

BRCA, INC.

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6/23/2011

Information and Evidence Unit

Office of the Prosecutor

International Criminal Court

2500 CM The Hague

The Netherlands

Dear Sir and Madame:

Please find attached an official request with documentation and a **Ninth Draft** of our **Legal Brief as Authentic Rastafarian Victims of America's Drug War** escalated with the **1997 US Supreme Court Repeal of the US Religious Freedom Restoration Act (RFRA) of 1993** which allowed the **American Drug War** to target **Authentic Rastafarians**. Because there are only as estimated 900,000 **Authentic Rastafarians** internationally we have little socio-political economic resources to protest this persecution

In 2005 our **Monastery and Poverty Reduction and Abatement RD & D Headquarters** was taken with a **phony deed** and in **2008** a good and valid grant check for \$310,000 from the **European Union/Special Programmes Body** headquartered in Monaghan, Ireland was confiscated under the slanderous charge it was "stolen."

By the grace of the **Most High God Annu I** and I am here in the Amsterdam area living under a bridge in order to participate in the investigation and trial if the **ICC** decides to initiate these proceedings.

Sincerely,

George W, Singleton, III BA., HD., DD.

BRCA, Inc. President, Founding Director

State of the World Forum Member # 20827

2007 and 2009 European Union Humanitarian Grantee

ATTACHMENT

NINTH DRAFT

6/23/2011

REQUEST OFFICE OF THE PROSECUTOR AND THE PRE-TRIAL CHAMBER JUDGES OF THE INTERNATIONAL CRIMINAL COURT (ICC), THE HAGUE, NETHERLANDS INVESTIGATE AND PUT ON TRIAL FOR "CRIMES AGAINST HUMANITY" THE UNITED STATES OF AMERICA AND UNITED KINGDOM OF GREAT BRITAIN IN THEIR "DRUG WAR" RATIONALE PERSECUTION OF AUTHENTIC ABORIGINAL RASTAFARIANS:

LEGAL SUMMARY

- 0.) 000_BRCA_Hague_ICC_Request for Inverstigation and Trial_Exhibit Inventory_6_22_2011_final
- 0-1.) 000_BRCA_Hague_ICC_Request for Inverstigation and Trial_Exhibit Inventory_6_24_2011_final
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- 21.) VII-a. __Indianapolis Star News Paper_Request to Editor Dennis Ryerson_11_01_2010_web
- 22.) VII-b. __BRCA, Inc._Desperate Plea to the American People_Press Release_10_29_2010
- 23.) VII-c. __BRCA Declaration of Socio-Political Economic War on Scythians_11_07_2010_legal page
- 24.) VIII-a. __UN_OHCHR_Help Request and Reply_7_13-19_2006
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- 27.) VIII-d. __PRESS RELEASE_UK 5 Lecture Series Tour Feb-March_1_31_2011
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[Jimmy Carter: End the Global War on Drugs](#)

Newsmax.com 6/19/2011

[Former American President] Jimmy Carter is just saying no to the war on drugs.

The former president argues in an **Op-Ed published Thursday [6/16/2011]** in The **New York Times** that **U.S. drug policy** has **backfired** in a terrible way by helping to escalate violence in Latin America.

Fighting the war on drugs abroad has cost the U.S. millions of dollars, while at home, it has caused our prison populations to swell, **Carter** says.

He writes that he pushed to **decriminalize possession of small amounts of marijuana** for personal use, with an emphasis on treatment for the user.

The **Reagan administration**, however, “began to shift from balanced drug policies, including the treatment and rehabilitation of addicts, toward futile attempts to control drug imports from foreign countries,” **Carter** writes.

As those countries try to eradicate **marijuana, coca, poppy** cultivation, they run up against the **wrath of the drug gangs**.

“One result has been a **terrible escalation in drug-related violence, corruption and gross violations of human rights** in a growing number of Latin American countries,” Carter says.

He cited a **report** by the **Global Commission on Drug Policy**, which says its mission is to seek “**humane and effective ways**” to reduce the negative effects of drugs on society.

“**The global war on drugs has failed,**” the **commission’s report** says.

It says when **the drug war began 40 years ago**, policymakers believed attacking production and harshly punishing users was the way to go.

“**In practice, the global scale of illegal drug markets – largely controlled by organized crime – has grown dramatically over this period,**” the report says.

Carter concurs, and he’s also worried about **the effect imprisonment of nonviolent, recreational users** has on American society.

“**About three-quarters of new admissions to state prisons are for nonviolent crimes. And the single greatest cause of prison population growth has been the war on drugs,**” the former president writes.

“Not only has this **excessive punishment** destroyed the lives of millions of young people and their families (**disproportionately minorities**), but it is wreaking havoc on state and local budgets,” he says.

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COMMENTS BY BRCA, INC. *PRESIDENT* AND “SCHOOL OF ON” RASTAFARIAN *HIGH PRIEST* GEORGE “AAKHUN” SINGLETON III, 2007 and 2009 EUROPEAN UNION HUMANITARIAN GRANTEE ON THIS ARTICLE

I have always admired Former President Jimmy Carter **especially his conduct as part of Habitat for Humanity house building initiative since being** cheated a Second Term **by the “shenanigans” of CIA Director George Bush Senior in the Iran-Contra Scam and Conspiracy and the resulting Iranian Hostage Crisis Extension and suspected CIA sabotage of Carter’s botched Helicopter Rescue Attempt that lead to the Election Victory of Ronald Reagan and George Bush, Sr. in the 1980 American Presidential Elections.**


Likewise I was very impressed in 2008 when Former President Jimmy Carter **courageously and single handedly stopped** then mega-maniac and war crime suspects American President George Bush Jr. and VP Dick Cheney attempts to yet start their third war with Iran over it’s nuclear weapons development aspirations and actions.

In this mode as leader the Former President Jimmy Carter’s **Op-Ed Article published in the New York Times Thursday, June 16, 2011 has courageously come out in support of the** call to end the Global Drug War lead by America and Great Britain that has not only increased domestic crime violence but has not worked to stem the tide of illicit drugs entering America and other countries many who are forced to participate in the Global Drug War to receive foreign aid from America and Great Britain.

The reason the Global Drug War **has failed is that it was never designed to succeed but has been a prime example of the** fascist and racist oligarch **that controls the world using it as** 1.) a political weapon against authentic Rastafarians and other left wing progressive change agent segments of humanity; and 2.) if something is banned it naturally increases the black market sales of that which is banned. **In countries like the Netherlands where drugs are legal but controlled by** user registration requirements **the result is decreased drug connected violence and addiction and prevention of drug user over crowded prisons.** **The negative affects of violating human rights reflects this the hypocrisy.**

I and I am now in the Netherlands developing an official human rights violation suit against the American Drug War persecution of Rastafarians at The Hague, International Criminal Court and the timing of Former President Jimmy Carter’s call to end the Global Drug War is courageous, right and perfect!

Yours in service,


George W. Singleton, BA., HD.

BRCA, Inc. President

“**Operation Blackberry Patch**” Tri-Chairperson

State of the World Forum Member # 20827

2007 and 2009 European Union Humanitarian Grantee



June 16, 2011

Call Off the Global Drug War

By JIMMY CARTER

Atlanta

IN an extraordinary new [initiative](#) announced earlier this month, the Global Commission on Drug Policy has made some courageous and profoundly important recommendations in a report on how to bring more effective control over the illicit drug trade. The commission includes the former presidents or prime ministers of five countries, a former secretary general of the United Nations, human rights leaders, and business and government leaders, including Richard Branson, George P. Shultz and Paul A. Volcker.

The report describes the total failure of the present global antidrug effort, and in particular America's "war on drugs," which was declared 40 years ago today. It notes that the global consumption of opiates has increased 34.5 percent, cocaine 27 percent and cannabis 8.5 percent from 1998 to 2008. Its primary recommendations are to substitute treatment for imprisonment for people who use drugs but do no harm to others, and to concentrate more coordinated international effort on combating violent criminal organizations rather than nonviolent, low-level offenders.

These recommendations are compatible with United States drug policy from three decades ago. In a [message to Congress](#) in 1977, I said the country should decriminalize the possession of less than an ounce of [marijuana](#), with a full program of treatment for addicts. I also cautioned against filling our prisons with young people who were no threat to society, and summarized by saying: "Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself."

These ideas were widely accepted at the time. But in the 1980s President Ronald Reagan and Congress began to shift from balanced drug policies, including the treatment and rehabilitation of addicts, toward futile efforts to control drug imports from foreign countries.

This approach entailed an enormous expenditure of resources and the dependence on police and military forces to reduce the foreign cultivation of marijuana, coca and opium poppy and the production of cocaine and heroin. One result has been a terrible escalation in drug-related violence, corruption and gross violations of human rights in a growing number of Latin American countries.

The commission's facts and arguments are persuasive. It recommends that governments be encouraged to experiment "with models of legal regulation of drugs ... that are designed to undermine the power of organized crime and safeguard the health and security of their citizens." For effective examples, they can look to policies that have shown promising results in Europe, Australia and other places.

