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DIANOVA CORPORATE POSITIONING ON ADDICTIONS AND DRUG POLICIES

WORKING PAPER

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1) Introduction – Why a Positioning?

Contents

In 2003, the Dianova Network published its core positioning about the issue of addiction. For our organization, this was a first step in a sector essential for the Network's overall functioning: being able to express the organization's positioning about an issue it is most concerned with. The document was intended to position our Network on issues related to the legalization of illicit drugs, the criminalization of drug users, as well as the harm reduction programs, with the objective of situating the action of Dianova in a field in constant evolution, while generating a common discourse among our employees and fostering the internal cohesion of the network.

This document has served its purpose. For several years, it has represented a framework for all those who bring up these issues among our employees. Over the years, however, research data has changed and the international context has evolved, review and deepen this document. The following text is intended to provide adequate responses to these developments and to answer questions and queries from our employees.

Any given organization's ideological stance is the product of its values, philosophy and practices. In the case of the Dianova Network, this positioning will be grounded primarily on the organization's core values:

- *Tolerance*, as we consider tolerance, internal democracy and respect for other people's opinions the common ground of the Dianova network;
- *Solidarity*, since we refuse discrimination of any kind and we believe in the freedom of opinion and expression;
- *Internationality*, since our establishment in various countries of Europe and America contributes to the cultural richness of the network;

- *Commitment*, as we want to build a modern and efficient organization capable of providing quality responses to the people and communities we are dedicated to support.

However, developing a corporate positioning is no easy task mainly due to the international situation of Dianova. A number of political, cultural and historical components are likely to influence not only the addiction problem in the various countries where we operate, but also the way we respond to this problem. This is the reason why, we will have to pay much heed to the realities of each country .

This document addresses a number of areas; first, it recalls our commitments, values and vision of the addiction issue. We will then situate the international context in which current policies were developed of and later on in the document, a quick assessment of the prohibitionist policies is provided. The following sections discuss the various options for regulating the drug market, from prohibition to legalization of all psychoactive substances before addressing the criteria for implementation of current drug policies. These sections allow us to develop recommendations on the future of drug policy before making an overview of the issue of cannabis in light of current knowledge.

The final section is devoted to our positioning on drug policy, especially in the context of the upcoming special session of the United Nations General Assembly (UNGASS), which in 2016 will refer to the issue of drug policy and evolution.

2) The Dianova Network in the Addiction Field - Definitions, Principles and Objectives,

What is Addiction? Contents

The phenomenon of addiction has undergone several definitions from different disciplines such as psychology, sociology, biology or cognitive - behavioral approach. Without getting into a debate to determine which of those definitions is the most accurate, let us just remember that addiction is characterized by:

- The inability of a person to bring an end to a repeated cycle of behaviors which aims to give them a feeling of pleasure or to reduce a sense of discomfort,
- The continuation of this behavior even though the person is aware of its negative consequences.

Addiction is a multifactorial problem that can be caused by a variety of factors or determinants. Addiction-related determinants can be classified into three groups:

- *Individual factors of vulnerability or protection*: these factors are biological (genetic, physical), psychological (personal history, family history, personality, psychopathology, etc.) and socio- economic (economic deprivation, isolation, stress at work, etc.)
- *Environmental factors*: cultural, social and historical factors, legislation and regulations, living conditions, housing conditions, availability and accessibility of psychoactive substances, etc.
- *Addictive behavior and Substance-specific factors:* toxicity and neurotoxicity (short or long term), addictive potential at physiological and psychological levels (the product causes a greater or lesser dependence), etc.

Dianova prefers to use the term addiction rather than drug dependence to include the two forms of same nature behaviors: dependence to psychoactive substances, whether legal or not, and behavioral (or drug-free) dependences such as compulsive gambling.

Extension of the Problem - the Society of Addiction

A vast number of social problems result from addiction, one of the main problems of modern societies. Whether addiction is the cause or the consequence of these problems, it always constitutes an aggravating factor. For example, abuse and neglect of children, difficulties at school or dropout, delinquency, unemployment, loneliness, homelessness, unemployment, suicide, domestic violence, etc. The problems associated with addictive behaviors are the fruit of today's societies overall development policies and their impact on people: the modern ideal of individual happiness at any cost, success, consumption and immediacy make of our modern societies an environment particularly conducive to addiction.

Addiction problems are the result of:

- An increasingly diversified **supply of substances** (see new psychoactive substances), but also a similarly diversified supply of potentially addictive behaviors, including online gambling, credit purchases, etc. This supply is the focus of many financial, economic and commercial interests, and as such, is subject to all levels of regulation: ban, terms of sale, taxes, advertising, etc.
- **A demand**, characterized by an appetite for fast pleasurable sensations, socialization, or for alleviating or anesthetizing a sense of internal unrest - in an individual quest that reflects various motivations, beliefs and difficulties, impacting the health and safety of people and the community.

