



1 Towards a new Drug Policy

2 **Policy paper to be presented, amended and voted during the General Assembly 2009,**
3 **Maastricht.**

4 **Brought in by Les Jeunes Verts**



5 « A Society without drugs, this does not exist » N.Maestracci

6 « War against drug cannot be won as it is a war against human nature » K.Morris

7 The 12th of March 2009 the United Nations' Commission on Narcotic Drugs (CND) has committed
8 itself to fight differently the world wide drugs' problem after the failure of the last strategy plan
9 adopted in 1998¹.

10 At the European level, the European Commission asked for an evaluation, the Reuter's report,
11 which concludes without appeals: « *the struggle against drug has had as main effect to*
12 *strengthen corruption and crime, and to multiply health risks, sometimes deadly, for the users* »²

13 This report states the prevalence of repression in the political approach of drugs is hardly
14 compatible with a real care of public health and claims for a « balanced and exhaustive
15 approach » of this problem. Readjusting the leading policy to the realities of our societies is
16 essential. A moral argumentation without any scientific base does not succeed to get a message
17 across and discredits public action durably. to deny all the anthropological and sociological
18 context of drug use by presenting it as « evil » .allows organised crime and international illegal
19 traffic to speak with more credibility Instead of using the word drug as a synonym of evil, a
20 humanist and honest policy qualifies substances and explain their effects.

21 The « War on Drugs » resulted in increasing the number of persons related to drugs within the
22 prison population without being able to eradicate drugs' consumption. Moreover dependency is
23 not the same as consumption, this is why a humanist policy strives for giving the chance to any
24 responsible individuals to differentiate these two issues. The choices made by a responsible and
25 adult citizen which do not harm his and others' life are not part of the public life.

4 ¹ This one should have seen the world wide drug traffic « totally eradicated » within 10 years at the latest.

5 ² http://ec.europa.eu/justice_home/doc_centre/drugs/studies/doc/report_short_10_03_09_en.pdf

26 In view of the obvious failure of the existing policies, the young European greens propose to
27 redefine the political approach based on two central and main issues: the respect of Human
28 Rights and the Community's security.

29 **Towards a new Drug Policy**

30 Our reflection about a Drug policy must be done around four pillars. Four bases supporting all
31 political actions orientations: firstly Prevention, secondly Harm Reduction, then Health Treatment
32 and finally in the last resort the Judicialisation of this issue.

33 Our goal is to give to everyone the sense of responsibility in their uses of psychotropic products³,
34 to become autonomous and increase their free will.

35 **1. Prevention**

36 Every citizen must have the right to access objective information about psychotropic products
37 and their uses. This information must be delivered the same way no matter what kind of legal
38 status the product has.

39 The notion of Drug must be explained. Strictly speaking, all pharmacological substances active
40 on your body are a drug. In a usual sense, drug means all psychoactive substances which can
41 develop and addiction. Addiction is determined by the more or less alienating dependency
42 between the user and the product, the acceptance or lack thereof by her/his social environment
43 towards the type of product (psychotropic substance), its practice (game, sport) and/or a
44 situation (love relationship)⁴.

45 Psychological and sociological knowledge around the question of addiction constitutes the core
46 of the prevention discourse. The advantage and at the same time the difficulty of this addiction
47 concept is that it bridges gaps between various pathological behaviours linked to dependency
48 and it encourages to define the common understanding basis of what can conduct an individual
49 to devote her/himself to such practices which can lead her/him to alienate her/his freedom to be
50 and to live.

51 More precisely, in the field of drugs, the prevention message must tackle the dependency risk as
52 a result of three factors which are individual vulnerability, the product itself and its exposure. This
53 exposure factor plays an important rôle as higher exposure makes it less necessary to present
54 vulnerability risks.