But they probably won't turn to the United States for advice. Drug policies here are more punitive and counterproductive than in other democracies, and have brought about an [explosion in prison populations](#). At the end of 1980, just before I left office, 500,000 people



ON DRUGS

REPORT OF THE
GLOBAL COMMISSION
ON DRUG POLICY

JUNE 2011

REPORT OF THE GLOBAL COMMISSION ON DRUG POLICY

To learn more about the Commission, visit:
www.globalcommissionondrugs.org

Or email: declaration@globalcommissionondrugs.org

COMMISSIONERS

Asma Jahangir, human rights activist, former UN Special Rapporteur on Arbitrary, Extrajudicial and Summary Executions, Pakistan

Carlos Fuentes, writer and public intellectual, Mexico

César Gaviria, former President of Colombia

Ernesto Zedillo, former President of Mexico

Fernando Henrique Cardoso, former President of Brazil (chair)

George Papandreou, Prime Minister of Greece

George P. Shultz, former Secretary of State, United States (honorary chair)

Javier Solana, former European Union High Representative for the Common Foreign and Security Policy, Spain

John Whitehead, banker and civil servant, chair of the World Trade Center Memorial Foundation, United States

Kofi Annan, former Secretary General of the United Nations, Ghana

Louise Arbour, former UN High Commissioner for Human Rights, President of the International Crisis Group, Canada

Maria Cattai, Petroplus Holdings Board member, former Secretary-General of the International Chamber of Commerce, Switzerland

Mario Vargas Llosa, writer and public intellectual, Peru

Marion Caspers-Merk, former State Secretary at the German Federal Ministry of Health

Michel Kazatchkine, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, France

Paul Volcker, former Chairman of the United States Federal Reserve and of the Economic Recovery Board

Richard Branson, entrepreneur, advocate for social causes, founder of the Virgin Group, co-founder of The Elders, United Kingdom

Ruth Dreifuss, former President of Switzerland and Minister of Home Affairs

Thorvald Stoltenberg, former Minister of Foreign Affairs and UN High Commissioner for Refugees, Norway

EXECUTIVE SUMMARY

The global war on drugs has failed, with devastating consequences for individuals and societies around the world. Fifty years after the initiation of the UN Single Convention on Narcotic Drugs, and 40 years after President Nixon launched the US government's war on drugs, fundamental reforms in national and global drug control policies are urgently needed.

Vast expenditures on criminalization and repressive measures directed at producers, traffickers and consumers of illegal drugs have clearly failed to effectively curtail supply or consumption. Apparent victories in eliminating one source or trafficking organization are negated almost instantly by the emergence of other sources and traffickers. Repressive efforts directed at consumers impede public health measures to reduce HIV/AIDS, overdose fatalities and other harmful consequences of drug use. Government expenditures on futile supply reduction strategies and incarceration displace more cost-effective and evidence-based investments in demand and harm reduction.

Our principles and recommendations can be summarized as follows:

End the criminalization, marginalization and stigmatization of people who use drugs but who do no harm to others. Challenge rather than reinforce common misconceptions about drug markets, drug use and drug dependence.

Encourage experimentation by governments with models of legal regulation of drugs to undermine the power of organized crime and safeguard the health and security of their citizens. This recommendation applies especially to cannabis, but we also encourage other experiments in decriminalization and legal regulation that can accomplish these objectives and provide models for others.

Offer health and treatment services to those in need. Ensure that a variety of treatment modalities are available, including not just methadone and buprenorphine treatment but also the heroin-assisted treatment programs that have proven successful in many European countries and Canada. Implement syringe access and other harm reduction measures that have proven effective in reducing transmission of HIV and other blood-borne infections as well as fatal overdoses. Respect the human rights of people who use drugs. Abolish abusive practices carried out in the name of treatment – such as forced detention,

forced labor, and physical or psychological abuse – that contravene human rights standards and norms or that remove the right to self-determination.

Apply much the same principles and policies stated above to people involved in the lower ends of illegal drug markets, such as farmers, couriers and petty sellers. Many are themselves victims of violence and intimidation or are drug dependent. Arresting and incarcerating tens of millions of these people in recent decades has filled prisons and destroyed lives and families without reducing the availability of illicit drugs or the power of criminal organizations. There appears to be almost no limit to the number of people willing to engage in such activities to better their lives, provide for their families, or otherwise escape poverty. Drug control resources are better directed elsewhere.

Invest in activities that can both prevent young people from taking drugs in the first place and also prevent those who do use drugs from developing more serious problems. Eschew simplistic ‘just say no’ messages and ‘zero tolerance’ policies in favor of educational efforts grounded in credible information and prevention programs that focus on social skills and peer influences. The most successful prevention efforts may be those targeted at specific at-risk groups.

Focus repressive actions on violent criminal organizations, but do so in ways that undermine their power and reach while prioritizing the reduction of violence and intimidation. Law enforcement efforts should focus not on reducing drug markets *per se* but rather on reducing their harms to individuals, communities and national security.

Begin the transformation of the global drug prohibition regime. Replace drug policies and strategies driven by ideology and political convenience with fiscally responsible policies and strategies grounded in science, health, security and human rights – and adopt appropriate criteria for their evaluation. Review the scheduling of drugs that has resulted in obvious anomalies like the flawed categorization of cannabis, coca leaf and MDMA. Ensure that the international conventions are interpreted and/or revised to accommodate robust experimentation with harm reduction, decriminalization and legal regulatory policies.

Break the taboo on debate and reform. The time for action is now.

INTRODUCTION

UNITED NATIONS ESTIMATES OF ANNUAL DRUG CONSUMPTION, 1998 TO 2008

	Opiates	Cocaine	Cannabis
1998	12.9 million	13.4 million	147.4 million
2008	17.35 million	17 million	160 million
% Increase	34.5%	27%	8.5%

The global war on drugs has failed. When the United Nations Single Convention on Narcotic Drugs came into being 50 years ago, and when President Nixon launched the US government's war on drugs 40 years ago, policymakers believed that harsh law enforcement action against those involved in drug production, distribution and use would lead to an ever-diminishing market in controlled drugs such as heroin, cocaine and cannabis, and the eventual achievement of a 'drug free world'. In practice, the global scale of illegal drug markets – largely controlled by organized crime – has grown dramatically over this period. While accurate estimates of global consumption across the entire 50-year period are not available, an analysis of the last 10 years alone^{1,2,3,4} shows a large and growing market. (See *chart above*.)

In spite of the increasing evidence that current policies are not achieving their objectives, most policymaking bodies at the national and international level have tended to avoid open scrutiny or debate on alternatives.

This lack of leadership on drug policy has prompted the establishment of our Commission, and leads us to our view that the time is now right for a serious, comprehensive and wide-ranging review of strategies to respond to the drug phenomenon. The starting point for this review is the recognition of the global drug problem as a set of interlinked health and social challenges to be managed, rather than a war to be won.

Commission members have agreed on four core principles that should guide national and international drug policies and strategies, and have made eleven recommendations for action.

PRINCIPLES

1. Drug policies must be based on solid empirical and scientific evidence. The primary measure of success should be the reduction of harm to the health, security and welfare of individuals and society.

In the 50 years since the United Nations initiated a truly global drug prohibition system, we have learned much about the nature and patterns of drug production, distribution, use and dependence, and the effectiveness of our attempts to reduce these problems. It might have been understandable that the architects of the system would place faith in the concept of eradicating drug production and use (in the light of the limited evidence available at the time). There is no excuse, however, for ignoring the evidence and experience accumulated since then. Drug policies and strategies at all levels too often continue to be driven by ideological perspectives, or political convenience, and pay too little attention to the complexities of the drug market, drug use and drug addiction.

Effective policymaking requires a clear articulation of the policy's objectives. The 1961 UN Single Convention on Narcotic Drugs made it clear that the ultimate objective of the system was the improvement of the 'health and welfare of mankind'.

This reminds us that drug policies were initially developed and implemented in the hope of achieving **outcomes** in terms of a reduction in harms to individuals and society – less crime, better health, and more economic and social development. However, we have primarily been measuring our success in the war on drugs by entirely different measures – those that report on **processes**, such as the number of arrests, the amounts seized, or the harshness of punishments. These indicators may tell us how tough we are being, but they do not tell us how successful we are in improving the 'health and welfare of mankind'.

2. Drug policies must be based on human rights and public health principles. We should end the stigmatization and marginalization of people who use certain drugs and those involved in the lower levels of cultivation, production and distribution, and treat people dependent on drugs as patients, not criminals.

Certain fundamental principles underpin all aspects of national and international policy. These are enshrined in the Universal Declaration of Human Rights and many international treaties that have followed. Of particular relevance to drug policy are the rights to life, to health, to due process and a fair trial, to be free from torture or cruel, inhuman or degrading treatment, from slavery, and from discrimination. These rights are inalienable, and commitment to them takes precedence over other international agreements, including the drug control conventions. As the UN High Commissioner for Human Rights, Navanethem Pillay, has stated, "Individuals who use drugs do not forfeit their human rights. Too often, drug users suffer discrimination, are forced to accept treatment, marginalized and often harmed by approaches which over-emphasize criminalization and punishment while under-emphasizing harm reduction and respect for human rights."⁵

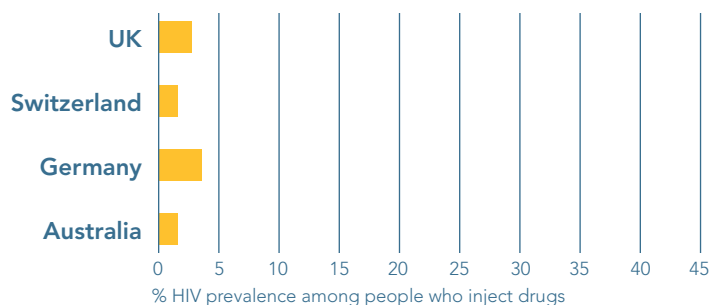
A number of well-established and proven public health measures^{6,7} (generally referred to as *harm reduction*, an approach that includes syringe access and treatment using the proven medications methadone or buprenorphine) can minimize the risk of drug overdose deaths and the transmission of HIV and other blood-borne infections.⁸ However, governments often do not fully implement these interventions, concerned that by improving the health of people who use drugs, they are undermining a 'tough on drugs' message. This is illogical – sacrificing the health and welfare of one group of citizens when effective health protection measures are available is unacceptable, and increases the risks faced by the wider community.