Between these two poles, one must also consider the influence of attitudes, values, cultures, lifestyles, age groups, etc. on an issue that affects not only individuals, but also the community as a whole. That is why any discussion on addiction or any form of intervention should also include a broad view of human beings as a whole, living in their communities. Therefore they must be based on multifactorial and multidisciplinary approaches and strategies.

The Mission of Dianova consists in developing initiatives and programs with the objective of promoting personal self-reliance and social progress.

In the field of addiction, Dianova's work aims to help people break free from the cycle of dependency and help them achieve greater self-reliance and autonomy in all areas of their life, including, should the case arise, in their choosing of a responsible and informed use of substances. Dianova is committed to helping people solve their addiction problems. In our vision of addiction, the source of the problem is not the drug itself, but the form of relationship developed by an individual with a given substance or behavior.

For this reason, fighting drugs does not fall in the mission of Dianova in any way. Fighting drugs is a matter for the police or the prosecution services, it has nothing to do with the commitment of a network dedicated to supporting and helping people and communities in the path of development and autonomy.

3) Domestic Policies & International Conventions:

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Domestic policies

National drug policies are generally oriented in various areas of intervention, with varying intensity, depending on their choices in this area. These areas include:

- *Repression and control of the drug market* - these measures are intended primarily to suppress the illegal market through thwarting drug trafficking and criminalizing drug production and use, and secondly, to regulate the access to legal substances such as alcohol and tobacco to reduce the negative effects of consumption (protection of underage users, protection of community – repression of drink-driving – and protection of individuals.
- *Harm reduction* – harm reduction policies aim to limit the negative effects of substance use for users, their families and the community. Harm reduction policies imply for example to make a number of determined substances available on medical prescription (as an alternative to other illegal substances) in order to limit individual and social problems.
- *Prevention* – the goals of prevention are to limit the number of users and the types of substances used (primary prevention – universal or selective); prevention activities also refer to those applied to early stage of drug use and encompass attempts to prevent the transition from use to abuse and avoid worsening of symptoms (secondary or indicated prevention);
- *Health promotion* – in the same way as universal prevention, health promotion aims to strengthen protective factors that help to foster health. Health promotion and prevention strategies differ in the fact that health promotion is more focused on improving the overall social, economic and environmental situation, in order to reduce their adverse health effects;
- *Treatment* – the goal of drug treatment programs is to reduce substance use and help users break their dependency permanently; treatment also contributes to individuals' health and social inclusion, while reducing the financial burden of addiction on society (absenteeism, premature deaths, loss of productivity, etc.);
- *Reintegration* - reintegration is the final stage of rehabilitation. Reintegration allows the individual to build upon the autonomy acquired in the previous phases of treatment to develop complete social autonomy at all levels (relationships with others, community integration, work/study, and control of one's consumption of substances or abstinence).

Importance of early prevention

Addiction prevention should integrate social developments and evolutions (new drugs, new consumption patterns, changes in legislation, etc.) using strategies that have proven effective, from health education to harm reduction. Prevention should in particular comprise communication strategies aiming at increasing f knowledge, changing behaviors and questioning lifestyles.

From this perspective, prevention strategies should be implemented in all periods of life specifically, starting at an early age (generally during pre-adolescence). Schools can play a key role in this area by promoting healthy behaviors and developing individual skills and responses adapted to potentially "dependence-producing"

situations, for example through the implementation of prevention modules with the participation of students, teachers and parents.

These areas of intervention are used or implemented differently depending on the countries. For example, some countries have opted for the decriminalization of illicit drugs, which allows them to use monies previously allocated to Justice or police services. In other countries, harm reduction components are limited to some pilot programs that cannot access all those in need. In terms of harm reduction, the access to certain programs is usually reserved to specific categories of heavily-dependent users – e.g. heroin maintenance programs – even in the most liberal countries.

The international conventions

Regardless of their types or intensity levels, national drug policies must abide by the legal and administrative framework defined by three mutually supportive, international drug control conventions negotiated under the auspices of the United Nations.

- **The Single Convention on Narcotic Drugs** of 1961 which codifies control measures to ensure the availability of narcotic drugs for medical and scientific purposes, and to prevent their diversion into illicit channels (1); the 1972 Protocol, which adds treatment and rehabilitation measures (aimed at reducing drug demand) to the repressive measures present in the Single Convention (supply reduction);
- **The Convention on Psychotropic Substances** of 1971 on the control of psychoactive substances;
- **The Convention against Illicit Traffic of Narcotic Drugs and Psychotropic Substances** of 1988, which significantly reinforces the obligation of countries to apply criminal sanctions to combat illicit production, possession or trafficking of drugs.

