



Federation of Young European
Greens

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Towards a new Drug Policy

Policy paper as adopted during the General Assembly 2009, Maastricht.

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

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

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

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

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

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

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

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

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

Towards a new Drug Policy

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

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

1. Prevention

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

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

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

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

This is why the primary prevention message⁵, i.e. delivered to non-users, must take into account the increasing easy and early access to the product. It is not unusual any more to see minors younger than 16 years consuming synthetic products such as heroine, ecstasy or amphetamines, after earlier experiences with cannabis. Risks are even higher since the consumption habits also evolved significantly (development of multiple-consumption).

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

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

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

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

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

Again the delivered message should not promote the non-consumption but promote a responsible use.

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

2. Harm Reduction (HR)

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

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

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

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

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

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

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

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

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

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

3. Therapy

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

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

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

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

4. Legal Structures and International Regulation

Consumption of psychotropic products should be decriminalised. It is not tolerable that mere consumption leads to social exclusion which then reinforces the chances of dangerous practices. The legal status of a product set aside, its mere use should not have a medical or judicial response but a social one. In the same optic access to a product should not be possible through illegal circuits only. Both production and distribution of psychotropic products must be coordinated by state authorities.

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

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

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

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



Generally speaking, production and exchange of psychotropic products must be strictly regulated by international governance. Legislation strives to restrict production, consumption and exchange modes of products to individuals and state-owned corporations.

Drugs are a unique product and therefore should not be distributed through profit-oriented means. Although we support a liberal approach of drug consumption, we advocate means of distribution strictly organised and controlled by public authorities.

With open, transparent, state-controlled systems that allow self-production and self-consumption, we strive to fight illegal trafficking and black market and its terrible social impact. Fighting international organized crime by attacking its funding, we want to build a more ethic and healthy world.

We lost the war on drugs to the drug lords. No more drug war, no more drug lords.