PRINCIPLES

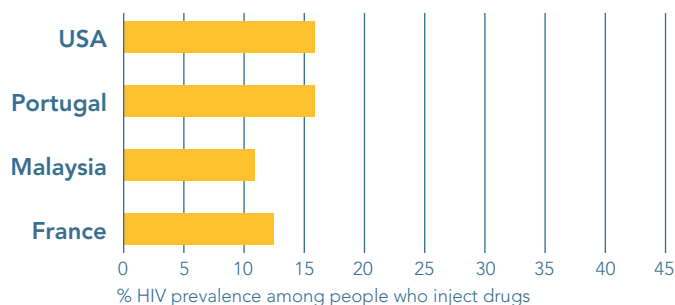
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IMPACT OF DRUG POLICIES ON RECENT HIV PREVALENCE AMONG PEOPLE WHO INJECT DRUGS⁹

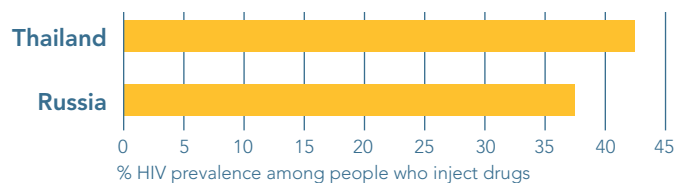
Sample of countries that have consistently implemented comprehensive harm reduction strategies:



Sample of countries that have introduced harm reduction strategies partially, or late in the progress of the epidemic:



Sample of countries that have consistently resisted large scale implementation of harm reduction strategies, despite the presence of drug injecting and sharing:



Countries that implemented harm reduction and public health strategies early have experienced consistently low rates of HIV transmission among people who inject drugs. Similarly, countries that responded to increasing HIV prevalence among drug users by introducing harm reduction programs have been successful in containing and reversing the further spread of HIV. On the other hand, many countries that have relied on repression and deterrence as a response to increasing rates of drug-related HIV transmission are experiencing the highest rates of HIV among drug using populations.^{10,11,12}

An indiscriminate approach to 'drug trafficking' is similarly problematic. Many people taking part in the drug market are themselves the victims of violence and intimidation, or are dependent on drugs. An example of this phenomenon are the drug 'mules' who take the most visible and risky roles in the supply and delivery chain. Unlike those in charge of drug trafficking organizations, these individuals do not usually have an extensive and violent criminal history, and some engage in the drug trade primarily to get money for their own drug dependence. We should not treat all those arrested for trafficking as equally culpable – many are coerced into their actions, or are driven to desperate measures through their own addiction or economic situation. It is not appropriate to punish such individuals in the same way as the members of violent organized crime groups who control the market.

Finally, many countries still react to people dependent on drugs with punishment and stigmatization. In reality, drug dependence is a complex health condition that has a mixture of causes – social, psychological and physical (including, for example, harsh living conditions, or a history of personal trauma or emotional problems). Trying to manage this complex condition through punishment is ineffective – much greater success can be achieved by providing a range of evidence-based drug treatment services. Countries that have treated citizens dependent on drugs as patients in need of treatment, instead of criminals deserving of punishment, have demonstrated extremely positive results in crime reduction, health improvement, and overcoming dependence.

PATIENTS NOT CRIMINALS: A MORE HUMANE AND EFFECTIVE APPROACH

Case Study One: Switzerland¹³

In response to severe and highly visible drug problems that developed across the country in the 1980s, Switzerland implemented a new set of policies and programs (including heroin substitution programs) based on public health instead of criminalization. The consistent implementation of this policy has led to an overall reduction in the number of people addicted to heroin as well as a range of other benefits. A key study¹⁴ concluded that:

“Heroin substitution targeted hard-core problematic users (heavy consumers) – assuming that 3,000 addicts represent 10 percent to 15 percent of Switzerland’s heroin users that may account for 30 percent to 60 percent of the demand for heroin on illegal markets. Heavily engaged in both drug dealing and other forms of crime, they also served as a link between wholesalers and users. As these hard-core users found a steady, legal means for their addiction, their illicit drug use was reduced as well as their need to deal in heroin and engage in other criminal activities.

The heroin substitution program had three effects on the drug market:

- It substantially reduced the consumption among the heaviest users, and this reduction in demand affected the viability of the market. (For example, the number of new addicts registered in Zurich in 1990 was 850. By 2005, the number had fallen to 150.)
- It reduced levels of other criminal activity associated with the market. (For example, there was a 90 percent reduction in property crimes committed by participants in the program.)
- By removing local addicts and dealers, Swiss casual users found it difficult to make contact with sellers.”

Case Study Two: United Kingdom¹⁵

Research carried out in the UK into the effects of their policy of diversion from custody into treatment programs clearly demonstrated a reduction in offending following treatment intervention. In addition to self-reports, the researchers in this case also referred to police criminal records data. The research shows that the numbers of charges brought against 1,476 drug users in the years before and after entering treatment reduced by 48 percent.

Case Study Three: The Netherlands^{16,17,18}

Of all EU-15 countries, the percentage of people who inject heroin is the lowest in the Netherlands and there is no new influx of problematic users. Heroin has lost its appeal to the mainstream youth and is considered a ‘dead-end street drug’. The number of problematic heroin users has dropped significantly and the average age of users has risen considerably. Large-scale, low-threshold drug treatment and harm reduction services include syringe access and the prescription of methadone and heroin under strict conditions.

Medically prescribed heroin has been found in the Netherlands to reduce petty crime and public nuisance, and to have positive effects on the health of people struggling with addiction. In 2001, the estimated number of people in the Netherlands dependent on heroin was 28-30,000. By 2008, that number had fallen to 18,000. The Dutch population of opiate users is in the process of aging – the proportion of young opiate users (aged 15-29) receiving treatment for addiction has also declined.

PRINCIPLES

(Continued)

3. The development and implementation of drug policies should be a global shared responsibility, but also needs to take into consideration diverse political, social and cultural realities. Policies should respect the rights and needs of people affected by production, trafficking and consumption, as explicitly acknowledged in the 1988 Convention on Drug Trafficking.

The UN drug control system is built on the idea that all governments should work together to tackle drug markets and related problems. This is a reasonable starting point, and there is certainly a responsibility to be shared between producing, transit and consuming countries (although the distinction is increasingly blurred, as many countries now experience elements of all three).

However, the idea of shared responsibility has too often become a straitjacket that inhibits policy development and experimentation. The UN (through the International Narcotics Control Board), and in particular the US (notably through its 'certification' process), have worked strenuously over the last 50 years to ensure that all countries adopt the same rigid approach to drug policy – the same laws, and the same tough approach to their enforcement. As national governments have become more aware of the complexities of the problems, and options for policy responses in their own territories, many have opted to use the flexibilities within the Conventions to try new strategies and programs, such as decriminalization initiatives or harm reduction programs. When these involve a more tolerant approach to drug use, governments have faced international diplomatic pressure to 'protect the integrity of the Conventions', even when the policy is legal, successful and supported in the country.

A current example of this process (what may be described as 'drug control imperialism'), can be observed with the proposal by the Bolivian government to remove the practice of coca leaf chewing from the sections of the 1961 Convention that prohibit all non-medical uses. Despite the fact that successive studies have shown¹⁹ that the indigenous practice of coca leaf chewing is associated with none of the harms of international cocaine markets, and that a clear majority of the Bolivian population (and neighboring countries) support this change, many of the rich 'cocaine consumer' countries (led by the US) have formally objected to the amendment.²⁰

The idea that the international drug control system is immutable, and that any amendment – however reasonable or slight – is a threat to the integrity of the entire system, is short-sighted. As with all multilateral agreements, the drug conventions need to be subject to constant review and modernization in light of changing and variable circumstances. Specifically, national governments must be enabled to exercise the freedom to experiment with responses more suited to their circumstances. This analysis and exchange of experiences is a crucial element of the process of learning about the relative effectiveness of different approaches, but the belief that we all need to have exactly the same laws, restrictions and programs has been an unhelpful restriction.

UNINTENDED CONSEQUENCES

The implementation of the war on drugs has generated widespread negative consequences for societies in producer, transit and consumer countries. These negative consequences were well summarized by the former Executive Director of the United Nations Office on Drugs and Crime, Antonio Maria Costa, as falling into five broad categories:

1. The growth of a ‘huge criminal black market’, financed by the risk-escalated profits of supplying international demand for illicit drugs.
2. Extensive policy displacement, the result of using scarce resources to fund a vast law enforcement effort intended to address this criminal market.
3. Geographical displacement, often known as ‘the balloon effect’, whereby drug production shifts location to avoid the attentions of law enforcement.
4. Substance displacement, or the movement of consumers to new substances when their previous drug of choice becomes difficult to obtain, for instance through law enforcement pressure.
5. The perception and treatment of drug users, who are stigmatized, marginalized and excluded.²¹

4. Drug policies must be pursued in a comprehensive manner, involving families, schools, public health specialists, development practitioners and civil society leaders, in partnership with law enforcement agencies and other relevant governmental bodies.

