yield significant benefits that neither can achieve alone. A careful look at history shows that it would be more accurate to say that Nixon ended, rather than that he launched, the “war on drugs.”

Second, the Global Commission claims that there is a “taboo” on debating and discussing alternative drug policy approaches and strategies. On the contrary, the balanced approach of supply reduction and demand reduction has been frequently and fully debated, discussed, and modified over time.

WFAD strongly supports the United Nations Office on Drugs and Crime (UNODC) which is committed to coordinated international efforts to reduce illegal drug use with an effective restrictive drug prevention strategy that balances demand reduction (prevention, treatment and research) with supply reduction (law enforcement focusing on illegal drug trafficking). Working with governments, other UN bodies, and international organizations, the International Narcotics Control Board (INCB) works to prevent illicit drug manufacturing, diversion and trade of drugs of abuse while promoting legitimate controlled medical use of these drugs when they medically approved. The drug policy laid out by these UN organizations has been followed in countries across the globe for many decades.

The Global Commission’s Reckless Proposal Advocating Drug Legalization

The third recommendation of the Global Commission is to *“Encourage experimentation by governments with models of legal regulation of drugs (with cannabis, for example) that are designed to undermine the power of organized crime and safeguard the health and security of their citizens.”* There is no description of how legalization would be structured nor an analysis of legalization proposals. The report does not even attempt to answer questions such as: Which drugs would be legalized? Would there be any limits to legalization, or would the gates permitting use be thrown wide open? Who could buy drugs? Would the use by children and adolescents be prohibited, as is currently the policy for alcohol and tobacco products? If so, how would diversion to youth be prevented? Is it important to protect young developing brains from currently illegal drugs? Would drug production, regulation, chain of custody and taxation be regulated as are other consumer products? Could drugs be mixed with other products (e.g. marijuana in brownies, amphetamines in breakfast cereal, etc.)? Would these drugs be legal only if produced by legitimate facilities, or would anyone be permitted to produce them at home? What would the policy response be to newly emerging drugs with significant psychiatric or health consequences, such as “Krokodile”, mephedrone, methylenedioxypropylamphetamine (MDPP) or naphyrone? In its 1993 annual report, the International Narcotic Control Board (INCB) of the United Nations asked many similar questions about drug legalization.⁷ Since that time, these vital questions have gone unanswered. The Global Commission offers no thoughtful answers to such questions, recklessly proposing that countries turn themselves into guinea pigs for “experimentation” with legalization.



The Commission report is not a serious, carefully considered proposal, but a simplistic, dogmatic approach to a complex problem that carries with it a host of unintended consequences. The social and economic costs to humanity would be profound, with its greatest impact upon the helpless, the innocent, and the naïve, while serving the causes of negligence and greed. It would be up to a subsequent generation to correct such a folly.

The Global Commission has framed its discussion of drug policy by criticizing the current costs and weaknesses in the criminal justice system, and by citing a global rising tide of drug use. This is a transparent and worn-out approach that relies on vague generalizations and neglects the very real consequences of its proposed alternative strategy, for example failing to include a wide array of drug-induced adverse consequences. When the report's radical calls for new drug policies get down to specifics, the solutions offered involve small numbers of users (e.g. heroin-assisted treatment, syringe access “and other harm reduction measures”). One can debate the wisdom of such measures, but they do not constitute legalization and are not scalable to the size of the current drug problem. Of significant importance is that they offer no hope of rehabilitation to the drug user, providing only palliative care. The Global Commission's report is a doctrinaire and ideological approach to the life-and-death threat of drug addiction.

The High Costs of Drug Legalization: Lessons from Alcohol and Tobacco

It is true that current drug policy needs to be improved and that both treatment and prevention need to play major roles in future drug policies. However, the mere fact that current policies leave much to be desired does not mean that legalization is a good idea. If currently illegal drugs were made legal, rates of use, abuse and dependence would increase along with the many related social costs including unemployment and under-employment as well as the costs of health care. The Global Commission strikingly disregards the multiple adverse consequences created by drug dependence itself, including harm associated with marijuana use, by focusing only on the “harms” imposed by the criminal justice system. The notable omission of marijuana's effects on cognitive, medical, psychiatric, fertility, educational, employment, parenting, workplace and highway and safety leads to the inevitable conclusion that the Global Commission either chose to ignore these long-standing considerations of marijuana policy or lacked the necessary expertise for carving an informed position.

