

# More Police or More Doctors? How to Best Tackle Illicit Drugs

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### Patricia Lewis

Welcome, everybody, my name is Patricia Lewis. I'm the research director here for international security. It's my great honour and privilege to introduce to you Ruth Dreifuss, who is the former president of Switzerland and a member of the Global Commission on Drugs Policy. In Switzerland she was responsible for home affairs for many years. I'm delighted to announce that this is her first visit ever to Chatham House. What took you so long? And also, Baroness Meacher, who in this house needs no introduction. She is the chair of the All Party Parliamentary Group for Drug Policy Reform.

We're going to be talking about how best to tackle illicit drugs. We've entitled this, 'More Police or More Doctors?' Do we need increasing law enforcement? Do we need increasing health approach? What's the right way? We're learning a great deal from other countries. We've got a number of experiments going on around the world. The information is coming out; we're trying really hard to understand it and to analyse it, and to feed that into our own thinking about policy. But it appears that when you ask questions about this, you can often get into a lot of difficulty in our discussions, certainly in this part of the world.

So Ruth, if you could perhaps say to us what you have learnt. I note that you've got two very good reports here, one called *Taking Control: Pathways to Drug Policies that Work*, and the other is entitled *From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland*. So what is it we could learn from what Switzerland has been doing?

### Ruth Dreifuss

I think the most important thing one can learn is that we need a political process, including all stakeholders of the drug issue, and dialogue based on evidence, on facts – on better metrics than the metric that is now ruling the discussion on drug policy, where you speak about seizures, about arrests, but you speak very little about the health consequences of the policy, the social consequences of the policy and so on. So this is the first lesson, I would say.

The second lesson is that you have doctors and you have police, and you need both. You need far more than just doctors and police: you need social workers, you need people who are involved in housing policy or in controlling and looking at how a city is organized and so on. The importance is that all these people know exactly what the others do and collaborate, for a coherent policy. I don't say that Switzerland reached this aim but it was on the way, or it is on the way, to do so.

What is important is really that this collaboration intends to have a global view, to have the view of the whole picture, but also to be aware about the risk of jeopardizing the effort of the one through the activity of the others. Let's just give one example. Switzerland is perhaps proud – can we say so? – to have invented the first consumers room in the world: safe consumer rooms for drug consumers, a place where they can consume illicit drugs bought in the illicit market, but where they have the possibility to have a first contact with social workers, with medical people and so on, and to be safe – safe from overdoses and so on. Such an institution, which is an institution living in contradiction between what is forbidden and how to protect the people who are doing something which is forbidden, needs the support of the police. If the police would just arrest the people coming to the consumer room, you cannot work, you cannot protect them, you cannot build a confidence relationship.

So this is just an example to say: yes, you have to know exactly what are the aims, and these aims must be coherent – as coherent as possible, because I would say in the general policy as we have, coherence is just something we try to better, to reach in a certain way. But as long as prohibition is the main driver of our policy, this coherence will never really be what it should be.

#### Patricia Lewis

So how did you come to this policy? Tell us a little bit about the process in Switzerland, the discussion and the debate that took place. Was this very much a top-down measure or was it a bottom-up approach?

#### Ruth Dreifuss

It was clearly, on one side, a bottom-up movement from social workers and doctors who wanted to come closer to the people in need of help. They asked us to open the free room to do so, the possibility to be present in the streets, at the side of the people who at that time were, for instance, in the open scene. Perhaps some of you remember that we had in that time consumption in very bad places in the city, where people were gathering together.

What came from the top was the understanding that in front of the epidemics of HIV/AIDS and in front of the difficulty in these areas of the cities, for the people to live close to an open scene with all the terrible aspects of this open scene – prostitution, petty crimes and so on—that we had to protect them, the population, from this. Protect them from the epidemics and protect them from these elements.

So it was really an encounter, I would say, from the challenge of the epidemics mainly for the government, and these proposals coming from the ground and the front people. What was important was really – in Switzerland we have the three levels of government, the central government, the cantons and the municipalities – to bring them together around a table and to help overcome some difficulties (for instance, between cities who were in favour of reform and cantons who were in favour of strong application of the law, and law and order). We had to bring together also the practitioners, not only medical practitioners but all the people working directly.

