THE REPORT ON THE 2015 INTERNATIONAL DRUG POLICY REFORM CONFERENCE, WASHINGTON, DC, USA, 18-21 NOVEMBER 2015*

ABOUT THE CONFERENCE AND THE ORGANIZERS

The international drug policy reform conference is once every two years. This conference looks at current developments and the future prospects of the control and regulation of certain, but not all, plants and substances considered dangerous, particularly those which are addictive and had been called called »controlled substances« or »drugs«. About 1,500 people from around 70 countries attened this reform conference. In addition to drug researchers, other professionals and academics, the Conference was attened by drug users, parents of drug users, students, politicians and policy makers, law enforcement agents and activists of all kinds. The participants were brought together by the Drug Policy Alliance (DPA). The DPA promotes a just society in which the use and regulation of drugs would be grounded in science, compassion, health and human rights and in which people would no longer be punished for what they put into their own bodies, but only for crimes committed against others. The DPA's mission is to advance those policies and attitudes that best reduce the harms of both drug misuse and drug prohibition and to promote the sovereignty of individuals over their minds and bodies. In particular, the DPA advocates for the legal regulation of cannabis for adults, including access for medical purposes. The illegal status of cannabis makes research into the mechanisms of its action and potential therapeutic uses too difficult. The hindering of research and medical use of cannabis is motivated by politics, not science. It's one of the most scandalous examples of scientific censorship in modern times.

ABOUT SOME OBJECTIVES OF THE CONFERENCE

The Conference addressed the wide range of health, social, economic and political, issues touched by the drug prohibition and war on drugs. The purposes of the meeting included training and mobilizing individuals, groups and governmental and non-governmental organizations to take actions on major drug prohibition problems and studying these problems and making recommendations on how to deal with them. The conference served as a forum where new proposals can be debated and consensus sought, provided expert advices and made recommendations on specific issues related to drug prohibition and the alternatives.
The drug prohibition is based on the view that some plants and substances are dependence inducing and dangerous, especially in terms of potential effects on the health of users, and hence should rarely, if ever, be used. The governments prohibit the production, supply, and possession of many, but not all, plants and substances which are called drugs and which corresponds to international treaty commitments in the United Nations Single Convention on Narcotic Drugs 1961, the Convention on Psychotropic Substances 1971 and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988. Most conference objectives and topics deal with the following issues:

1. reforming of the criminal justice system;
2. expanding public health interventions;
3. Ending cannabis prohibition and alternatives;
4. Promoting an effective approach to youth and drugs;

ad 1. The approaches which explicitly reject an evidence-based public health approach, but instead focus on incarceration and criminalisation of addicts, continue to utterly fail, at enormous financial and human cost. The prohibition is the principal factor driving the unprecedented rate of the

repression. The reform should seek to reduce the number of people arrested, convicted, and incarcerated for nonviolent drug offenses. The policy of criminal penalties for drug possession does more harm than good.

ad 2. The prohibition treats drug use primarily as a criminal problem rather than a public health issue, and this leads to unnecessary death, disease, and suffering. The reform should help to minimize the negative health consequences of drug use, such as HIV/AIDS, hepatitis C, overdose fatalities, and addiction. There should be evidence based expansion of syringe access programs, drug treatment programs, overdose prevention measures and other innovative programs that reduce the harms of drug use.

ad 3. The cannabis prohibition is at the heart of the drug war in USA and most other countries. However, no other law is so strictly enforced yet considered so unnecessary by the public. Too many people are still arrested for cannabis, just for simple possession. These arrests can lead to a number of collateral consequences, such as the loss of housing, children, financial aid for school, job opportunities, and social benefits and services. At the same time, polls have shown that 58 percent of Americans support ending cannabis prohibition. More rational, evidence – based approach to cannabis regulation would empower researchers to make advances in the study of medical use and could lead to major treatment innovations. The limitations of cannabis research had had a harmful impact on the pharmaceutical productivity.

ad 4. Simplistic "just say no" and "zero-tolerance" programs are not effective. More realistic approaches for adoloscents should be promoted. Of course, abstinence is the only way to avoid all risks of drug use among adolescents but complementary approaches should be recognized as well, including access to effective treatment.

The key strategies for making the reform goals and objectives happen are three-fold:

1. improving public policies through legislative advocacy;
2. promoting the reform and harm reduction messages through communications campaigns; and
3. building a sustainable political movement for drug policy reform through funding and technical assistance to all stakeholders.