With their strong focus on law enforcement and punishment, it is not surprising that the leading institutions in the implementation of the drug control system have been the police, border control and military authorities directed by Ministries of Justice, Security or Interior. At the multilateral level, regional or United Nations structures are also dominated by these interests.

Although governments have increasingly recognized that law enforcement strategies for drug control need to be integrated into a broader approach with social and public health programs, the structures for policymaking, budget allocation, and implementation have not modernized at the same pace.

These institutional dynamics obstruct objective and evidence-based policymaking. This is more than a theoretical problem – repeated studies^{22,23} have demonstrated that governments achieve much greater financial and social benefit for their communities by investing in health and social programs, rather than investing in supply reduction and law enforcement activities. However, in most countries, the vast majority of available resources are spent on the enforcement of drug laws and the punishment of people who use drugs.²⁴

The lack of coherence is even more marked at the United Nations. The development of the global drug control regime involved the creation of three bodies to oversee the implementation of the conventions – the UN Office on Drugs and Crime (UNODC), the International Narcotics Control Board (INCB), and the Commission on Narcotic Drugs (CND). This structure is premised on the notion that international drug control is primarily a fight against crime and criminals. Unsurprisingly, there is a built-in vested interest in maintaining the law enforcement focus and the senior decisionmakers in these bodies have traditionally been most familiar with this framework.

Now that the nature of the drug policy challenge has changed, the institutions must follow. Global drug policy should be created from the shared strategies of all interested multilateral agencies – UNODC of course, but also UNAIDS, WHO, UNDP, UNICEF, UN Women, the World Bank, and the Office of the High Commissioner on Human Rights. The marginalization of the World Health Organization is particularly worrisome given the fact that it has been given a specific mandate under the drug control treaties.

RECOMMENDATIONS

- 1. Break the taboo. Pursue an open debate and promote policies that effectively reduce consumption, and that prevent and reduce harms related to drug use and drug control policies. Increase investment in research and analysis into the impact of different policies and programs.²⁵**

Political leaders and public figures should have the courage to articulate publicly what many of them acknowledge privately: that the evidence overwhelmingly demonstrates that repressive strategies will not solve the drug problem, and that the war on drugs has not, and cannot, be won. Governments do have the power to pursue a mix of policies that are appropriate to their own situation, and manage the problems caused by drug markets and drug use in a way that has a much more positive impact on the level of related crime, as well as social and health harms.

- 2. Replace the criminalization and punishment of people who use drugs with the offer of health and treatment services to those who need them.**

A key idea behind the 'war on drugs' approach was that the threat of arrest and harsh punishment would deter people from using drugs. In practice, this hypothesis has been disproved – many countries that have enacted harsh laws and implemented widespread arrest and imprisonment of drug users and low-level dealers have higher levels of drug use and related problems than countries with more tolerant approaches. Similarly, countries that have introduced decriminalization, or other forms of reduction in arrest or punishment, have not seen the rises in drug use or dependence rates that had been feared.

DECRIMINALIZATION INITIATIVES DO NOT RESULT IN SIGNIFICANT INCREASES IN DRUG USE

Portugal

In July 2001, Portugal became the first European country to decriminalize the use and possession of all illicit drugs. Many observers were critical of the policy, believing that it would lead to increases in drug use and associated problems. Dr. Caitlin Hughes of the University of New South Wales and Professor Alex Stevens of the University of Kent have undertaken detailed research into the effects of decriminalization in Portugal. Their recently published findings²⁶ have shown that this was not the case, replicating the conclusions of their earlier study²⁷ and that of the CATO Institute²⁸.

Hughes and Stevens' 2010 report detects a slight increase in overall rates of drug use in Portugal in the 10 years since decriminalization, but at a level consistent with other similar countries where drug use remained criminalized. Within this general trend, there has also been a specific decline in the use of heroin, which was in 2001 the main concern of the Portuguese government. Their overall conclusion is that the removal of criminal penalties, combined with the use of alternative therapeutic responses to people struggling with drug dependence, has reduced the burden of drug law enforcement on the criminal justice system and the overall level of problematic drug use.

Comparing Dutch and US Cities

A study by Reinerman, et. al. compared the very different regulatory environments of Amsterdam, whose liberal "cannabis cafe" policies (a form of *de facto* decriminalization) go back to the 1970s, and San Francisco, in the US, which criminalizes cannabis users. The researchers wished to examine whether the more repressive policy environment of San Francisco deterred citizens from smoking cannabis or delayed the onset of use. They found that it did not, concluding that:

"Our findings do not support claims that criminalization reduces cannabis use and that decriminalization increases cannabis use... With the exception of higher drug use in San Francisco, we found strong similarities across both cities. We found no evidence to support claims that criminalization reduces use or that decriminalization increases use."²⁹

Australia

The state of Western Australia introduced a decriminalization scheme for cannabis in 2004, and researchers evaluated its impact by comparing prevalence trends in that state with trends in the rest of the country. The study was complicated by the fact that it took place in a period when the use of cannabis was in general decline across the country. However, the researchers found that this downward trend was the same in Western Australia, which had replaced criminal sanctions for the use or possession of cannabis with administrative penalties, typically the receipt of a police warning called a 'notice of infringement'. The authors state:

"The cannabis use data in this study suggest that, unlike the predictions of those public commentators who were critical of the scheme, cannabis use in Western Australia appears to have continued to decline despite the introduction of the Cannabis Infringement Notice Scheme."³⁰

Comparisons Between Different States in the US

Although cannabis possession is a criminal offense under US federal laws, individual states have varying policies toward possession of the drug. In the *2008 Report of the Cannabis Commission* convened by the Beckley Foundation, the authors reviewed research that had been undertaken to compare cannabis prevalence in those states that had decriminalized with those that maintained criminal punishments for possession. They concluded that:

"Taken together, these four studies indicated that states which introduced reforms did not experience greater increases in cannabis use among adults or adolescents. Nor did surveys in these states show more favorable attitudes towards cannabis use than those states which maintained strict prohibition with criminal penalties."³¹

In the light of these experiences, it is clear that the policy of harsh criminalization and punishment of drug use has been an expensive mistake, and governments should take steps to refocus their efforts and resources on diverting drug users into health and social care services. Of course, this does not necessarily mean that sanctions should be removed altogether – many drug users will also commit other crimes for which they need to be held responsible – but the primary reaction to drug possession and use should be the offer of appropriate advice, treatment and health services to individuals who need them, rather than expensive and counterproductive criminal punishments.

3. Encourage experimentation by governments with models of legal regulation of drugs (with cannabis, for example) that are designed to undermine the power of organized crime and safeguard the health and security of their citizens.

The debate on alternative models of drug market regulation has too often been constrained by false dichotomies – tough or soft, repressive or liberal. In fact, we are all seeking the same objective – a set of drug policies and programs that minimize health and social harms, and maximize individual and national security. It is unhelpful to ignore those who argue for a taxed and regulated market for currently illicit drugs. This is a policy option that should be explored with the same rigor as any other.³²

If national governments or local administrations feel that decriminalization policies will save money and deliver better health and social outcomes for their communities, or that the creation of a regulated market may reduce the power of organized crime and improve the security of their citizens, then the international community should support and facilitate such policy experiments and learn from their application.





Similarly, national authorities and the UN need to review the scheduling of different substances. The current schedules, designed to represent the relative risks and harms of various drugs, were set in place 50 years ago when there was little scientific evidence on which to base these decisions. This has resulted in some obvious anomalies – cannabis and coca leaf, in particular, now seem to be incorrectly scheduled and this needs to be addressed.