We had two big chances. One chance is that in our narcotic law, we had an article on scientific projects: using illicit drugs for scientific purpose. We used this article to say, okay, let us for instance begin – I know that you had some experience in this field here in the UK – but let us begin on a large scale with heroin prescription, medical heroin prescription. With monitoring, five years, a very good scientific team, 15 different designs of the research – or, not design, because the rules were put by the central government, but the places where we had these experiments. We could really explain what we were doing, what was the purpose, and give the result – and the results were positive in the sense of petty criminality, of health, of saving lives from overdoses, and closing these open scenes. This was the way to bring the most people at risk from the street, and this was a great success and recognized not only by the people, by the families, but by the environment also. That was one chance, to have the possibility to go in a scientific, evidenced, step-by-step policy, under the guidance of the central government but allowing these decentralized studies.

The other big chance was that we had to vote several times on what we were doing. When I speak about voting, I speak about general ballots. We had to vote in some municipalities for the opening of consumer rooms – failed acceptance in some cases, had acceptance in other cases. Mostly, I think, acceptance. I remember one city where it was refused but in others it was accepted. We had to vote about the heroin prescriptions first of all, for prolonging of our experiment. Afterwards for putting it into law as one of the normal possible treatments. And so on. I think in Switzerland we had votes on local, cantonal or national level, I think about 15 times, at least. Something like this.

So in all of these cases, we had to explain what we were doing. We had to explain that we were just not crazy and not giving up the fight against the harms of drugs, but we were taking them seriously. So we had the possibility to have a well-informed population, accepting what they believed generally to be a cautious way for reform.

### Patricia Lewis

Baroness Meacher, you've been doing research which has been looking at some comparisons across a number of countries. Of course, you're very much looking at what we might learn from all of that for this country. Listening to what Ruth has just said, how do you think that that could be taken up and perhaps adapted or discussed in a way that might be useful here?

### Baroness Meacher

Can I just say, I hope everybody here has looked in some bit of detail at the government's *Drugs: International Comparators* report. As a matter of interest, actually, how many people have read the whole thing? Just so I know. How many people have read the executive summary? Okay, that's very helpful from my point of view.

The interesting thing about this report is that – well, there are lots of interesting things about it. But if I could just mention straight away to Ruth, it is fascinating how many times Switzerland is mentioned in this report, because of course Switzerland was maybe the first country to radically change drug policies and then to research, research, research, those policies. I think we all talk now about evidence-based drug policies; well, for me, we turn to Switzerland as the wonderful example of that. Of course, in addition to Switzerland, now we have had Portugal, whose decriminalization policy has been researched and researched and researched again. The Czechs looked and researched their criminalizing of drug possession and use all those years ago and found that it hadn't worked, and so they reversed the policy.

So I think we really owe a very great deal to Switzerland. The wonderful thing is that comes through in this report. The tragedy, if I may put it this way, is that the executive summary doesn't really reflect that. When I first looked at this and just read the executive summary, I thought how utterly depressing it all was, until I then read the report and realized that actually it's a very good document and has an awful lot in it. I think it will become widely read across the world. It could be read anywhere and have relevance, it seems to me.

So as far as I'm concerned, there's a huge amount for the UK to learn from this report. I pay tribute actually to our former minister, Norman Baker, who for the first time in 40 years enabled a government to

produce a report that is – apart from the executive summary – pretty well balanced, I would say, and a serious attempt to look at drug policy and what we can learn from all these wonderful other countries that have done good work. So that's how I see the government's report anyway.

If I can just respond to Ruth in one little point, when she said we need police and we need doctors – but as far as possession is concerned, I'm not sure that we do need police. I think one of the great things about the drug consumption rooms is that I think in all the countries that have followed Switzerland and introduced drug consumption rooms, there is very close working with the police, who agree that this is a good way forward and who basically step back and do not arrest people in possession who are obviously going to use, even hard drugs like heroin. So then the police can get on with the real job of chasing villains. They are probably a lot better at doing that than they are at dealing with people with drug problems. So that is very important actually.

### Ruth Dreifuss

I didn't speak about that because Switzerland is not a pioneer in the decriminalization of the consumption and the possession. All the countries, also how they are described here, show that on certain parts of the issue they understood what has to be done, but not on the others. Switzerland has still in the legislation – it is still a delict. The level of punishment is quite low but no, we didn't make this very important step. If I may say so, with my other hat as a commissioner of the Global Commission on Drug Policy, I think this is the other priority. The first priority – or one of the two first priorities – is the health approach, that is clear. Harm reduction, very wide spectrum of treatment possibilities, inclusive, heroin prescriptions and so on. The other thing is the decriminalization. When you think how worldwide the prisons are full of people for petty offences, for using drugs without harm for nobody else but themselves perhaps, it is a pity. This should be also an issue on the international level, and the idea of human rights.