THE LIST AND DESCRIPTIONS OF SOME PANELS

(Source: http://www.reformconference.org/program/schedule):

Ensuring Inclusion, Repairing Damage: Diversity, Equity and the Marijuana Industry
This roundtable focused on how the war on drugs has harmed multiple generations through criminalization and mass incarceration. As marijuana legalization efforts move forward, who will control the industry and what will be the barriers to entry? Most importantly, how can the "green rush" be a road to repair for the traditionally marginalized and underserved?
Beyond Marijuana: The Impact of Marijuana Legalization on Broader Drug Policy Reforms
Despite marijuana's broad and growing social acceptance, marijuana law violations make up almost half of all drug arrests nationally. Because of this, marijuana legalization is often touted as the first step toward dismantling the war on drugs, but legalization advocates often distinguish the substance from other illicit drugs. With this in mind, how can marijuana legalization further the movement to decriminalize other drugs?
The Drug War and the Militarization and Bastardization of Police
Even though some communities have always known police brutality, issues of impunity of action and corruption are now touching upon the mainstream like never before. Supported by lawmakers

and the judiciary, the police have become militarized and bastardized. What has caused the condoning of an ever increasing violent police force and how has the politics and violence of the drug trade and the drug war directly assisted with this phenomenon?

MDMA and Other Psychedelics: What Does Legal Access Look Like?

We all agree that criminalization of all drugs needs to end, and marijuana legalization has provided one model for that. Public and political support for moving immediately to the same model for other drugs is low – so in what other ways can we end criminalization and create legal access for MDMA and other psychedelic drugs? What would a medical model look like? Would a spiritual model using approved guides work for something like ayahuasca? What about licensing users or specific venues? And would any of these models show promise for drugs with addiction potential like cocaine, methamphetamine or heroin?

Reform For Those Who Sell Drugs: The Third Rail of Drug Policy Reform

This roundtable broached the subject of advocating for drug sellers. As we look to minimize the use of the criminal justice system where drug policy is concerned, how do we distinguish the drug dependent subsistence dealer and the more common mid-level drug dealer who's not dependent? Does compassion and the public health approach extend to those who sell drugs?

The Future of Digital Spaces, Drug Sales and Drug Policy

Shutting down the Silk Road and sentencing Ross Ulbricht to life in prison not only failed to end global online drug transactions, but actually led to having more digital drug marketplaces today than ever before. Leading experts discussed the benefits and risks of this new model of drug sales and how they can be used to help end the war on drugs.

Supervised Injection Facilities

Supervised injection facilities (SIFs) have been a crucial part of harm reduction initiatives allowing people to consume illicit drugs in a supervised, often clinical space. However, questions remain concerning the advantages SIFs offer and their role in addressing the HIV epidemic among people who use drugs. This session covered campaigns and strategies, both in the United States and internationally.

Drugs and America's Pop Culture: America's Untold Story!

From Bob Dylan to Nina Simone, Paul Robeson and Harry Belafonte, successful American artists have traditionally played a leading role in addressing social and political issues of their time. Have political activism and America's pop culture parted ways? If the criminal justice system is today's civil rights issue, what will it take to engage a cadre of pop artists who fully embrace art as politics?

Criminalized, Marginalized and "Othered": Lessons and Strategies for Fighting the Drug War in Hard Places

This roundtable focused on the diverse demographics among drug users. From pregnant women to individuals in LGBT circles and HIV-affected communities, what strategies are working and what can our movement learn about organizing with criminalized, marginalized and transient constituencies? How do we build a more robust movement that addresses the challenges and concerns of those least visible and most vulnerable to drug war policies?

What Does Drug Education and Prevention Look Like in the Age of Marijuana Legalization?

Despite successful marijuana legalization campaigns in Colorado, Washington, and the District of Columbia and California's potential legalization vote in 2016, the rhetoric of "Reefer Madness" type messages are being renewed even though recent studies show that teen marijuana use is falling as more states legalize it. This discussion brought together drug education and prevention experts to highlight the current research findings and tried to map out a path for effective drug education and prevention in the age of legalization.

United Nations: What's the Opportunity?

The U.N. General Assembly Special Session (UNGASS) on Drugs is less than a year away. This gathering presents an immense opportunity to build international momentum to end the war on drugs and highlight countries that have taken significant steps in implementing sensible drug laws. This roundtable focused on the set of "outside game" strategies taking place and ways in which UNGASS can advance the drug policy movement's common agenda.

Are the Party Kids Any Safer Yet? EDM Festivals, the Music Industry and Harm Reduction
Festival event producers are in a tough spot: always trying to balance demands for "zero tolerance" drug-free events versus trying their best to prepare for attendees who will use drugs. How are festivals starting to integrate drug education and onsite harm reduction services to keep their attendees safe? What challenges and limitations still remain? Will a national effort to change federal RAVE Act legislation clear the path? What more could be done?