DISCREPANCIES BETWEEN LEVELS OF CONTROL AND LEVELS OF HARM

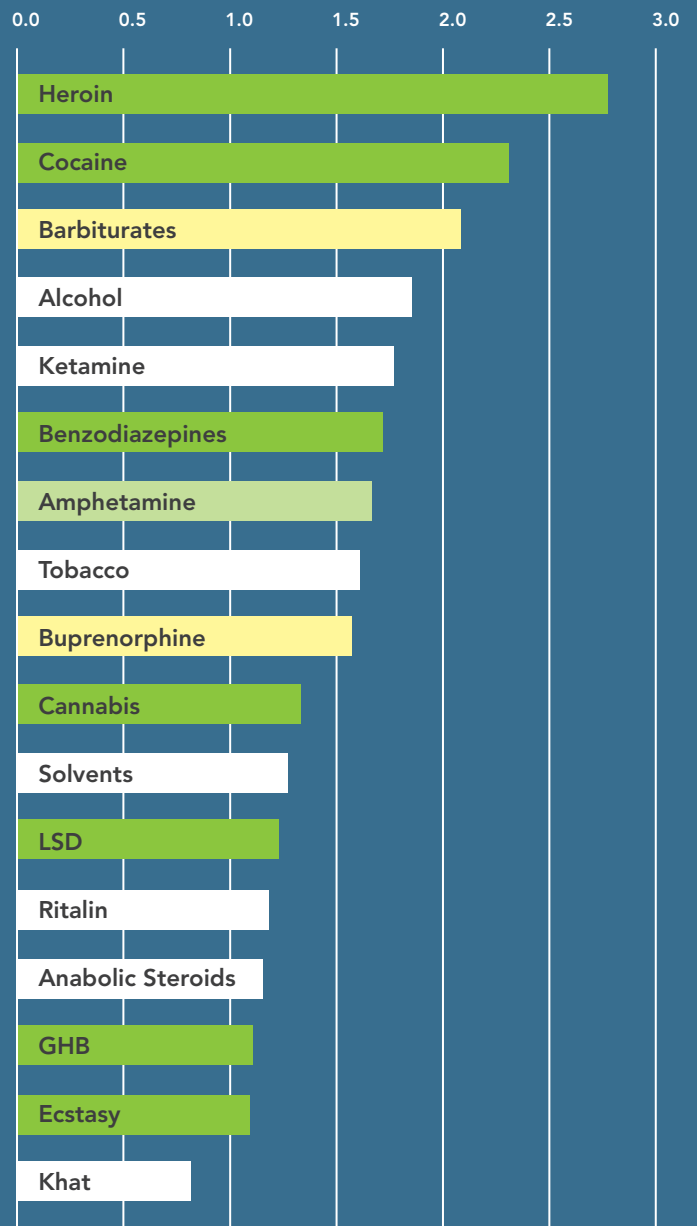
In a report published by *The Lancet* in 2007, a team of scientists³³ attempted to rank a range of psychoactive drugs according to the actual and potential harms they could cause to society. The graph at right summarizes their findings and contrasts them with the seriousness with which the drugs are treated within the global drug control system.

While these are crude assessments, they clearly show that the categories of seriousness ascribed to various substances in international treaties need to be reviewed in the light of current scientific knowledge.

UN CLASSIFICATION

-  Most Dangerous
-  Moderate Risk
-  Low Risk
-  Not Subject to International Control

INDEPENDENT EXPERT ASSESSMENTS OF RISK



RECOMMENDATIONS

(Continued)

4. Establish better metrics, indicators and goals to measure progress.

The current system of measuring success in the drug policy field is fundamentally flawed.³⁴ The impact of most drug strategies are currently assessed by the level of crops eradicated, arrests, seizures and punishments applied to users, growers and dealers. In fact, arresting and punishing drug users does little to reduce levels of drug use, taking out low-level dealers simply creates a market opportunity for others, and even the largest and most successful operations against organized criminals (that take years to plan and implement) have been shown to have, at best, a marginal and short-lived impact on drug prices and availability. Similarly, eradication of opium, cannabis or coca crops merely displaces illicit cultivation to other areas.

A new set of indicators is needed to truly show the outcomes of drug policies, according to their harms or benefits for individuals and communities – for example, the number of victims of drug market-related violence and intimidation; the level of corruption generated by drug markets; the level of petty crime committed by dependent users; levels of social and economic development in communities where drug production, selling or consumption are concentrated; the level of drug dependence in communities; the level of overdose deaths; and the level of HIV or hepatitis C infection among drug users. Policymakers can and should articulate and measure the outcome of these objectives.

The expenditure of public resources should therefore be focused on activities that can be shown to have a positive impact on these objectives. In the current circumstances in most countries, this would mean increased investment in health and social programs, and improved targeting of law enforcement resources to address the violence and corruption associated with drug markets.³⁵ In a time of fiscal austerity, we can no longer afford to maintain multibillion dollar investments that have largely symbolic value.

5. Challenge, rather than reinforce, common misconceptions about drug markets, drug use and drug dependence.

Currently, too many policymakers reinforce the idea that all people who use drugs are ‘amoral addicts’, and all those involved in drug markets are ruthless criminal masterminds. The reality is much more complex. The United Nations makes a conservative estimate that there are currently 250 million illicit drug users in the world, and that there are millions more involved in cultivation, production and distribution. We simply cannot treat them all as criminals.

To some extent, policymakers’ reluctance to acknowledge this complexity is rooted in their understanding of public opinion on these issues. Many ordinary citizens do have genuine fears about the negative impacts of illegal drug markets, or the behavior of people dependent on, or under the influence of, illicit drugs. These fears are grounded in some general assumptions about people who use drugs and drug markets, that government and civil society experts need to address by increasing awareness of some established (but largely unrecognized) facts. For example:

- The majority of people who use drugs do not fit the stereotype of the ‘amoral and pitiful addict’. Of the estimated 250 million drug users worldwide, the United Nations estimates that less than 10 percent can be classified as dependent, or ‘problem drug users’.³⁶
- Most people involved in the illicit cultivation of coca, opium poppy, or cannabis are small farmers struggling to make a living for their families. Alternative livelihood opportunities are better investments than destroying their only available means of survival.
- The factors that influence an individual’s decision to start using drugs have more to do with fashion, peer influence, and social and economic context, than with the drug’s legal status, risk of detection, or government prevention messages.^{37, 38}
- The factors that contribute to the development of problematic or dependent patterns of use have more to do with childhood trauma or neglect, harsh living conditions, social marginalization, and emotional problems, rather than moral weakness or hedonism.³⁹

RECOMMENDATIONS

(Continued)

- It is not possible to frighten or punish someone out of drug dependence, but with the right sort of evidence-based treatment, dependent users can change their behavior and be active and productive members of the community.⁴⁰
- Most people involved in drug trafficking are petty dealers and not the stereotyped gangsters from the movies – the vast majority of people imprisoned for drug dealing or trafficking are ‘small fish’ in the operation (often coerced into carrying or selling drugs), who can easily be replaced without disruption to the supply.^{41,42}

A more mature and balanced political and media discourse can help to increase public awareness and understanding. Specifically, providing a voice to representatives of farmers, users, families and other communities affected by drug use and dependence can help to counter myths and misunderstandings.

6. Countries that continue to invest mostly in a law enforcement approach (despite the evidence) should focus their repressive actions on violent organized crime and drug traffickers, in order to reduce the harms associated with the illicit drug market.

The resources of law enforcement agencies can be much more effectively targeted at battling the organized crime groups that have expanded their power and reach on the back of drug market profits. In many parts of the world, the violence, intimidation and corruption perpetrated by these groups is a significant threat to individual and national security and to democratic institutions, so efforts by governments and law enforcement agencies to curtail their activities remain essential.

However, there is a need to review our tactics in this fight. There is a plausible theory put forward by MacCoun and Reuter⁴³ that suggests that supply reduction efforts are most effective in a new and undeveloped market, where the sources of supply are controlled by a small number of trafficking organizations. Where these conditions exist, appropriately designed and targeted law enforcement operations have the potential to stifle the emergence of new markets. We face such a situation now in West Africa. On the other hand, where drug markets are diverse and well-established, preventing drug use by stopping supply is not a realistic objective.

DRUGS IN WEST AFRICA: RESPONDING TO THE GROWING CHALLENGE OF NARCOTRAFFIC AND ORGANIZED CRIME

In just a few years, West Africa has become a major transit and re-packaging hub for cocaine following a strategic shift of Latin American drug syndicates toward the European market. Profiting from weak governance, endemic poverty, instability and ill-equipped police and judicial institutions, and bolstered by the enormous value of the drug trade, criminal networks have infiltrated governments, state institutions and the military. Corruption and money laundering, driven by the drug trade, pervert local politics and skew local economies.

A dangerous scenario is emerging as narco-traffic threatens to metastasize into broader political and security challenges. Initial international responses to support regional and national action have not been able to reverse this trend. New evidence⁴⁴ suggests that criminal networks are expanding operations and strengthening their positions through new alliances, notably with armed groups. Current responses need to be urgently scaled up and coordinated under West African leadership, with international financial and technical support. Responses should integrate law enforcement and judicial approaches with social, development and conflict prevention policies – and they should involve governments and civil society alike.

We also need to recognize that it is the illicit nature of the market that creates much of the market-related violence – legal and regulated commodity markets, while not without problems, do not provide the same opportunities for organized crime to make vast profits, challenge the legitimacy of sovereign governments, and, in some cases, fund insurgency and terrorism.

This does not necessarily mean that creating a legal market is the only way to undermine the power and reach of drug trafficking organizations. Law enforcement strategies can explicitly attempt to manage and shape the illicit market by, for example, creating the conditions where small-scale and private ‘friendship network’ types of supply can thrive, but cracking down on larger-scale operations that involve violence or inconvenience to the general public. Similarly, the demand for drugs from those dependent on some substances (for example, heroin) can be met through medical prescription programs that automatically reduce demand for the street alternative. Such strategies can be much more effective in reducing market-related violence and harms than futile attempts to eradicate the market entirely.

On the other hand, poorly designed drug law enforcement practices can actually increase the level of violence, intimidation and corruption associated with drug markets. Law enforcement agencies and drug trafficking organizations can become embroiled in a kind of ‘arms race’, in which greater enforcement efforts lead to a similar increase in the strength and violence of the traffickers. In this scenario, the conditions are created in which the most ruthless and violent trafficking organizations thrive. Unfortunately, this seems to be what we are currently witnessing in Mexico and many other parts of the world.

LAW ENFORCEMENT AND THE ESCALATION OF VIOLENCE

A group of academics and public health experts based in British Columbia have conducted a systematic review of evidence⁴⁵ relating to the impact of increased law enforcement on drug market-related violence (for example, armed gangs fighting for control of the drug trade, or homicide and robberies connected to the drug trade).