Perhaps just one remark, because doctors or police, as we agree – there is not one or the other, that's clear. But the other discussion I would have under the title of our discussion is you don't need always doctors, because there is also recreational use of drugs that you have to accept. Why should you protect people against what they decide for themselves? Why should you punish them for that? Why is alcohol legal and cannabis illegal? All this belongs also to a place where the doctor is perhaps not the first to be active. Public health specialists, yes, because there is a harm or a risk, but don't medicalize all the drug issues. It would be also an error, after having put all on prohibition, to put all just on medicine.

### Patricia Lewis

So it's not just doctors, it's not just police, it's society as a whole.

### Ruth Dreifuss

Yes.

## Patricia Lewis

And how society deals with these issues and how it discusses them. What I see in Switzerland is a very different discussion in society than I see here, for example, or that I saw when I lived in the United States – again, a very different discussion. That depends very much on where you live in the United States too.

## Baroness Meacher

The US has become very interesting actually, having been really rather tedious for a very long time, leading the prohibition argument. But it's fascinating that even just today we've got three more bits of the US who have agreed to regulate cannabis. I think this is a whole different thing. We haven't really talked about this.

## Patricia Lewis

The difference between decriminalization and regulation. Yes.

## Baroness Meacher

It's fascinating. We're going to be producing guidance on interpreting the UN drug conventions, which I can talk about in a bit if you like. But of course we can decriminalize possession and use of any drug – that's in the conventions, there's no problem about that. Even the International Narcotic Control Board (INCB) accepted that, probably reluctantly, knowing them. But cannabis regulation, that's a whole different thing. It's an interesting one, isn't it? What is going on when you get more and more US states regulating cannabis outside the UN conventions? I believe the argument Obama is using is that we don't have the resources to interfere with our states in terms of regulating cannabis, which is very interesting when they can afford all sorts of wars and goodness knows what else.

But it is fascinating how people are getting round the conventions. I suppose my position on this is that there's probably no point in trying to amend these conventions that try and keep us all in that straitjacket. But if in fact, as Uruguay and the US states are doing, people begin to ignore the UN conventions or somehow go round them and just sort of provide good reasons why they have to do that, over time I believe in other spheres these policies become accepted and the UN conventions are accepted to have been, if you like, outdated and overridden.

So I see that as the way forward, probably. There's a great argument about the United Nations special session of the General Assembly in 2016: should we be trying to get those conventions changed or should we be just allowing countries to move in the way they're anyway going? One of the things we're doing in the context of the guidance is to meet with ECOSOC to talk about the role of the International Narcotic Control Board. They have, in the last 50 years, kept countries to this straitjacket of criminalizing, whereas if the International Narcotic Control Board started selling the Swiss idea of evidence-based policy – what works – encouraging new developments and pilots and experiments, that itself would be within the conventions because of course you can do things for scientific purposes. So the INCB should be, in my view, encouraging countries to test out regulating cannabis or whatever it is. Then we would have a very

different world, I think. Smaller countries have been nervous to change their policies on drugs, knowing that the INCB will come down on them and make life very difficult. So I'm setting off for New York to go and talk to the president of ECOSOC to see what we need to try and have them do some serious work on changing the way the INCB works. But we'll have to see whether they are willing to do that or not.

### Patricia Lewis

And the Global Commission on Drug Policy is obviously addressing a lot of its work towards this special session in 2016. Is it worth trying to open up the conventions and set on a new path, or is it much more about relaxing the rules, interpreting the conventions, maybe looking at protocols that could be understood, understandings between countries? Would that be a better way to go internationally?

### Ruth Dreifuss

I don't know what is your experience in the UN family, but I would say this discussion we had in Switzerland during the 1990s and beginning of the millennium was not taking place in international bodies. It was a real taboo. My own experience during these years I was responsible for the narcotic problems in Switzerland was – well, in French we say, *pour vivre heureux, vivons cachés*: it's better to do the things and not to speak too much about it. Not to be advocating very loudly on the international level because we wanted to take our responsibility in front of our people, if I can say so – the Swiss population. We wanted to use as much as possible the freedom we took for ourselves, looking at how we could manage to be a good partner on the international level and doing what we thought necessary in our country.