The nature of these international conventions is derived from the historical context leading up to their development, evolution and implementation. According to a report by the Senate Special Committee on Illegal Drugs of the Canadian Parliament (2), the international drug control system was implemented at a time when the United States and the colonial powers were concerned with the consequences of drug abuse at home. However, rather than address both supply reduction and demand reduction – the socio-medical nature of such problems – they focused uniquely on supply reduction measures in an attempt to stem the flow of drugs into their borders.

According to the aforementioned report, the history of those drug control conventions is characterized by the following:

- *Prohibition and Criminalization:* The focus of the legal framework has been to attempt to control the supply of drugs at the source and to impose penal sanctions on illicit drug producers, traffickers and users. Only later in the 20th century have demand-side issues such as social problems and public health concerns begun to be considered. The current control infrastructure continues to be prohibition-based.

- *Outside Interests:* the development of the drug control system has been shaped by numerous elements not related to drug control, including economic interests, domestic and international policies, global trade, domestic protectionism, arm control initiatives, the Cold War, etc.
- *The United States*: the U.S. has been a key player in most multilateral negotiations. The prohibition-based approach derives largely from the U.S. policy (the various forms of the U.S. "war on drugs") and the influential individuals who have represented the U.S. in international negotiations.
- *Powerful Personalities:* a number of individuals stand out in the history of international drug control. While in positions of power at opportune moments, their beliefs, ambitions and single-minded determination have enabled them to exert exceptional influence over the shape of the drug control regime.

Nonetheless, the international drug control system has changed, firstly, to integrate public health concerns and the treatment of drug users, and more recently to give civil society a voice in international forums. In addition, the three conventions give member countries some flexibility in the formulation of drug control strategies tailored to their own political, economic and socio-cultural realities. Despite these advances, however, the flexibility given to countries as well as consideration of social factors is restricted by the general structure of the system, which focuses on p criminalization and remains prohibition-based. Actually some of the provisions adopted by a number of member states, within the continuum of market regulation measures, happen to be in clear conflict with the international system.

As of 2014, the situation is changing: in the face of the multiplicity and increase of the problems directly or indirectly related to the production, marketing and use of illicit drugs, more and more voices demand to bring this prohibition-based approach to an end, while some of the most fiercely prohibitionist countries (following the example of several US states) also seem interested in adopting more liberal policies.

In fact, as the nature of the challenges in drug policy has evolved, institutions should also evolve. This is the reason why many people are asking that the international drug control system be designed by all United Nations agencies concerned and not just by three agencies as is currently the case (3).

As part of the preparation of the United Nations General Assembly Special Sessions (UNGASS) to be dedicated to the world drug problem and the evolution of drug policies in 2016, the Dianova Network hopes, as an NGO, to be able to contribute to the opening of the drug control system towards an approach no longer prohibition-based, but grounded on public health and respectful of human rights.

New drugs, new challenges

New drugs or new psychoactive substances (NPS) designate a heterogeneous group of substances that mimic the effects of various illegal substances such as ecstasy, cannabis or cocaine. These substances have been designed to evade national and international drug laws through a slightly different molecular structure. They can be marketed and bring substantial benefits to drug traffickers before they are listed and duly prohibited.

The mechanisms of action of these substances and their effects in the medium and long term are not documented. As for short term effects, they may vary depending on the substances, users and conditions of use, but most of them are responsible for many cases of overdose, psychotic episodes and even several deaths

each year. Novel psychoactive substances can be powerful; in addition users may not be able to judge what a correct dosage of a new substance is or how it might interact with other substances, including alcohol.

The increased consumption of NPS worldwide is the consequence of the “dependence-producing” dimension of our society that promotes the search for individual pleasure without teaching how to control impulses. Once again, the ideal of a “drug free world” once advocated by the UN has proven unattainable. In this context, it would be unrealistic to provide solely repression-based and authoritarian responses. NPS pose new challenges to public health, our responses should therefore be grounded on a holistic approach to public health, including healthcare and treatment services, education and early prevention.

4) Consequences of the International Drug Control System

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After about fifty years of implementation of a regime based essentially on prohibition and criminalization policies, it seems that only one conclusion can be drawn: not only the system has failed to achieve its goal of reducing or eliminating drug production, supply and use, but it has also given rise to an unprecedented development in the global drug trade in addition to a range of what the UNODC has referred to as ‘unintended negative consequences’.