In multiple US locations, as well as in Sydney, Australia, the researchers found that increased arrests and law enforcement pressures on drug markets were strongly associated with increased homicide rates and other violent crimes. Of all the studies examining the effect of increased law enforcement on drug market violence, 91 percent concluded that increased law enforcement actually increased drug market violence. The researchers concluded that:

“The available scientific evidence suggests that increasing the intensity of law enforcement interventions to disrupt drug markets is unlikely to reduce drug gang violence. Instead, the existing evidence suggests that drug-related violence and high homicide rates are likely a natural consequence of drug prohibition and that increasingly sophisticated and well-resourced methods of disrupting drug distribution networks may unintentionally increase violence.”⁴⁶

In the UK also, researchers have examined the effects of policing on drug markets, noting that:

“Law enforcement efforts can have a significant negative impact on the nature and extent of harms associated with drugs by (unintentionally) increasing threats to public health and public safety, and by altering both the behavior of individual drug users and the stability and operation of drug markets (e.g. by displacing dealers and related activity elsewhere or increasing the incidence of violence as displaced dealers clash with established ones).”⁴⁷

RECOMMENDATIONS

(Continued)

7. Promote alternative sentences for small-scale and first-time drug dealers.

While the idea of decriminalization has mainly been discussed in terms of its application to people who use drugs or who are struggling with drug dependence, we propose that the same approach be considered for those at the bottom of the drug selling chain. The majority of people arrested for small-scale drug selling are not gangsters or organized criminals. They are young people who are exploited to do the risky work of street selling, dependent drug users trying to raise money for their own supply, or couriers coerced or intimidated into taking drugs across borders. These people are generally prosecuted under the same legal provisions as the violent and organized criminals who control the market, resulting in the indiscriminate application of severe penalties.

Around the world, the vast majority of arrests are of these nonviolent and low-ranking 'little fish' in the drug market. They are most visible and easy to catch, and do not have the means to pay their way out of trouble.⁴⁸ The result is that governments are filling prisons with minor offenders serving long sentences, at great cost, and with no impact on the scale or profitability of the market.

In some countries, these offenders are even subject to the death penalty, in clear contravention of international human rights law. To show their commitment to fighting the drug war, many countries implement laws and punishments that are out of proportion to the seriousness of the crime, and that still do not have a significant deterrent effect. The challenge now is for governments to look at diversion options for the 'little fish', or to amend their laws to make a clearer and more proportionate distinction between the different types of actors in the drug market.

8. Invest more resources in evidence-based prevention, with a special focus on youth.

Clearly, the most valuable investment would be in activities that stop young people from using drugs in the first place, and that prevent experimental users from becoming problematic or dependent users. Prevention of initiation or escalation is clearly preferable to responding to the problems after they occur. Unfortunately, most early attempts at reducing overall

rates of drug use through mass prevention campaigns were poorly planned and implemented. While the presentation of good (and credible) information on the risks of drug use is worthwhile, the experience of universal prevention (such as media campaigns, or school-based drug prevention programs) has been mixed. Simplistic 'just say no' messages do not seem to have a significant impact.⁴⁹

There have been some carefully planned and targeted prevention programs, however, that focus on social skills and peer influences that have had a positive impact on the age of initiation or the harms associated with drug use. The energy, creativity and expertise of civil society and community groups are of particular importance in the design and delivery of these programs. Young people are less likely to trust prevention messages coming from state agencies.

Successful models of prevention have tended to target particular groups at risk – gang members, children in care, or in trouble at school or with the police – with mixed programs of education and social support that prevent a proportion of them from developing into regular or dependent drug users. Implemented to a sufficient scale, these programs have the potential to reduce the overall numbers of young people who become drug dependent or who get involved in petty dealing.

9. Offer a wide and easily accessible range of options for treatment and care for drug dependence, including substitution and heroin-assisted treatment, with special attention to those most at risk, including those in prisons and other custodial settings.

In all societies and cultures, a proportion of individuals will develop problematic or dependent patterns of drug use, regardless of the preferred substances in that society or their legal status. Drug dependence can be a tragic loss of potential for the individual involved, but is also extremely damaging for their family, their community, and, in aggregate, for the entire society.

Preventing and treating drug dependence is therefore a key responsibility of governments – and a valuable investment, since effective treatment can deliver significant savings in terms of reductions in crime and improvements in health and social functioning.

Many successful treatment models – using a mix of substitution treatment and psycho-social methods – have been implemented and proven in a range of socio-economic and cultural settings. However, in most countries, the availability of these treatments is limited to single models, is only sufficient to meet a small fraction of demand, or is poorly targeted and fails to focus resources on the most severely dependent individuals. National governments should therefore develop comprehensive, strategic plans to scale up a menu of evidence-based drug dependence treatment services.

At the same time, abusive practices carried out in the name of treatment – such as forced detention, forced labor, physical or psychological abuse – that contravene human rights standards by subjecting people to cruel, inhuman and degrading treatment, or by removing the right to self-determination, should be abolished. Governments should ensure that their drug dependence treatment facilities are evidence-based and comply with international human rights standards.

10. The United Nations system must provide leadership in the reform of global drug policy. This means promoting an effective approach based on evidence, supporting countries to develop drug policies that suit their context and meet their needs, and ensuring coherence among various UN agencies, policies and conventions.

While national governments have considerable discretion to move away from repressive policies, the UN drug control system continues to act largely as a straitjacket, limiting the proper review and modernization of policy. For most of the last century, it has been the US government that has led calls for the development and maintenance of repressive drug policies. We therefore welcome the change of tone emerging from the current administration⁵⁰ – with President Obama himself acknowledging the futility of a ‘war on drugs’ and the validity of a debate on alternatives.⁵¹ It will be necessary, though, for the US to follow up this new rhetoric with real reform, by reducing its reliance on incarceration and punishment of drug users, and by using its considerable diplomatic influence to foster reform in other countries.

UN drug control institutions have largely acted as defenders of traditional policies and strategies. In the face of growing evidence of the failure of these strategies, reforms are necessary. There has been some encouraging recognition by UNODC that there is a need to balance and modernize the system, but there is also strong institutional resistance to these ideas.

Countries look to the UN for support and guidance. The UN can, and must, provide the necessary leadership to help national governments find a way out of the current policy impasse. We call on UN Secretary General Ban Ki-moon and UNODC Executive Director Yury Fedotov to take concrete steps toward a truly coordinated and coherent global drug strategy that balances the need to stifle drug supply and fight organized crime with the need to provide health services, social care, and economic development to affected individuals and communities.

There are a number of ways to make progress on this objective. For a start, the UN could initiate a wide-ranging commission to develop a new approach; UN agencies could create new and stronger structures for policy coordination; and the UNODC could foster more meaningful program coordination with other UN agencies such as the WHO, UNAIDS, UNDP, or the Office of the UN High Commissioner for Human Rights.

11. Act urgently: the war on drugs has failed, and policies need to change now.

There are signs of inertia in the drug policy debate in some parts of the world, as policymakers understand that current policies and strategies are failing but do not know what to do instead. There is a temptation to avoid the issue. This is an abdication of policy responsibility – for every year we continue with the current approach, billions of dollars are wasted on ineffective programs, millions of citizens are sent to prison unnecessarily, millions more suffer from the drug dependence of loved ones who cannot access health and social care services, and hundreds of thousands of people die from preventable overdoses and diseases contracted through unsafe drug use.

There are other approaches that have been proven to tackle these problems that countries can pursue now. Getting drug policy right is not a matter for theoretical or intellectual debate – it is one of the key policy challenges of our time.

ENDNOTES

- ¹ For detailed analysis of illicit drug markets over the decade, see: Reuter, P. and Trautmann, F. (2009) *A Report on Global Illicit Drug Markets 1998-2007*. European Commission <http://www.exundhopp.at/www1/drogenbericht.pdf> Accessed 04.19.11
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BACKGROUND PAPERS

(available at www.globalcommissionondrugs.org)

Demand reduction and harm reduction
Dr. Alex Wodak

Drug policy, criminal justice and mass imprisonment
Bryan Stevenson

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David Mansfield

***The development of international drug control: lessons
learned and strategic challenges for the future***
Martin Jelsma

Drug policy: lessons learned and options for the future
Mike Trace

***The drug trade: the politicization of criminals and
the criminalization of politicians***
Moisés Naím

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www.tni.org/drugs
www.ihra.net
www.countthecosts.org
www.intercambios.org.ar
www.cupihd.org
www.wola.org/program/drug_policy
www.beckleyfoundation.org
www.comunidadese segura.org

GLOBAL COMMISSION ON DRUG POLICY

The purpose of the Global Commission on Drug Policy is to bring to the international level an informed, science-based discussion about humane and effective ways to reduce the harm caused by drugs to people and societies.

GOALS

- Review the basic assumptions, effectiveness and consequences of the 'war on drugs' approach
- Evaluate the risks and benefits of different national responses to the drug problem
- Develop actionable, evidence-based recommendations for constructive legal and policy reform

were incarcerated in America; at the end of 2009 the number was nearly 2.3 million. There are 743 people in prison for every 100,000 Americans, a higher portion than in any other country and seven times as great as in Europe. Some 7.2 million people are either in prison or on probation or parole — more than 3 percent of all American adults!