When global rates of substance use and their availability are considered, estimates of worldwide alcohol and tobacco use expose the stark difference between use of legal and illegal drugs. An estimated 40% of the world's population aged 15 and older consumed alcohol in 2004⁸ while an estimated 30% of the world's adult population smoked tobacco in 2000⁹, a drug/delivery system with few psychological, albeit major medical risks. In comparison, about 4.8% of the world's population (210 million) aged 15 to 64 used any of the thousands of illegal drugs including marijuana in 2009.¹⁰



It is difficult to look at these numbers and not conclude that the illegal status of marijuana, heroin, cocaine, and methamphetamine keep use rates far below those of legal drugs. Any one of these drugs, alone or combined with others, has the potential for being as widely used as alcohol and tobacco. Current statistics from the US demonstrate this. The annual economic social costs to the US for all illegal drug use combined are outweighed by those of legal drugs, including both alcohol and tobacco. Alcohol use costs the US an estimated \$235 billion.¹¹ Tobacco use costs over \$193 billion each year, a combination of \$96 billion in medical costs and \$97 from lost productivity.¹² The cost of all illicit drugs combined is \$193 billion annually.¹³ The majority of these costs come from lost productivity (\$120.3 billion), followed by crime including arrest, prosecution and incarceration (\$61.4 billion) and health costs (\$11.4 billion). It is important to note that crime-related costs comprise only 31% of the total drug costs. Medical conditions are more prevalent in patients (and their families) with a diagnosis of abuse or addiction, and yet these seemingly non-drug related medical sequelae are not factored into the health care burden.

Legalizing a currently illegal drug does not mean that everyone will become a user of that drug any more than legal alcohol and tobacco mean that everyone uses them. Also there are many ways to successfully reduce drug use in addition to making drugs illegal. While the efforts in recent decades to curb alcohol and tobacco use have resulted in impressive reductions in use and abuse, in both cases legal actions have been prominent in these efforts. In addition, even after decades of education and prevention efforts the levels of use of each of these two legal drugs far surpass those of all illegal drugs combined. If some or all of the currently illegal drugs were legalized the adverse effects of the use of these drugs would be unequal in society. The largest increases in use would likely be among young people, especially teenagers, the disadvantaged, the unemployed, the struggling student, and the mentally ill, all of whom now have higher rates of drug use initiation.

The Global Commission's Drug Legalization Proposal and Prescription Drug Abuse

The Global Commission ignores the problem of nonmedical prescription drug use, to date the defining drug problem of the 21st century. The rapid spread of prescription drug abuse, and the thousands of resulting deaths, underscores the fallacy of the Commission's core argument for legalization, and its watered-down sidekick, decriminalization. The Global Commission suggests that illegal drug use is reasonably safe and that only law enforcement creates large social costs. Further it suggests that it is the illegality of these drugs that promotes their use and creates violence. Both production and abuse of prescription opioid drugs have risen worldwide,¹⁴ as has the nonmedical use of prescription drugs. Although these drugs are prescribed to individuals for medical use, they are nonetheless widely diverted for nonmedical purposes. Prescription drug abuse is the fastest growing drug problem in the US.



This simple naturalistic experiment of prescription drugs forcefully refutes the claim of the Global Commission that drug abuse is caused by, or worsened by, the criminal justice system. There is no mafia in the prescription drug abuse epidemic. In reaching a solution to the escalating problem of prescription drug abuse, there are many roles in which the criminal justice system should be involved, from law enforcement, to prevention of physicians from profiting from running prescription “pill mills”, to prohibiting patients from giving away or selling their prescription drugs.

It is impossible to believe that legalization would reduce the problem of the nonmedical use of prescription drugs or that the public health and public safety would be promoted by removing the criminal justice system from a balanced effort to reduce the nonmedical use of these drugs. Legalization or decriminalization of this menacing nonmedical drug use would clearly worsen the problem.

The contemporary prescription drug problem reinforces the commitment of the global community and the United Nations to balanced, restrictive drug policies that include both law enforcement and treatment.