A report established by the *Global Commission on Drug Policy* in 2011 painted a gloomy picture of the outcomes of a fifty-year long "war on drugs", with dramatic increases in public spending, devastating consequences for health, chronic incapacity to stop drug trafficking and organized crime, etc. The report denounces "the general collapse" of the international prohibition and drug enforcement regime, while stressing the positive results of harm-reduction policies implemented in Switzerland, the Netherlands and the United Kingdom as well as those who have implemented a decriminalization of all drugs, as in Portugal.

Dozens of organizations representing a diverse range of expertise and viewpoints have launched *"Count the Costs"*, a collaborative project which aimed to highlight the negative impacts of the war on drugs in seven key policy areas, including:

- ***Undermining development*** – drug producers and traffickers thrive in vulnerable, conflict-affected countries where populations are easily exploited. Political and judicial corruption generated by drug markets are recognized as a threat to both security and development;
- ***Threats to public health*** – punitive drug laws fuel crime and maximize the health risks associated with drug use, including the development of HIV or HCV epidemics in injecting drug users ; significant decrease in substance abusers’ access to health care ;
- ***Undermining human rights*** - in several countries, repression against users results in mass imprisonment, torture and even death penalties. Democratic states are similarly affected, e.g. in the US the police arrested more than 8.2 million people for crimes related to cannabis legislation between 2001 and 2010;
- ***Fuelling crime and enriching criminals*** - drugs represent one of the largest and most profitable illegal trades in the world. Enforcement-based drug policies fuel crime and provide a motive for criminal groups to enter the trade;
- ***Stigma and marginalization*** - punitive policies encourage users to clandestine uses and contribute to their marginalization. Heavily dependent users are stigmatized and discriminated against and both deprived of access to health services and opportunities for reintegration;

- ***Exorbitant costs*** – the global spending on drug law enforcement exceeds $100 billion each year; this exorbitant amount could be better used in prevention policies , and treatment and rehabilitation services;
- ***Pollution and environmental degradation*** – the aerial spraying of coca plantations with toxic herbicides is highly detrimental to legal crops especially in ecologically sensitive environments such as the Andes. In addition, chemical eradication efforts have a devastating multiplier effect because drug producers simply deforest new areas for cultivation.

5) From Prohibition to Liberalization – Concepts

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As in any market, the intervention of the governments can be situated at any stage of a continuum of interventions ranging from prohibition to total liberalization.

	Total prohibition	**Decriminalization**	**Regulation/Legalization**	**Total liberalization**
Consumption	Prohibited	Forbidden, not subject to criminal prosecution	Authorized, regulated (e.g. place or time)	Authorized with no regulation
Possession	Prohibited	Forbidden, not subject to criminal prosecution	Authorized, regulated by the State.	Authorized with no regulation
Production or cultivation	Prohibited	Forbidden or partially authorized to state regulation	Partially authorized, regulated by the State.	Authorized with no regulation
Trade	Prohibited	Prohibited	Authorized, regulated.	Authorized with no regulation

Decriminalization and depenalization

The two concepts are similar and involve the willingness of governments to ensure that drug use and/or possession are not punished through a prison term, while drug users may have access to healthcare and social services and harm reduction programs. It should be noted that the meaning and legal implications of these terms may vary or even be considered synonyms depending on the country.

Depenalization involves reducing the level of penalties associated with certain drug offenses, including drug use and/or possession; however these penalties remain within the framework of criminal law and offenders will usually retain criminal records. In the UK, for example, a person arrested for personal use is given a warning, rather than a prison sentence.

Decriminalization entails that drug use and/or possession and cultivation for personal use are no longer dealt with through criminal sanctions. Under this regime, sanctions may be administrative or may be abolished completely. The major advantage of decriminalization over depenalization is that the individual caught in

possession of drugs will not have a criminal record – which is a barrier to access to employment or social services.

Decriminalization practices in the world

About twenty countries have revised their drug laws and moved towards decriminalization of small amounts of prohibited drugs for personal use. Countries as different as Belgium, Estonia, Australia, Uruguay, the Netherlands and Portugal have implemented various decriminalization models – a phenomenon which is not new: since the 70s a number of countries have adopted decriminalization policies, following the example of Spain.

Decriminalizing the use and possession of drugs can produce significant benefits for both safety and public health, including the reduction of health problems related to drugs (HIV transmission, overdoses), increased access to addiction treatment services, decreased drug-related offenses, increased police and judicial action against drug trafficking, etc., without significant increase in overall drug use rates.

However, the effectiveness of these policies varies considerably depending on many factors, including the quantities used to define “personal possession” and, more importantly, the degree to which the approach is part of a larger health-centered agenda grounded on harm reduction and prevention measures, and access to quality treatment services.