Some of this increase has been caused by mandatory minimum sentencing and “three strikes you’re out” laws. But about three-quarters of new admissions to state prisons are for nonviolent crimes. And the single greatest cause of prison population growth has been the war on drugs, with the number of people incarcerated for nonviolent drug offenses increasing more than twelvefold since 1980.

Not only has this excessive punishment destroyed the lives of millions of young people and their families (disproportionately minorities), but it is wreaking havoc on state and local budgets. Former California Gov. Arnold Schwarzenegger pointed out that, in 1980, 10 percent of his state’s budget went to higher education and 3 percent to prisons; in 2010, almost 11 percent went to prisons and only 7.5 percent to higher education.

Maybe the increased tax burden on wealthy citizens necessary to pay for the war on drugs will help to bring about a reform of America’s drug policies. At least the recommendations of the Global Commission will give some cover to political leaders who wish to do what is right.

A few years ago I worked side by side for four months with a group of prison inmates, who were learning the building trade, to renovate some public buildings in my hometown of Plains, Ga. They were intelligent and dedicated young men, each preparing for a productive life after the completion of his sentence. More than half of them were in prison for drug-related crimes, and would have been better off in college or trade school.

To help such men remain valuable members of society, and to make drug policies more humane and more effective, the American government should support and enact the reforms laid out by the Global Commission on Drug Policy.

Jimmy Carter, the 39th president, is the founder of the Carter Center and the winner of the 2002 Nobel Peace Prize.

American Drug War: The Last White Hope

From Wikipedia, the free encyclopedia

American Drug War: The Last White Hope is a 2007 documentary by writer/director Kevin Booth about the War on Drugs in the United States.

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Synopsis

The film claims the War on Drugs has become one of the longest^[1] and most costly^[2] wars in American history. Inspired by the death of four family members and close friend Bill Hicks from "legal drugs," Texas filmmaker Kevin Booth sets out to prove his claim that the Drug War has failed.^[3] Three and a half years in the making, the film follows gang members, former DEA agents, CIA officers, narcotics officers, judges, politicians, prisoners and celebrities. There is also extensive treatment of CIA and Contras cocaine trafficking in the US. The film analyzes imprisoned drug trafficker Ricky Ross, described by a Los Angeles Times reporter as the "Wal-Mart of crack dealing."^[4] After being arrested, Ross discovered through the work of journalist Gary Webb that his cocaine source had been working for the CIA.^[5]

Awards

- 2007 Artist Film Festival, Best Feature, Intl. Human Rights^[6]
- 2007 Silver Lake Film Festival, Best Documentary^[7]
- 2007 DIY Film Fest, Best Documentary
- 2006 Evil City, Best Documentary^[8]

Television

- Picked up by Showtime in March 2008 to be aired for the next two years.^[9]
- Shown on Australia's Foxtel Crime & Investigation Network.^[10]

Hollywood attention

- On an April 2008 episode of HBO's *Real Time with Bill Maher*, actor Esai Morales brought up the documentary and told everyone at home to see it for themselves.^[11] Morales' comments became the focus of a "Pinheads and Patriots" segment on Bill O'Reilly's Fox News Channel television program.^[12]

References

American Drug War



DVD cover

Directed by	Kevin Booth
Produced by	Sacred Cow
Narrated by	Kevin Booth
Starring	Sheriff Joe Arpaio, Jello Biafra, Chico Brown, Celerino Castillo III, Tommy Chong, Sergeant Lou Daigle, Dr. Gary Fisher, Judge James P. Gray, Dr. Charles Grob, Dr. Claudia Jensen, Gary Johnson, Dennis Kucinich, General Barry McCaffrey, Todd McCormick, Cynthia McKinney, Ron Paul, Joe Pietri, Tom Rhodes, Joe Rogan, Freeway Ricky Ross, Michael Ruppert, Robert Steele, and others.
Distributed by	Passion River
Release date(s)	2007 / 2008
Running time	118 minutes
Country	United States
Language	English

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10. ^ Crime & Investigation Network (http://www.citv.co.nz/shows/showDetail.aspx?ShowID=288)
11. ^ Esai Morales Blasts the Phony "War on ____" (http://www.youtube.com/watch?v=3IoHj1ZP_yM) on YouTube
12. ^ O'Reilly Promotes American Drug War?! (http://www.youtube.com/watch?v=FBjwGnCARBk) on YouTube

External links

- AmericanDrugWar.com (http://www.americandrugwar.com)
- American Drug War (http://www.imdb.com/title/tt1033467/) on the Internet Movie Database
- *American Drug War* (http://www.allmovie.com/work/426850) at Allmovie

Retrieved from "http://en.wikipedia.org/wiki/American_Drug_War:_The_Last_White_Hope"

Categories: United States controlled substances law | Cocaine sentencing | Drug policy reform | Drug policy of the United States | History of drug control | American documentary films | Documentary films about drugs

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APPENDIX VIII-1: Description of BRCA\Hope LA-USA Project: “Planting Seeds of Hope in Our Inner Cities” By Anna Bond

*When, people are starving,
it is because their governments take too much,
Causing them to starve.
When people are hard to control,
it is because of the contrivances of their governments,
Which makes them hard to control. When people think little of death.
it is because those above think so much of life thus the
people think little of death.*

—Lao-Tzu: Tao Te Ching

The CIA-Contra-Cocaine connection exposed by San Jose Mercury News’ reporter Gary Webb should not have shocked us as it did. Drugs, weapons and money-laundering have always been tools of the trade for U.S. clandestine operations abroad. This most recent “dark alliance,” as Webb termed it, is simply another episode in the long saga of American trade in drugs, guns, dollars, and human life—only this time the life that trafficking victimized was African-American inner city youth.

From all appearances, it was targeted genocide. But what goes around comes around, and a short twenty-two years after crack cocaine made its first documented appearance in California, we have small Vermont towns with nothing that could even be called a street hosting street gangs and crack cocaine.

Somehow the pipeline between Columbia’s cocaine cartels and the black neighborhoods of South Central L.A. opened by CIA-backed Contras and Nicaraguan drug-smugglers recalls the infamous Triangle Trade, which laid the foundations for the fortunes of the future leaders of the United States.

Here the commodities are cocaine, crack and guns. There they were sugar, rum and slaves. Then and now, we see mindless destruction of human life and soils, mere means toward the acquisition of wealth and the control of the people by a powerful elite.

In the late eighteenth century, ships left New England loaded mostly with rum. In Africa the rum was exchanged for as many slaves as it would buy (often at the rate of 200 gallons per slave). Loaded with slaves, the ship set sail for the West Indies where the slaves were sold to the sugar plantations and part of the profit invested in molasses. On the final leg of the voyage, the vessel would carry the molasses back to New England, to be distilled into more rum, to buy more slaves. ¹

How much is a human life worth? Two hundred gallons of rum: absolutely equal for the purposes of trade! The damage to human society in Africa and the Caribbean as well as the soil destruction on the sugar plantations was never taken into account.

¹ Daniel P. Mannix and Malcolm Cowley: Black Cargoes: A History of the Atlantic Slave Trade 1518-1865 New York: Viking Press. 1962. p. 160.

APPENDIX VIII_2: Description of BRCA\Hope LA-USA Project: “Planting Seeds of Hope in Our Inner Cities” By Anna Bond

In addition to the profits from the basic Triangle Trade, the American colonies supplied food staples for feeding the sugar plantation slaves. In 1770, for instance, the colonies exported to the Caribbean one third of their dried fish, almost all of their pickled fish, most of their oats, corn, peas and beans as well as half their flour and all their butter and cheese. **2**

Ultimately, the Triangle Trade like the current Dark Alliance reveals an insidious mind set that treats everything—top soils, sugarcane, coca leaves, human life—as commodities or substances to be trafficked. **3** Using things as substances—rather than respecting their inherent value—invariably leads to addiction. Addiction to gold and silver, addiction to sugar, addiction to alcohol and drugs: these were—Ad continue to be—the driving forces behind the exploitation of resources—be they natural or human—in the New World as well as the modes operandi behind American trade’ relations.

Eventually even money loses relevance as the trafficking takes on a life of its own. During the heyday of the CIA-*contra*-cocaine connection, between the passage and repeal of the Boland Amendment, in 1986, every market indicator of the cocaine glut in America went off-scale. As Wanda Palacio, the Puerto Rican-born airline employee whose two-year cocaine trafficking career spanned her relationship with an upper-class Colombian whose social circle included “people deeply involved in the drug trade,” astutely observed in 1987: “Three years ago [before Boland], the price of cocaine was \$50,000 per kilo. Today it is \$20,000 and sometimes you can get it for \$15,000 to \$18,000. The market for the cocaine isn’t smaller—so the lower price is a result of having supply increase even more than demand has. **4**

“It got to *the point where it was like, man, use don t want to count no more money.*”
— Freeway Rick Ross

Rick Ross, a black teenager, was a talented tennis player with a promising future. Then his tennis coach discovered Rick could neither read nor write. Rick saw his dream of a college scholarship evaporate, which leads to some pointed questions. Would the coach of a white teenager have been unaware until the last lap that his student was illiterate? Having lost his one chance for a better life, Ross hung his future on drugs and became Freeway Rick, a dealer of mythical proportions in the L.A. underground. later sentenced to life with no chance for parole on cocaine conspiracy charges.