So this debate, for instance, Switzerland did not really animate the debate in the 1990s. We were happy to be experimenting, as you say, searching, looking, discussing in our country. Generally, other countries did the same. So there was no real discussion in Vienna. Still there is no real discussion. I mean, it's beginning.

But just to take an example, in March a great step forward was done in the sense that the day before a high-level meeting in the UNODC, two groups of scientific people were invited to present a consensus paper on harm reduction and public health. They did a wonderful job. The consensus paper was with one dissenting voice, from Russia, but it was really agreed broadly by the scientific people that harm reduction is in evidence, is useful, is necessary for helping people. The day after, we had the discussion on a declaration and the word 'harm reduction' was taboo. So don't think that the discussion is, at this stage, really advanced on the international level.

So our hope, of the Global Commission, is really that 2016 allows a real assessment of where we are and not a discussion really on the convention, but what is the result of these conventions? Not how will we negotiate new discussion. Even the question of the flexibility is very important because it will give some space, but I don't want the flexibility all around. I don't want an interpretation from Russia being the prohibitionist interpretation and saying, well, that's our interpretation and you can have another. No, I want that we really know what are the positive and the negative elements of the policy in the world. I want the idea that really we have to look with clear experiments what can work better.

So the discussion about the convention will be – the future of the convention, in my view, will not be on the table in 2016. You agree, I think, with that.

### Patricia Lewis

Completely.

### Ruth Dreifuss

The next step will be 2019, when we will have a second possibility of an international discussion. From my experience, we will need some time really to bring the international community to see in which field we need a real international collaboration, and we need a collaboration in the fight against organized crime. We need a collaboration in the field of money laundering, of corruption, fighting corruption and so on. We need exchange of experience but we don't need the straitjacket you were speaking about.

### Baroness Meacher

If I could just respond to your point about Russia, the guidance that we're working on with Mexico, Colombia, Guatemala and a few countries in Europe will certainly not be talking about the flexibility to lock people up for any number of years and all the rest of it. We will be very much focusing on – there are going to be six sections and the Latin Americans will be looking at the sort of policies countries in Latin America and Central America in particular need to pursue, if they are to reduce the tremendous impact of the drug trafficking and trade and production on their countries. I haven't actually read what the Mexicans have drafted and sent off to their lawyers yet, I haven't been sent it. But I know it's all about investing their hard-earned money in education, in anti-poverty, in supporting young people, providing them with alternatives to getting together with the drug dealers and so on. Completely different investment programme for those countries rather than investing in weapons and fighting a war against the drug barons.

How this is going to play out is quite difficult to – we're going to have lots and lots of debate on all this. But the other three sections – one is an introduction explaining the good things that have happened and the sort of things that we want to see replicated across the world. But another is about demand and possession and decriminalization and all those sorts of things, and the other is about access to essential pain-relieving medicines. We talk about that less, frankly, than a lot of the other things, but it is probably, maybe even the worst distortion of the UN conventions of all of them actually. The fact that whatever it is, 5.5 billion people around the world have no or very little access to essential pain-relieving medicine – it is deeply shocking that the International Narcotic Control Board has presided over such a system.

### Patricia Lewis

This is really important in cancer treatment, palliative care.



## Baroness Meacher

Exactly. Five and a half million cancer patients have no access to pain-relieving medicines. If you read the 1961 convention, you can sort of see why, and certainly if you look at the terms of reference of the INCB you can see why all their energy has been put into the prohibition and nothing very much into the access to medicines. So in terms of what we're talking about – flexibility and interpreting UN conventions – it seems to me that is a fantastically important piece of what we're trying to do, and what we're planning to do is to present this guidance to the UNGASS in 2016 with the support of like-minded countries. We're not looking for unanimity but it would be there as a document that could hopefully provide support between those countries that want to move forward in a sensible way.

At the moment each country – as you say, we don't talk about these things. It's all terribly sort of hush-hush, it's embarrassing and difficult and all the rest of it. But if in fact people felt there were about 50 countries that all felt, broadly speaking, we should be decriminalizing, we should be focusing on health, harm reduction and all the rest of it, it could be quite a powerful source of strength.

## Patricia Lewis

I'm going to open up the discussion now and bring it to the audience.