Legalization and Regulation

Legalization involves providing a legal framework to a previously prohibited activity. Legalization would imply to replace prohibition laws – that repress all forms of use and supply of psychotropic substances except for the medical use of some of them – with a state-controlled system, from production or cultivation, to sale. Drug legalization may take different forms, from the strictest regulation modalities to the most liberal forms, depending on the limitations placed by the government in terms of production, cultivation, transportation, etc.

Regulation involves finding and implementing the most appropriate political, legal and social means for limiting the harms associated with substance abuse for the individuals and the community. Accordingly, it implies the implementation of a series of actions intended to better handle the relationship between people and substances. Regulation is a pragmatic form of action which does not pretend fighting or eradicating drugs nor does it support the ideal of drug liberalization.

Liberalization

Liberalization of drugs can be understood in two ways:

- ***It is a process*** that aims to give flexibility or remove current prohibition-based policies: therefore this process can point to decriminalization, regulated legalization, or to full-fledged liberalization free of any regulatory constraint.
- ***It also is a policy*** which consists of abolishing any legal restriction on drugs (as regards use, cultivation, production or sale), under the fundamental rights of individuals. This is the position held by supporters of libertarian philosophy (this policy is not applied in any country).

6) Criteria for the Application of Current Policies

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In most countries psychoactive substances are subject to a total ban, affecting consumption, possession, cultivation/production and trade – other drugs, notably tobacco and alcohol, are regulated by state-controlled taxation, sales and restrictions on the age of purchase, with some differences depending on countries.

The current status of psychoactive substances, whether legal or illegal, is the result of historical developments, cultural representations and political decisions for each one of these substances. However, their legal status has only a weak correlation with their dangerousness, i.e. the harm they may cause to individuals and society.

In order to determine the appropriate type of regulation for each psychoactive substance, one should deviate from historical definitions to embrace scientifically validated models that would assess the ways in which drugs can cause harm.

How can we assess this harm? Currently, illegal drugs (most of them at least) are certainly perceived as the most harmful, probably due to their ability to cause significant physical and psychological dependence – at least when it with respect to the "hard drugs " or considered as such. On the other hand, some of the drugs used legally, but equally addictive, are considered less harmful, although the severity of addiction to alcohol or tobacco and its consequences has been documented for many years. It therefore seems that the perception, by the general public, of the potential harm of a specific drug is mainly related to its legal status.

Several studies have examined this issue. One of the latest studies on drug classification by the harm they cause was first published in 2007 by David Nutt & al, and was later reissued in 2010 (5). This study, conducted by an independent scientific committee, presents employs a multi-criteria decision analysis for evaluating the harm caused by psychoactive substances (applied in the UK). The study weighs 20 psychoactive substances on a scale of zero to 100 – zero representing no harm, and 100 being assigned to the most harmful drug on a specific criterion – according to 16 criteria assessing the harm cause by each substance to drug users and third parties, including 9 criteria relating to damages caused to the user (death, mental dysfunction, loss of social relations, etc.) and 7 criteria associated with damages caused to third parties (physical and psychological injuries, crime, environmental damage, etc.)

The study show that heroin, crack and methamphetamine are more harmful to users, while alcohol, heroin and crack are the most harmful to others. Overall, the most harmful substance in terms of cumulative damage that they can cause both to users and third parties is alcohol, with 72 points. It is is followed by heroin (55 points) and crack (54). Tobacco (26 points) happens to have a similar degree of harmfulness as cocaine (27). Cannabis is in the middle of the scale, with 20 points.

7) Recommendations on Policy & Legislation:

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All the countries of the world are looking for the most effective strategies and adapted to better respond to their problems of drug addiction. Countries use a wide variety of public policies, in the fields of drug awareness and prevention, treatment and repression. However, none of these specific policies or regulations has proven to be a panacea compared to others. For example, some of the countries with strict laws on cannabis have experienced a greater increase in marijuana use than other countries with more flexible regulations. On the opposite, cannabis use remains stable, even limited, in some countries irrespective of their legislation.

There are no quick solutions or simplistic answers

Major advances in scientific knowledge have been made in recent years; these advances have proven the positive outcomes of some specific public health policies. This was in particular the case of AIDS-related harm reduction policies that have proven effective in reducing new infections and overdoses while facilitating access to health services.

Drug policy should be based on drug toxicities and interactions and/or on the harm they may cause to individuals and society. These policies should be designed with the aim of preventing or reducing risk behaviors and human suffering while assisting those concerned by addiction-related problems and their families. Efficient drug policies should also respond to an objective of protection and security for all citizens, especially for children and young people, who should benefit from the best possible conditions for their development.