In addition to these panels the conference featured three large plenary sessions, four documentary film screenings, mobile tours of Washington, D.C.'s drug war history, three-dozen community-based sessions led by conference participants and many other meetings.

SOME ADDITIONAL OBSERVATIONS AND THOUGHTS

The participants of the conference had many opportunities to intermingle together to discuss how the international and national drug policies have changed, are changing and will change. Even while disagreeing on some issues, they all agreed that »the war on drugs«, which is the war on some people who use drugs, should end. The conference was one of the biggest gathering of people who want to reform failed drug policies to discuss how these drug policies could now be based on science, compassion, health, and human rights. It was the impression that the focus of drug policy reforms, at least in USA, Canada and some other stats, was gradually shifting from the "why" end the drug war of the past few years to "how" to do it. The question of who still supports criminalizing cannabis users was often rasised? However, supporters of prohibition and repressive laws are becoming a relic of the past, at least in USA, while drug reformers are becoming more mainstream. But there's still a very long way to go.
The variety of conference topics discussed was impressive. For exmaple: the consequences of drug war, cannabis legalization, medical cannabis, drug education, minorities related issues, criminal justice system, harm reduction, activism and much more.
The conference also included the meetings of the organizations such as: »NORML Colorado«, »Denver Relief Consulting«, »Privateer Holdings«, »Cannabis Patients Alliance«, »Drug Policy Coalition«, »Students for Sensible Drug Policy Organization«, »Doctors for Cannabis Regulation« and others, all representing a wide variety of cannabis-related groups. It was insightful to hear from some of the people who are actually living in Uruguay's legally regulated world, or are active voices in the changing landscape of Jamaica as it passes decriminalization reforms for religious and medical uses of cannabis.

During the panel **"Beyond Prohibition: 21st Century Drug Policy"** the international drug policy experts discussed what would likely to happen with drug policies in the future? In many countries the focus of drug policy reformers would shift to a more comprehensive social justice movement. That means that the drug policy reform movement would intermix more with other movements such as public health and prison reforms. It would not to be just about »legalizing cannabis». On the international level, there would probably be more tolerance toward alternatives to the failed war on drugs.. Because the prohibition was the only way to deal with drug related problems, there was a lack of knowledge on other possibile alternatives.
During the panel **"Medical Cannabis in 2015: From the Lab to the Clinic"**, doctors and scientists such as Ethan Russo and others spoke about four pillars of a true medication: efficacy, safety, standardization and accessibility. He emphasized the weaknesses in many current cannabis clinical trials: too short of a duration, small sample sizes, the use of unstandardized cannabis preparations (which render results unreplicable), and the placebo effect – where the mere act of being in a trial results in a certain degree of subjective improvement in patients. Russo highlighted the need for a practical delivery system, and the minimization of risk and intoxication. Although he noted that epidemiological studies show that smoking cannabis does not cause cancer, he also affirmed that

smoking still has risks. In speaking to the minimization of intoxication as necessary for FDA approval, he noted, “I won’t say it’s a bad thing, but the FDA certainly thinks the euphoric effect is a bad thing”. Russo also spoke about pharmaceutical options such as Sativex (he has also worked for GW Pharmaceuticals) as important to easing some of the current controversies around cannabis as a medicine. Also, Russo highlighted the importance of standardized medicine such as Sativex for getting cannabis based medicines approved and in the hands of patients. He coined the term and concept ‘entourage effect’ and published the paper in the British Journal of Pharmacology describing the synergistic contributions of many compounds in cannabis. For example, terpenes, the molecules responsible for the plant’s smell, had been shown to block some cannabinoid receptor sites in the brain while promoting cannabinoid binding in others. As a result, terpenes were believed to affect many aspects of how the brain took in THC or CBD, while offering various therapeutic benefits of their own. Scientists like Dr. Russo and others are now using whole cannabis to develop new pharmaceuticals, in order to include the benefits of plant’s many compounds and the entourage effect. Also, another speaker, Dr. Michelle Sexton, knowing that some patients do not have success with pharmaceutical alternatives, spoke about to the importance of patient-doctor relationship, patient-plant relationship and patients needs. Sexton highlighted a more personal patient relationship to the plant, where issues such as entourage effect, including smell of the plant, are very important to patients.
Another, doctor, Sue Sisley talked about the many barriers to cannabis research that still existed, both practically and in the realm of stigma. Noting that many efficacy studies are often privately funded, she really highlighted how the DEA-NIDA monopoly on cannabis really impeded the work, where the DEA mandated a NIDA monopoly on the only available federal legal supply of cannabis for research. She showed the photo of this government-supply of cannabis for the research. This cannabis was riddled with sticks, stems and seeds. This of course was considerable obstacle to research, because this cannabis was regarded as much less potent and not enough medically active. There were also all sorts of community sessions addressing special local and regional issues, inlcluding specific topics on vulnurable groups and much more. Film screenings at the end of each day followed by post-screening discussions were also an excellent idea to keep on discussing about drug policy into the night. Another highlight of the conference took place the day before it’s official opening. It was called the »federal lobby day« and it allowed some of the participants to visit the members of congress to encourage them to support pending bills in the USA congress that could give a new direction to the drug policies. Many of the sessions were strongly focused on story-telling and appealing to emotions. Throughout the conference there was a strong commitment to social justice. The problem of mass incarceration was one of the most popular ones and some interesting questions were put forward more than once. It was agreed that the war on drugs should end, but what should be done about all the damage that has already been done? Another important topic was the next UN General Assembly Special Session on Drugs (UNGASS) which will be held in April 2016 in New York City.