55 This is why the primary prevention message⁵, i.e. delivered to non-users, must take into account
56 the increasing easy and early access to the product. It is not unusual any more to see minors
57 younger than 16 years consuming synthetic products such as heroine, ecstasy or

12 3 Substance modifying the psyche without not enabling the capacity of the user to judge her/his own capacity to
13 induce dependency phenomenons.

14 4 Definitions in « Dictionnaire des drogues et des dépendances », Larousse 2004

15 5 WHO codifies three prevention levels : Primary (towards non-users), secondary (towards users) and tertiary
16 (downstream cares)

58 amphetamines, after earlier experiences with cannabis. Risks are even higher since the
59 consumption habits also evolved significantly (development of multiple-consumption).

60 Morbidity risks are higher within these more sensitive parts of the population. Therefore efforts
61 must be carried on the prevention of young adults whom we know the health effects are serious
62 and worrying.

63 The prevention message does not aim to convince neither to constrain individualism, but aims to
64 bring her/him the basis for a self-questioning and to give her/him the relevant keys for an
65 individual reflection. Risks related to consumption of these products must be scientifically
66 determined and taken up in the prevention discourse. To be efficient a prevention policy must be
67 honest: lying about the effects of a substance or even demonising them is a serious mistake.
68 Again the delivered message should not promote the non-consumption but promote a
69 responsible use.

70 However the message can be limited by the individual will and nobody can see her/his
71 consumption restrained. The double goal is on one hand to decrease these mis-uses' incidence
72 and on the other hand to reduce social and health risks.

73 **2. Harm Reduction (HR)**

74 Reducing psychotropic products uses' risks means improving consumptions' hygienic conditions
75 and their troubles of the social order.

76 Every adult citizen must have access to regulated and controlled psychotropic products in order
77 to for these products to respect the health norms of the society this individual lives in. Access to
78 the produce should be organised and regulated according to scientific knowledge about risk
79 potential and without the interference of moral judgement, which is mostly based on the
80 dominant cultural factors of a society.

81 Possession, uses and cultivation of psychotropic plants must be decriminalised and distinct
82 solutions must be found for their consumption. Following the examples of tobacco and alcohol
83 regulations, societies must develop regulations about the production and consumption of
84 psychotropic plants, in particular cannabis which remains the most used plant in Europe⁶. Such
85 regulation would have as main consequences the asphyxiation of crime related to the illegal
86 traffic, prevention of public order troubles and a significant decrease of risks related to drugs'
87 supply and uses.

88 Nevertheless a special focus must be held on high risk users. These risks are b linked both to
89 the product used and its vector (injection, inhalation, absorption) as well as to the social
90 environment of the user. The HR models' present in our societies since the middle of the
91 eighties⁷ must be further developed. The specificity of these models are that public health
92 (epidemic, infections) as well as the health and social status (exclusion, precarity) of drug users
93 are at their centre. Refusing any moral discussion they present a pragmatic approach that is truly
94 committed to public health.

18 6 A model is proposed by the European organisation [ENCOD](#): the [Cannabis Social Club](#) (CSC). The CSC is legally a
19 non-profit and non-governmental organisation. Its individual membership fees are dedicated to grow cannabis
20 plants for personal use. There are several safeguards included in this project such as minor ban, legal limit of
21 plants, growing control done by an independent organisation, the non-profit characteristic of the club, etc...

22 7 Harm reductions appeared consequently with the HIV epidemic and development of hepatic infections.

95 New human and financial resources must be dedicated to prevention and HR organisations⁸. HR
96 represents a change strategy less counter-effective than prohibitionist and uncompromising
97 policies which have obviously proved their pointlessness. HR is pragmatic as it considers drug
98 use a phenomenon that no politics can magically eradicate as the majority of the users does not
99 wish to stop its consumption.

100 Promoting HR policy is also being aware of situations creating vulnerability towards drugs' uses,
101 or to be more precise towards its problematic use or its mis-use. The society's support of the
102 user is defined by her/his consumption cycle and evolve according to her/his consumption's
103 appetite. Thus the same individual would be the subject of a prevention discourse, the
104 beneficiary of harm reduction materials and perhaps becoming the patient of her/his addiction
105 treatment plan.