According to Dianova, national strategies for addiction should be based on:

1. ***A coherent and responsible policy:*** a nationwide debate should take place, beyond the limited circle of parliamentary committees to include experts from different disciplines, as well as community-based organizations' representatives and civil society in general. This debate should allow the development of a framework law on the use, problematic use and dependence on psychoactive substances, whether legal or not, in order to reduce drug-related damages to individuals, their families and society.
2. ***The implementation of evidence-based measures***: effective regulation policies should be grounded on scientific principles while limiting as much as possible the weight of ideologies and subjective interpretations. Certain methodologies or programs have demonstrated their positive impacts, depending on the populations they target. They should be used in priority and in a complementary manner.
3. ***Monitoring and evaluation***: evaluating and monitoring programs and public policies is a guarantee for consistency and efficiency. As regards public policies, evaluation procedures should be conducted at the national, regional and local levels by organizations independent of the departments or agencies that have implemented them. Similarly, semi-public and private initiatives should be encouraged to abide by the same evaluation and monitoring procedures.
4. ***Prevention must be the central principle of addiction policies***: the overall modernization of the healthcare system drives cost increases that may in turn bring about greater inequalities and social exclusion. To reduce these inequalities and keep healthcare costs under control, prevention must play a central role in all areas of health, including in the field of addictions. Therefore, we must make every effort to investigate and benefit from efficient and effective prevention programs (primary and secondary), focusing on specific behaviors and their associated risks and on protective factors, rather than on drugs and abstinence, as was the case for a long time.

8) The issue of cannabis:

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The following text attempts to be as objective as possible in its brief review of current knowledge. Indeed, the question of cannabis legalization has proved to the most controversial among all illegal drug, a controversy often grounded on ideology rather than evidence, on either side of the debate. The question of the dangers of cannabis is at the heart of the debate over drug liberalization, so anyone who wants to get an objective opinion on the matter should be able to rely on scientific knowledge. Unfortunately, it is clear that discrepancies

abound across studies, while supporters or opponents of liberalization do not hesitate to draw premature conclusions from these studies.

Cannabis is probably the substance which has advanced the most in the way of a regulated liberalization, for several reasons: it is a substance perceived as less dangerous than others; it can be cultivated easily; and finally because several states or countries have already taken the plunge and abandoned repression-based policies to implement decriminalization (Portugal) or regulated legalization (states of Colorado and Washington, Uruguay, the Netherlands). Moreover, from the beginning of the 2000s, several countries, including Canada, have begun to make a distinction between cannabis medical use and recreational use.

According to the World Drug Report by UNOD, it is estimated that between 125 million and 227 million people have used cannabis in 2012, i.e. between 2.7 and 4.9 % of the world population aged 15-64 (6). The market for cannabis (herb and resin) continues to grow; it is the primary substance of abuse in two thirds of the countries and between 2006 and 2010 there has been a significant increase in cannabis-related hospitalizations (59 %), and treatment admissions have increased by 14 %.

Cannabis and Repression

Until recently cannabis was banned in all countries. Since 1961, cannabis and its derivatives are listed in Schedule 1 of the 1961 convention, as a drug presenting " a significant risk of abuse", like opium or cocaine. Accordingly, the use and possession of cannabis have been criminalized in most countries.

Today, more and more voices challenge these laws that seem to cause much more harm than good. In the United States and other countries, the simple fact of smoking a joint of cannabis can result in a jail sentence. Furthermore, even though drug users do not necessarily do jail time, the consequences for the lives of people can be devastating: revocation of a professional license, inability to obtain insurance or mortgage or to access public jobs, loss of voting rights, etc.

THC Concentration:

It is often said, by the police, officials and even cannabis users, that currently available cannabis plants contain up to thirty times the active ingredient, THC (tetrahydrocannabinol) than in the 70s, in the era of *Flower Power*, which would explain the increased harm caused by cannabis, especially among young people.

In fact, according to the few studies (7) that are available on the subject, the dosage of THC has increased, but much less than usually thought (studies show that THC average concentration has increased from 1.2 % to 4.2% and in some cases to 6.3%). Actually, what has really changed is the preference choice of users, especially among young people, for the flowering tops (the "heads" of the plant). In these flowering tops have THC concentration is much higher than in the leaves. Similarly, the widespread use of water pipes, or bongs, in some countries, again particularly among young people, increases the capture of active substance in each inhalation (8).