THREE INDIVIDUAL MEETINGS

First, I met with Joshua Kappel who is the lawyer from Denver, Colorado, USA to discuss the regulations concerning the medical use of cannabis in Coloorado. Mr. Kappel is a partner at Vicente Sederberg LLC. In Colorado, he routinely provides advice to patients, caregivers, and businesses about medical cannabis, licensing, regulatory compliance, general business and transactional law, and the intersection of state and federal law. In addition to his work with Vicente Sederberg, he is the associate director of Sensible Colorado, advocating for medical cannabis patient rights. He has testified at numerous public hearings on issues related to medical cannabis and writes articles related to the regulations on medical cannabis. Mr. Kappel told that at the moment the legislation protects medical cannabis programs in the 23 states where medical marijuana is legal, as well as in 11 additional states that have legalized CBD oils, a non-psychoactive ingredient in cannabis that has

shown to be beneficial in some severe cases of epilepsy. Colorado legalized medical marijuana in 2000 and became the first state to legalize recreational marijuana in 2012. Still, the federal government continues to ban the plant in any form, classifying it as a Schedule I substance "with no currently accepted medical use". Also, he told the Colorado Department of Public Health and Environment created the confidential registry of patients who had applied for and were entitled to receive a registry identification card for medical cannabis. In order to be placed in the registry and to receive a registry identification card, an adult applicant must reside in Colorado and complete an application form supplied by the department and have such application signed and include the fee payment. To apply the patient must fill out the application form provided by the Colorado Department of Public Health and have it notarized. The medical doctor must fill out and sign their portion of the form. Patients need to update the registration and pay another $90 every year, with all documentation, even if it hasn't changed, including a new signed physicians statement. Any patient with a valid registry card may legally use cannabis for medicinal purposes and their caregiver may assist them in doing so. Eligible conditions include: AIDS, HIV, cancer, glaucoma and any of the following symptoms that are caused by a chronic or debilitating disease, or the treatment of such disease: cachexia severe pain, severe nausea, seizures, or persistent muscle spasms. A medical doctor must believe cannabis will relieve these symptoms. Colorado Department may add other conditions to this list. Patients can grow medical cannbis or have the caregiver grow it. There are dispensaries in Colorado, but the state medical marijuana laws do not regulate them. Local ordinances may affect how and whether dispensaries can operate in the community. A patient who is charged with a crime for having more medicine than the law allows may argue in court that possessing this extra medicine was medically necessary. The patient can legally possess six cannbis plants and only three of which may be mature enough to bear usable cannabis , plus two ounces of marijuana in usable form. Police are instructed not to harm or neglect any property related to medical cannabis a (including plants). At the time of application, the patient will indicate whether he or she will utilize a primary care-giver or a medical cannabis center. A "primary caregiver" must be at least eighteen years old and have significant responsibility for managing the well-being of a patient. The caregiver may legally grow, possess, and distribute cannabis for the patient. If the primary care-giver is not growing medical cannabis for the patient, the patient may designate a medical marijuana center to grow his/her cannabis plants. Minors may be legal medical cannabis patients as long as they have parental consent. Doctors cannot be punished for discussing or recommending medical cannabis to their patients.The doctor who writes the recommendation must be licensed in Colorado. At the moment the insurance companies does not cover medical cannabis expenses.