106 The user cannot be reduced to the qualification of a delinquent or a sick person, even if her/his
107 consumption route could drive her/him to face such situations. Society's response must be
108 pragmatic and lacking in moral judgement.

109 **3. Therapy**

110 There is no correlation between the fact that a certain psychotropic product is illegal and the
111 phenomenon of addiction. The presence of addicted subjects is not to be taken for the failure
112 and end of drug policy, as taking care of these people is a very significant pillar of reasonable and
113 responsible drug politics.

114 If the consumption of a product turns into dependence, society can not let the concerned
115 individual alone but needs to provide a therapeutic response that is adapted to her/his addiction
116 as well as respectful towards her/his human dignity. It is unacceptable that certain patients suffer
117 more from the therapy with substitute products they were given than they did before seeking
118 help⁹.

119 Following the example of several European countries (UK, Belgium, Spain) drug policies need to
120 take these difficulties into account and allow the distribution of certain drugs in therapeutic
121 dosage. Special distribution centres act as a shelter for a person that wishes to obtain care but in a
122 first phase remains strongly attached to a certain product or consumption method (inhalation,
123 injection). The attempts to cure an addiction should be seen as a way for the addict to gain
124 control over the level of his own consumption. A success would be defined as a control over
125 consumption and abandonment of the most dangerous practices and environments that favour them.
126 Therapy should always be aware of the three factors that determine the situation of an addicted
127 person: a subject, a product and a social context¹⁰.

128 The acceptance of such a therapeutic approach excludes all legal action against the person
129 seeking therapy

130 **4. Legal Structures and International Regulation**

131 Consumption of psychotropic products should be decriminalised. It is not tolerable that mere
132 consumption leads to social exclusion which then reinforces the chances of dangerous practices.

24 ⁸ Distribution of syringe kit, straw kit or condoms, etc...; quality control of the products, etc...Cannabis Social Club

25 ⁹ See reports of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) regarding health risks
26 related to buprenorphine injections. <http://www.emcdda.europa.eu/publications>

27 ¹⁰ Claude Olivenstein, « *Il n'y a pas de drogués heureux* », 1977

133 The legal status of a product set aside, it's mere use should not have a medical or judicial
134 response but a social one. In the same optic access to a product should not be possible through
135 illegal circuits only. Both production and distribution of psychotropic products must be
136 coordinated by state authorities.

137 The regulation should be tending towards international uniformity. Financial and human means
138 should be given to international justice in order to firmly act against illegal traffic. The aim of this
139 policy is not to facilitate access to psychotropic products but to initially admit that they are
140 already on the market and that society has the right if not the duty to control their quality, their
141 origins and their recipients. We would never deny the existence of risk potential but we call for a
142 scientific determination of these risks as the only basis for regulation. We disagree with the
143 prohibition of cannabis like we do not defend the current rules concerning tobacco and alcohol.

144 To be very precise: measurement of risk potential of psychotropic product uses scientific
145 (pharmacological studies), psychological (vulnerability and pleasure) as well as social (social
146 and cultural context) criteria at the same time. Drugs are in that sense very particular products
147 and access to them must imply awareness of that fact. A just and efficient regulation leads to an
148 in depth analysis of the degree of responsibility that we can concede to an individual.

149 Generally speaking, production and exchange of psychotropic products must be strictly regulated
150 by international governance. Legislation strives to protect production,consumption and exchange
151 modes of the products. The latter are not of lesser importance, just as we refuse the capitalistic
152 system, we refuse to let it be the triumphant winner in a liberalised market for drugs. We
153 therefore call for trade in accordance to the highest ethical standards, cooperation and
154 international solidarity. Not only are these our ideals but illegal drug traffic would be struck even
155 harder as enforcement agencies, no longer dealing with morality, would have an easy task of
156 picking the right targets.