Consequences of Cannabis Use

Physical health

The evaluation of the effects produced by cannabis on health is problematic for several reasons: it is an illegal substance whose consumption can be hidden; the drug is often mixed with tobacco smoke; cannabis is sometimes associated with lifestyles that can influence the onset of various diseases; and finally, for economic reasons the drug is often adulterated with potentially more harmful substances. These difficulties can be a source of discrepancies between studies, depending on the degree of integration of these factors.

With the exception of people with respiratory disease or predisposition to cardiovascular problems, research has not provided any evidence to suggest that occasional short-term use can cause health problems for people in good physical condition.

Epidemiological research does not provide a definitive answer about the dangers of exposure to long-term cannabis smoke, particularly in relation to cancer risk. However the following has been shown:

1. As for any combustion of organic matter, cannabis smoke contains carcinogens, however, the carcinogenic effect of tobacco smoke cannot be applied as such to cannabis ;
2. An important use can cause respiratory pathologies;
3. The risk of developing respiratory diseases appears to be increased by the particular way cannabis is used: unfiltered, deep inhalations and prolonged retention of smoke into the lungs.

Intellectual and Emotional Development of Young People

The physical pathologies related to cannabis are rare complications; however the daily consequences of cannabis use are particularly harmful to younger consumers. Towards the beginning of adolescence (between 12 and 14 years old), cannabis use is often associated with poor school performance, high absenteeism, early school leaving, and it seems that there is a correlation between cannabis use and alteration of emotional development.

In addition, research indicates that repeated cannabis use is associated with a decline in cognitive processes and a significant decrease in IQ. However, there is no definite evidence about the irreversible nature of this or cognitive impairment.

Mental Health

Research has shown that people with mental health problems (anxiety, depression or psychosis) are more likely to be cannabis users or had used before for long periods of time. Regular use of cannabis doubles the risk of developing a psychotic episode or develops schizophrenia. Research suggests a strong link between early cannabis use and mental health problems (schizophrenia or bipolar disorder) further in genetically vulnerable people, especially teenagers.

Violence and Aggression

People who consume cannabis at an early age are at greater risk of developing problems of violence and / or crime, however, research has not determined whether this is due to the fact that people with these tendencies (violence and other psychosocial problems) are also more likely to use cannabis. In addition, illegal context in which individuals seek cannabis appears to increase the risk of violence.

Physical and psychological dependency

For a long time it was estimated that cannabis was not an addictive substance because users had no such symptoms associated with abstinence from alcohol or opiates. Contrary to these beliefs, experimental research has shown that an important use of cannabis can cause a syndrome of physical and psychological withdrawal similar to tobacco, but of lesser magnitude than that of other drugs, such as alcohol or heroin.

Therapeutic use of Cannabis

The use of cannabis for medical purposes has a long history in Asia, India and the Middle East. The first mention of medicinal use of cannabis comes from ancient China, nearly 5000 years ago. Gradually, the therapeutic properties of cannabis were rediscovered by the West: in the nineteenth century, several articles were published in Europe and cannabis appeared in the official American pharmacopoeia in 1851 as a sedative, analgesic and antispasmodic. It remained on sale until the advent of prohibitionist laws of the 30s.

Since the 1990s, cannabis and its derivatives have attracted growing interest among laboratories. Between 2000 and 2007, over 9,000 scientific papers have been published, a figure that has more than doubled in ten years. These studies suggest certain properties of medicinal cannabis, especially to relieve the side effects of chemotherapy for patients with AIDS, but also for its antispasmodic, anti -emetic, and appetite stimulation (9).

Cannabis, whether administered in its natural form or even chemically modified, has shown significant efficacy for certain disease states, however, it is clinically recommended to take several forms non-smoked cannabis, to avoid toxicity associated with the combustion of the substance: drug (dronabinol - Marinol®), inhalation by vaporization, herbal tea, or buccal spray and other forms.

Conclusion

This brief review of the literature shows that cannabis is far from being a harmless substance as is often described by its supporters. We must remember clearly: Cannabis is a drug whose harmfulness is increasingly documented. Recent research shows in particular the risk of using this substance for mental health, especially among young people.

However, it would be wrong to present the cannabis as one of the most harmful drugs. Other drugs, such as heroin, crack or methamphetamine cause greater damage to users, while alcohol is a much bigger threat to both users and their families.

On the other hand, policies and campaigns, which have pointed to demonize cannabis for decades, have not only been ineffective but also, they have paradoxically contributed to strengthening the distrust of users and potential users to the "prevention messages" associated with a drug wrongly perceived as relatively harmless. Therefore, it is essential to reconcile these audiences with prevention messages that concern them. This can only be done by providing information on cannabis that is clear, objective and compared.

