

EXECUTIVE SUMMARY

Throughout recent years drug use and drug markets have continued to expand, along with the social, crime, and health problems that are associated with drug misuse. Against this background, the aim of the seminar was to bring together experts from a range of different fields to consider how to manage 'a world awash with psychoactive substances'. A key issue raised during the seminar was the unreliability of international data on drug production and misuse, specifically involving figures from the United Nations Office on Drugs and Crime (UNODC).

The morning session explored key aspects of how to manage problems associated with drug use, in particular drug supply, drug-related crime, and the health impact of drugs. A key consideration was the impact of supply-side measures, and particularly law enforcement, on drug use and drug markets, and how these initiatives affect producer countries. *Marcus Roberts* noted that a zero-tolerance approach has failed to reduce drug use and drug markets, but there is some evidence that it can contain their expansion. Currently, examples of successful supply reduction are uncommon and tend to be short-lived, while the overall impact of law enforcement remains unclear. The most effective initiatives have occurred where governments have adopted draconian policies that would be unacceptable in more liberal states. Notably, the drug policy debate has become excessively polarised between options such as legalisation versus prohibition. In reality, the situation is more complex, with a range of possibilities to tackle the supply and demand sides of drug use.

Dr Francisco Thoumi pointed out that production of the main prohibited drugs is concentrated in a small number of developing countries. Production in these regions, such as Latin America, gives a competitive advantage to countries with a high level of illegality, and further erodes civic culture and political stability. For example, the prohibition of coca has been highly divisive in Latin America, because of its symbolic importance for Indian identity and culture. *Dr Thoumi* recommended that the UN remove coca from Schedule One and take steps to oversee legal production since this could have additional benefits of reducing social divisions in these countries.

Alex Stevens and *Prof Mark Kleiman* noted that the issue of crime reduction is central to contemporary drug policy, particularly that related to key drugs of dependence. However, *Prof Kleiman* made the often-overlooked point that alcohol is the drug most associated with crime. It is therefore important to take account of the way that illicit drugs interact with alcohol. Moreover, treatment for dependent drug users is the most cost-effective measure in reduction of harms associated with drug use, including crime. Other effective measures are 'situational crime prevention' and early interventions for vulnerable families. Evidence suggests that some measures adopted internationally are not effective in reducing drug-related crime - specifically, some forms of drug law enforcement, most forms of drug education, the mass imprisonment of drug users, and drug testing without treatment. Specialised drug courts able to issue rehabilitation orders that include drug treatment or enforced abstinence are considered more helpful than mass incarceration. Diversion of drug offenders from the criminal justice and prison systems appears to have a positive impact on recidivism; at least this is the experience of drug courts in the US. Flagrant drug markets are the main cause of crime and nuisance,

and there is evidence from the US that they can be successfully closed down by law enforcement initiatives. *Prof Gerry Stimson* and *Dr Anandya Chatterjee* then explored the role of harm-reduction initiatives in reducing drug-related harm to health, and in particular the impact on HIV/AIDS.

The afternoon session explored the impact that international drug control systems are having on research into the potential benefits of illicit psychoactive substances. *Prof Colin Blakemore*, the chair of this session, stated that it was important to share international expertise and experience on the therapeutic potential of illicit drugs, since drug policy should be informed by an understanding of toxicology and the effects of psychoactive substances on the human brain. In addition, there is growing evidence that drugs that are currently illegal can have beneficial therapeutic uses in the treatment of a range of medical conditions.

Prof Leslie Iversen discussed the various potential medical uses of cannabis, in the treatment of nausea, loss of appetite and pain control, including the treatment of neuropathic pain, a condition with few viable treatment options at present. These effects are thought to be based on actions via the endogenous cannabinoid system, which has been discovered fairly recently in the human body, creating new possibilities for medical advances through the manipulation of this system - for example, in the treatment of obesity. A product containing the main active ingredient in cannabis (THC) is available in the US, and the Canadian government has approved a cannabis product for the treatment of Multiple Sclerosis.

The effects of medical regulation of cannabis were discussed by *Rob Kampia*. He cited a report, published by the Institute of Medicine and commissioned by the White House, that found some evidence for the therapeutic usefulness of marijuana. The government has issued research guidelines, but will not expand medical use without further research. However, concurrently the government has made it almost impossible to conduct research, and it is now more difficult to study marijuana than any other drug in the US. Despite this, there has been progress at the state and local level, with medical use of marijuana legalised in ten states, although its use by patients is still prohibited by federal law.

In the realm of research into psychedelics (or hallucinogens), *Prof. Dave Nichols* pointed out that there has been little research done in the past 35 years, yet before laws passed against their use, such substances were being hailed as important therapeutic tools in psychiatry. More recently, research suggests that psychedelics may be effective for the treatment of mental health disorders, particularly those refractory to common treatments, such as obsessive-compulsive disorder and eating disorders. Moreover, psychedelics could have a role in drug and alcohol treatment, and there is a growing body of evidence to show that psychedelics may be highly effective in the treatment of pain and depression among terminally ill patients. Another interesting aspect of research into psychedelics is the potential for their use in the exploration of cognitive and sensory processing, and also the effects of such substances on other aspects of human consciousness, such as spirituality and creativity.

Finally, *Dr John Marsden* looked at the recent emergence of 'smart drugs', which could transform attitudes to drugs and patterns of consumption. New 'top down' drugs have been developed by pharmaceutical companies to treat cognitive impairment, and have been subject to rigorous testing. However, there is evidence that some 'smart drugs' can have negative side effects - for example, increased sensitivity to pain - and that they may be used in dependent and pathological ways. There is also evidence to suggest that other 'smart drugs' can be effective tools in the treatment of substance misuse.

In summing up, *Prof Blakemore's* sentiments wholly reflected the Beckley Foundation's view that the methods used over the last 30-40 years to try to control the use of non-prescription drugs have, in general, not been successful. This is reflected in the falling price and increased potency and availability of street drugs. Furthermore, the proportion of the population that uses street drugs has increased, as has the use of other substances, including 'smart' drugs, most often accessed via the internet. It thus makes sense to re-assess current policy. To inform such a re-assessment, good evidence is required on the present situation and on the likely impact of initiatives to improve it. However, the principal factor is the importance of rationality in any discussion since globally there are key indicators that political ideology is inhibiting evidence-based decision-making on these issues. As *Prof Blakemore* concludes, if we are to move the debate on and to make recommendations for the future that make sense, then we need to detach ourselves from ideological considerations and to look rationally at the factual evidence.

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