Second, I met with dr. Sue Sisley to discuss her study of cannabis use to treat post-traumatic stress disorder. She told me about her work with the University of Arizona for nearly eight years and how she was fired from this university in 2014, ostensibly because of "funding and reorganization issues". Dr. Sisley, however, maintained that it was because of her interest in studying the potential medical uses of cannabis to treat PTSD. She also gave valuable information on separate other studies investigating the potential medical benefits of cannabis. The USA studies, most of which will be overseen by researchers from various universities, will explore cannabis 's efficacy when used to treat post-traumatic stress disorder, Parkinson's disease, pediatric epilepsy and brain tumors. Some will compare the plant's painkilling qualities with those of prescription of opioids. The aim of this medical cannabis research is to help physicians better understand the biochemical effects of prescribed cannabis and to build on existing data about proper dosing from previous medical cannabis research programs. This research is also meant to help the states determine which medical conditions should be added to the state's list of ailments that make patients eligible for medical cannabis. However, most of this studies will still require federal approval and access to the federal government's legal cannbis supply. The federal government grows cannsbis for research purposes in the only federally legal garden in the U.S. The National Institute on Drug Abuse (NIDA) oversees the cultivation, production and distribution of these crops. However federal authorities have long

been accused of only funding cannabis research that focuses on the potential negative effects of the plant. The hundreds of grants for cannbis-related studies have received federal approval, but only a fraction of those have examined the potential medical benefits of cannabis. The only truly legal supplier of cannbis, the U.S. government, keeps too tight control and supressing the research on medical potentials. The federal government has essentially banned the ability of researchers to study the potential medicinal value of marijuana. The government officials defend their monopoly and giving cannabis mainly to researchers who want to find harms linked to the drug. However, a number of other studies outside USA in recent years have shown the medical and public health potential of cannabis polant. Also, some states, like Colorado state, have taken their own steps to do what the federal government should be doing , i.e. funding research into the potential medical value of cannabis.

Third, I met with Dr Frederick Polak, europea apsychiatrist member of The Netherlands Drug Policy Foundation from Amsterdam, the Netherlands, EU, to discuss the Netherlands policy on cannabis and »coffe shops«. Dr Polak is one of the most experienced and respected Netherlands psychiatrists in the field of drug use and one of the authoritative voices in the social and political debate on drug policy, in the Netherlands and EU. From 2009-2013 he was president of ENCOD (European Coalition for Just and Effective Drug Policies). He is member of the board of The Netherlands Drug Policy Foundation, Association for the Repeal of Cannabis prohibition. He has written and co-authored numerous articles and reports including »Drug Management through Legalisation« and »Thinking About Drug Law Reform: Some Political Dynamics of Medicalization«. Dr. Frederic told that the main aim of Netherlands drug policy is to reduce the harm drugs cause to individuals and society. The harm reduction policy in this country focuses on reducing the deaths, disease and crime drugs cause, rather than trying to eliminate drug use entirely. There is close collaboration between scientists, health and social services, police and other law enforcement justice bodies, politicians and others to improve drug policies. This collaboration is based on three concepts. First, the education, prevention and treatment are more effective than criminalising and punishing drug users. Second, certain drugs create greater medical harm than others, and intervention should focus on the most harmful drugs, including tobbaco and alcohol. Third, the considerable part of drug policy should be the efforts for ‘normalization’, which attempts to integrate drug users into society rather than excluding, isolating them and declaring them devenat or criminal. Dr. Polak emphasized the distinction concerning Netheralnds drug legislation and drug classes which led to different policy for cannabis. The drug policies are applied to the two categories of drugs, with the aim of creating a ‘separation of the markets’ between ‘hard’ (Schedule I) and ‘soft’ (Schedule II) drugs. The intention of this separation is to prevent users moving from cannabis to the misuse of ‘hard’ drugs. The production, possession and sale of cannabis are still punishable offences. However, in practice the Netherlands often employ the‘expediency principle’, which means that in certain cases the letter of the law is not enforced. For example, the possession of small amounts of cannabis (up to around 5g) is generally not prosecuted. Neither is the small-scale home cultivation of cannabis for personal use. While small-scale cannabis cultivation for personal use (5 plants or under) is tolerated, the same practice on an extensive scale is punished. Cannabis users rarely attract police attention unless they cause a danger to public health and safety. This approaches has enabled the establishment of the ‘coffee shops’. Cannabis was not legalised, but tolerated in legal terms and coffee shops must conform to official national guidelines: i.e., no under-age users, a maximum stock of 500g cannabis and a maximum purchase of 5g per adult user; no overt advertising, and no hard drugs and no nuisance. One of important inconsistency of the coffee shop system is that the establishment must buy the cannbis products at an illegal market.

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