9) General positioning on drug policies

Contents

Introduction

Despite the failures in drug policies (in thwarting illegal trafficking and containing the rise of drug use), Dianova considers that the global situation of drug users has developed positively in many countries. The action of non-governmental organizations, associations and drug users associations, has led the general public to regard addicts in a less negative way, while has encouraged governments to adopt essential public health measures, such as harm reduction policies and measures to promote treatment and rehabilitation.

This development is in line with the necessary change in the paradigm of the international drug control regime. We believe it is essential to stop criminalizing drug users and focus on balanced and complementary public health approaches, based on proven metholodies. Some approaches to treatment and rehabilitation, such as professionalized therapeutic communities, are part of these methods. Harm reduction policies are effective and inexpensive, but they cannot meet the needs of all addicts. Residential or outpatient rehabilitation programs are comparatively more expensive, but in the long term, they represent a profitable investment in terms of reducing health costs, crime and absenteeism at work, in particular. This is why we urge governments to implement a series of complementary approaches without favoring one approach over another.

1. **The Dianova Network recognizes the limits of an international regime grounded primarily on prohibition and repression**. The ideal of a drug-free world was credible fifty years ago, but it is not anymore, based on the data that we have today. The inability to stop the increase in traffic, corruption and use of psychoactive substances, particularly among young people, demonstrates the necessity to revise the existing approach.
2. **The Dianova Network supports a reform of the general framework of conventions and institutions of the United Nations on drugs towards a public health approach.** This framework should move from an approach essentially based on prohibition and criminalization to a public health approach respectful of human rights. The reform should also encourage innovation and finding solutions to a problem in constant evolution, including an enhanced treatment offer. Moreover, we expect agencies of the United Nations to play a leading role in this change of mentality, encouraging States to find a set of adapted and complementary solutions.
3. **The Dianova Network supports the launch of nationwide debates about addiction.** We consider that a change of mind regarding the problem of addiction in each country is imperative. That is why we support the implementation of a multidisciplinary discussion among political, scientific and social agents at the same time, pointing to a development of recommendations to reduce drug-related harm, while taking into account each substance's specificity.
4. **The Dianova Network supports the decriminalization of the use of all psychoactive substances**. Hundreds of thousands of addicts are criminalized, sentenced to long prison terms or even, in some countries, sentenced to the death penalty for the use of illegal drugs. Even democratic states condemn people to the burden of a criminal record that denies them access to certain jobs. We support the implementation of policies based on public health and human rights and demand to end these inefficient repressive policies that only marginalize drug users and reduce their access to the services they need.

5. **The Dianova Network supports the implementation of measures based on scientific evidence.** There ought to be a limit on the weight of ideologies and subjective representations. Approaches and programs validated by scientific evidence should be promoted and their outcomes regularly monitored and evaluated.

6. **The Dianova Network supports the implementation of additional and innovative measures.** Focusing on a single approach or a single program (e.g. residential or outpatient treatment or harm reduction programs only) cannot answer every substance abuser's specific needs. For this reason, we support the implementation of innovative solutions and complementary and alternative approaches based on the needs and fundamental rights of individuals in the areas of addiction treatment and prevention.

7. **The Dianova Network supports the access to medical cannabis for patients.** Dianova believes that the current available scientific data demonstrates the validity of the therapeutic uses of cannabis, particularly for its analgesic, relaxing, antispasmodic and antiemetic properties, stimulation of appetite, etc. Therefore, the Network estimates that concerned patients should have access to a product whose quality is monitored, distributed in pharmacies or specialized centers, and according to methods of administration approved by health authorities.

8. **The Dianova Network defends universal access to essential medicines and pain relief for all patients**. The drug control system does not allow fair access to certain medications such as opioid analgesics that are essential for the treatment of avoidable suffering and pain. Dianova demands the elimination of all political obstacles that prevent some States with low and middle income to ensure adequate provisions of such substances, which is a basic human right.

9. **The Dianova Network acknowledges the decision of several States to implement a policy of liberalization / regulation of cannabis.** Dianova deems that the current scientific knowledge and the negative consequences of cannabis prohibition support the decision of these States. However, given the remaining doubts about these policies, with particular reference to the health risks associated with cannabis and the risk of a significant increase in consumption among young people, the Dianova Network simply acknowledges this decision and remains vigilant to the evolution of the resulting scientific knowledge of these policies.

10. **The Dianova Network is positioned against the liberalization/regulation of illicit substances**. Ensuring an effective control of the consumption of tobacco and alcohol, especially in children and young adults, is already a difficult, even impossible task for governments. For this reason and based on current knowledge, the risk of a dramatic increase in the consumption of drugs, should the latter be legalized, is too great to choose this path.

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