A Renewed Focus on Real Prevention and Effective Treatment is Needed

The Global Commission recommends investment in drug prevention efforts for youth. However, in placing focused importance on preventing experimental users from becoming problematic or dependent users, the Commission neglects to acknowledge that preventing and ceasing use of illegal drugs is the optimum public health goal for youth and for all individuals. One quarter of Americans who begin using any addictive substance before age 18 develop an addiction.¹⁵ Prevention messages targeting youth in particular are contrary to calls for drug legalization that include implications that the vast majority of drug users are problem-free. Completely missing in their policy statement is the promising approach of healthcare procedures that incorporate opportunistic drug screening, brief interventions, and referral to treatment (SBIRT) into regular medical appointments or emergency situations for all age ranges.¹⁶

The Global Commission’s recommendation of a wide range of options for treatment is similarly misguided, as illustrated by the suggestion that heroin be prescribed to addicts as an alternative treatment to stopping use of the drug. Recommending heroin maintenance neglects the simple question of what is in the best interest of the addict. Enabling continued nonmedical drug use -- especially intravenous drug use -- is harmful both to individuals and their families. It is the equivalent of recommending dispensing alcohol to alcoholics as a treatment option because it would attract alcoholics into “treatment”. It has not worked for alcoholism, and no informed professional would accept an approach that utterly fails the addicted. A drug policy intended to reduce drug use by the government providing drugs to users makes as much sense as a policy to reduce lung cancer by the government providing cigarettes to cigarette smokers. Considering the high death rates of heroin addicts, providing them heroin is, in a sense, palliative care, akin to admitting an end-stage cancer patient to a



hospice and treating them with opioids to relieve pain until death. Although it makes no sense as a treatment for heroin dependence, the Global Commission highlights this as an innovative treatment to be widely used throughout the world. The report does not provide evidence for the success of this approach to rehabilitation of addicts.

It is only in superficial drug policy debates among ideologues that these archaic and anachronistic solutions for prevention and treatment are thought to be new, creative, forward-looking and daringly brilliant.

The best models for a future global drug policy are not found in the Netherlands, Switzerland or Portugal, as the Global Commission would have readers believe. It is found in Sweden which has pioneered the modern balanced drug policy that restricts the use of illegal drugs through criminal law and provides treatment to drug users. After meeting with Swedish officials in March 2011 at the Commission on Narcotic Drugs in Vienna, US Office of National Drug Control Policy Director Gil Kerlikowske said, "History has taught both of our nations that we must support robust and comprehensive drug policies which recognize we cannot arrest our way out of the drug problem and that drug addiction as a disease of the brain. We are proud of our strong partnership with Sweden in supporting balanced drug strategies guided by science and research and opposing drug legalization, both within Europe and around the world...Sweden's commitments to drug education, treatment for drug addicts, and enforcement efforts have led to significant decreases in drug use over the past three decades, and serve as a successful model for our efforts in the United States."¹⁷

A New Paradigm for the Future: Teaming Treatment & Prevention with the Criminal Justice System

The Global Commission seeks to remove the criminal justice system from drug policy. This proposal is based on the assumption that the future of global drug policy is a choice between law enforcement and treatment. Keeping the use of many addicting drugs illegal is a powerful and effective public health strategy.¹⁸ The future of global drug policy is finding better, more cost-effective ways for the combined efforts of law enforcement to work with those of prevention and treatment to achieve goals that none of these efforts can achieve alone. A strong, balanced drug prevention policy that includes but does not rely only on the criminal justice system will effectively reduce illegal drug use. By pitting the criminal justice system against treatment and prevention approaches, the Global Commission shifts the debate into a path of false dichotomies.

Major innovations in the use of the criminal justice system to reduce drug use include Drug Courts, Hawaii's Opportunity Probation with Enforcement (HOPE), and the 24/7 Sobriety Project.¹⁹ Collectively, these programs provide close monitoring of high-risk repeat offenders in the community, with strict, comprehensive rules and regulations in place to help drug-using offenders become and remain drug-free. Drug Courts in the US increased, from one Court in Miami-Dade County, Florida in 1989 to over 2,500 in 2010.²⁰ They reflect an innovative



strategy to address non-violent felony offenders who are addicted, by offering a choice between prison and treatment.

These criminal justice programs are central to effective demand reduction. They work to reduce drug use, reduce recidivism and reduce incarceration while providing long-term reductions in drug dependence and criminal behavior. They are just three examples of how the criminal justice system can use leverage to help individuals with drug and alcohol problems become and stay drug-free. This new paradigm holds the promise of changing dramatically the way drug use is approached within the criminal justice system.²¹

Conclusions

The Global Commission on Drug Policy is completely wrong when it claims current drug prevention policies have failed. However, the Commission is right that current policies can be improved. This cannot be done by surrendering to this modern epidemic. Let the drug policy debate continue to grow and develop. WFAD is confident that the result of this heightened focus on all options will result in improved policies and programs that build upon, rather than abandon, the century-long global efforts to deal with the threat of nonmedical drug use.

¹ Global Commission on Drug Policy. (2011, June). War on Drugs: Report of the Global Commission on Drug Policy. Retrieved September 8, 2011 from <http://www.globalcommissionondrugs.org/Report>

² Paulozzi, L.J., Weisler, R.H., & Patkar AA. (2011). A national epidemic of unintentional prescription opioid overdose deaths: How physicians can help control it. *Journal of Clinical Psychiatry*, 72(5)589-92. Epub 2011 Apr 19. PubMed PMID: 21536000.

³ Nixon, R. (1979, June 17). Special message to the Congress on drug abuse prevention and control. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. Retrieved October 26, 2011 from <http://www.presidency.ucsb.edu/ws/?pid=3048>

⁴ Nixon, R. (1979, June 17). Special message to the Congress on drug abuse prevention and control. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. Retrieved October 26, 2011 from <http://www.presidency.ucsb.edu/ws/?pid=3048>

⁵ Massing, M. (2000). *The Fix*. Berkley, CA: University of California Press.

⁶ Humphreys, K. (2011, June 1). Who started the war on drugs? The Reality-Based Community. Retrieved October 26, 2011 from <http://www.samefacts.com/2011/06/drug-policy/who-started-the-war-on-drugs/>

⁷ International Narcotics Control Board. (1993). 1992 Annual Report. Retrieved September 9, 2011 from http://www.incb.org/pdf/e/ar/incb_report_1992_1.pdf

⁸ World Health Organization. (2011). Global Status Report on Alcohol and Health. Geneva, Switzerland: World Health Organization. Retrieved September 8, 2011 from http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf

⁹ Food and Agriculture Organization of the United Nations. (2003). Projections of Tobacco Production, Consumption and Trade to the Year 2010. Rome: Food and Agriculture Organization of the United Nations. Retrieved September 8, 2011 from <ftp://ftp.fao.org/docrep/fao/006/y4956e/y4956e00.pdf>

¹⁰ United Nations Office on Drugs and Crime. (2011). World Drug Report 2011. Vienna: United Nations Office on Drugs and Crime. Retrieved September 8, 2011 from http://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf



-
- ¹¹ Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., & Patra, J. (2009). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet*, 373, 2223–2233
- ¹² Centers for Disease Control and Prevention. (2011). Tobacco Use: Targeting the Nation's Leading Cause of Death, At a Glance 2011. Retrieved September 8, 2011 from <http://www.cdc.gov/nccdphp/publications/aag/osh.htm>
- ¹³ National Drug Intelligence Center. (2011, April). The Economic Impact of Illicit Drug Use on American Society, 2011. Washington, DC: US Department of Justice. Retrieved September 8, 2011 from <http://www.justice.gov/ndic/pubs44/44731/44731p.pdf>
- ¹⁴ United Nations Office on Drugs and Crime. (2011). World Drug Report 2011. Vienna: United Nations Office on Drugs and Crime. Retrieved September 8, 2011 from http://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf
- ¹⁵ National Center on Addiction and Substance Abuse at Columbia University. (2011). Adolescent Substance Use: America's #1 Public Health Problem. New York, NY: National Center on Addiction and Substance Abuse at Columbia University. Retrieved September 8, 2011 from <http://www.casacolumbia.org/upload/2011/20110629adolescentsubstanceuse.pdf>
- ¹⁶ Madras, B.K., Compton, W.M., Avula, D., Stegbauer, T., Stein, J.B., & Clark, H.W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug and Alcohol Dependence*, 99(1-3)280-95.
- ¹⁷ Office of National Drug Control Policy. (2011, March 21). White House policy director Kerlikowske meets with Swedish counterdrug officials; cites Sweden's drug control policies as model for U.S. Washington, DC: Office of National Drug Control Policy. Retrieved September 8, 2011 from <http://www.whitehousedrugpolicy.gov/news/press11/032111.html>
- ¹⁸ United Nations Office on Drugs and Crime. (2011). World Drug Report 2011. Vienna: United Nations Office on Drugs and Crime. Retrieved September 8, 2011 from http://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf
- ¹⁹ DuPont, R. L., Shea, C. L., Talpins, S. K., & Voas, R. (2010). Leveraging the criminal justice system to reduce alcohol- and drug-related crime. *The Prosecutor*, 44(1), 38-42.
- ²⁰ National Association of Drug Court Professionals. (2011). Drug Court History. Retrieved September 8, 2011 from <http://www.nadcp.org/learn/what-are-drug-courts/history>
- ²¹ DuPont, R. L. & Humphreys, K. (2011). A new paradigm for long-term recovery. *Substance Abuse*, 32(1), 1-6.