2 Eric Williams: Capitalism and Slavery, Food Staples to Feed Slaves, New York: Capricorn Books, 1966, p. 108.

3 Smoking tobacco in a ceremonial pipe *was* for Native Americans life-enhancing as it strengthened human relationships with the powers of the sky and the earth and all their relations. Europeans turned the sacred Native tobacco into another substance to be mono-cropped on plantations and sold to an addicted world. Andean natives living and working at high attitudes have chewed coca leaves for centuries, thus preventing chronic high altitude sickness and possible death, reports anthropologist Andrew Fuchs in *Coca Chewing and Chronic High Altitude Stress: Possible Effects of Coca Alkaloids on Erythropoietin.* Current Anthropology 19 June 1978). Were living the hell Europeans took that one.

4 Dennis Bernstein and Robert Knight: “Wars Go Better With Coke How The Contras Invaded the United States”, as quoted in *Forum*, San Jose Mercury News Web site, November 22, 1996.

APPENDIX VIII_3: Description of BRCA\Hope LA-USA Project: “Planting Seeds of Hope in Our Inner Cities” By Anna Bond

Freeway Rick’s story epitomizes the three-pronged plight of inner city youth. First, there is epidemic subclinical malnutrition stemming from poverty, lack of nutritional awareness, the proliferation of junk foods and drugs. Fast food franchises dot black neighborhoods everywhere—serving up their brand of super-refined, nutritionally empty foods devoid of any real identity no trace minerals, no vitamins, no essential oils, no DNA to connect us to the earth and the soil. These are foods that enslave us and addict us: white sugar, white flour, white bread, white fat, white salt, white crack.

Poor nutrition means your brain doesn’t work well, remember things, make appropriate decisions. After seven generations of eating such food, we have lost our memory of who we are, where we came from and where we are going. No wonder the infant mortality rate in South Central rivals that of some Third World countries. Taoist Sage and social commentator Lao-Tzu, writing over 2500 years ago, says it best: how can you really care about life or death when you’re starving? “Thinking little about death,” many people turn to the euphoria of drugs.

The second handicap impacting inner city youth is the lack of opportunities and options that comes with widespread poverty. There is virtually no chance to find a decent job, let alone meaningful work. Poverty gives you no options to switch schools, get special tutoring. Poverty leads to crime. Rick Ross grew up poor in Troup, Texas, then moved to South Central L.A., where he slipped into a career of drug dealing. When you don’t know where your next meal’s coming from, you think little of death—or life.

And third, we see clearly unequal education or, more accurately, blatant miseducation both in the schools and in the media That miseducation breeds cultural, ethnic and racial discrimination. When you see yourself as lesser, then you have adopted somebody else’s image of who you are. Not knowing who you really are makes it tough to be yourself or control yourself.

While most of the country is talking about accountability, people’s tribunals, justice, restitution and compensation, one visionary African American activist is transforming inner city hood areas into lush market gardens that incorporate pre-dynastic Egyptian intensive deep bed agricultural technology, intercropped ‘floating’ gardens reminiscent of pre-Columbian Mexico, and three-tiered permacultured beds.

He is George Singleton: radical in the sense of going to the roots of the disease that perpetuates slavery. And those roots are the three pronged plight that is crippling our inner city youth: 1) the poverty/crime connection, 2) the subclinical malnutrition/addictions syndrome and 3) the vicious miseducation/discrimination cycle.

In 1974, the year crack cocaine made its first appearance, *underground* in San Francisco and Nicaraguan drug smugglers hooked up with Colombian drug sellers, George *broke new ground* for his first Blackendian (Black and Indian) rural development cooperative in the Washington DC area. Soon afterward, George was recognized by Navajo leaders as the one who had been prophesied to teach them the old ways of gardening. He lived and studied with his the Navajo elders for seven years

APPENDIX VIII_4: Description of BRCA\Hope LA-USA Project: “Planting Seeds of Hope in Our Inner Cities” By Anna Bond

In 1981, just two years before Freeway Rick figured out how to blow up one kilo of cocaine into three or more of crack, the executive members of Louis Farrakan’s (Black Muslim) Temple 27 brought George from the Navajo Reservation to Los Angeles to design nutritional programs and gardens for their congregation of 2500.

From his intensive study of the Annu/Egyptian Mystery School practices, George helped the congregation align their diet to be harmony with the vegetarian ideals of Elijah Mohammed. Synthesizing what had been revealed to him among the Navajo and what he had earned from his Egyptian research, George developed an intensive biological gardening technology.

By 1985, that technology had produced a garden on the temple rooftop that provided food for the entire congregation. *Biological* gardening is distinct from—and more universally practicable than—organic in that it does not depend on animal manures with their questionable microbial contaminants (*E. coil*) and agrochemical pollutants (herbicides, fungicides and pesticides used in animal fodder).

Where organic animal-based composting demands *high-temperature* bacterial breakdown, large quantities of water and frequent labor intensive turning, *biological* gardening relies on *low-temperature* bacterial recycling of green wastes and, above all, that “foundation of all civilization” (ecologist Andre Voisin) **the earthworm**, who since before the time of Christ has been revered and protected as “sacred” (Cleopatra). Earthworm castings create a humus topsoil of the highest fertility, filth and biological vitality more efficiently than any other means. Biological gardening is the gardening method practiced historically in Meso-America by the Mayans and Olmecs and continuing into the present in the Nile Valley, the headwaters of the Amazon in Bolivia, Ecuador and Peru; and in Hunzaland.

Recognizing the intrinsic connection between a people’s culture and agriculture, George developed a powerful urban agri-forestry model—now called **Hope LA\USA—based** on the need to break away from animal-based farming with its inherent limited-resources, scarcity mind set that inevitably breeds struggle and conflict. He also developed this three-pronged model to provide simple, sustainable solutions to each of the three handicaps that paralyze the majority of our youth at risk today.

In 1987 the cocaine-related deaths of two Black athletes prompted national hysteria and tough new crack laws that impacted U. S. Blacks with extreme inequality. The U.S. Congress voted to give the Contras \$100 million in military aid. Danilo Bandon, son of wealthy Nicaraguan slumlord and Ross drug connection, was arrested, then released only a month later when the Iran-Contra scandal broke.

That same year a prominent South Central resident and social psychologist urged George to offer his genius and charisma to address the genocidal explosion of gang violence and crack use among youth at risk. From his years among the Navajo, George knew the extraordinary healing power gardening he’d for youth out of touch with nature and themselves.

APPENDIX VIII_5: Description of BRCA\Hope LA-USA Project: “Planting Seeds of Hope in Our Inner Cities” By Anna Bond

A quarter-acre biological garden at the famous **Children’s Space Educational Center** in Compton was succeeded by pilot biological gardens all over Los Angeles County. George’s striking dreadlocked figure—shouldering forks, shovels, pickaxes, even sacks of peat moss and earthworms to sites sometimes 20 miles apart—became a familiar presence.

The super tree, the tissue-cultured Chinese *Paulownia* hardwood, shoots up 15 feet per year under ideal conditions and is valued at \$1000 per cubic meter of timber! Aside from providing organic produce to the neighborhood, the **Hope LA** garden expanded the greening area in the midst of South Central’s asphalt battleground, It offered the youth involved the time and place to reconnect with nature, with the source of their food and with themselves.

George developed a brilliant sustainable life science curriculum that was at once a nonlinear education program that looked deeply at the political, economic and nutritional aspects of what has been called the “criminalization” of inner city life around the world *and* a hands-on apprenticeship in the high art and science of biological gardening which, at the close of the two-year program, gave the youth solid marketable horticultural skills.

Then in 1993 came perhaps the most potent agent for regenerating these youths’ malnourished bodies and drug-toxic immune systems. George started feeding *Super Blue Green Algae*, a wild super food harvested Klamath Lake, to the youth he was training. The changes were dramatic! Caseworkers observed better over-all health, improved school and work performance, greater clarity of thought and expression, sounder sleep, and a sense of new found joy and cooperation where before there had been apathy and distrust.

George’s **Project** in South Central was so successful he was invited to teach 160 third time offenders aged 14-19 in a youth detention facility in San Fernando Valley. Dispensing the daily *Super Blue Green Algae* to these youth, the Charge Nurse was enthusiastic about the potential of this wild super food. Her observations demonstrated not only the undeniable connection between poor nutrition and criminal behavior but also the incredible ability to restore vibrant health, strong immune response and a sense of bright hope simply eating this wild Algae could offer.

Almost four years later, George’s gardening model has evolved to integrate the deep beds with greenhouse covered algae ponds that provide abundant algae fertilizer and create microclimates outdoors—a novel concept indeed. George travels across the country to inner city neighborhoods, prisons, schools, reservations that ask for his expertise and his wisdom. He has projects at various stages of completion in over twenty states across the country.

Wherever he goes, George offers the gift of his technology of hope freely, without charge. His **Hope LA/USA** garden projects are funded through his *Super Blue Green Algae* network business and the sale of his videos, tapes and book.

APPENDIX VIII_6: Description of BRCA\Hope LA-USA Project: “Planting Seeds of Hope in Our Inner Cities” By Anna Bond

Providing Super *Blue Green Algae* to gang and at risk youth, caseworkers noticed many changes: in patterns of increased sleep, awakening with vitality, clearness of thought, improved school and work performance, and a sense of new found hope. The Project in South Central was so successful that George was contracted to teach his program at the Camp Holton youth detention facility in San Fernando Valley. This facility housed 160 third time offenders aged 14 to 19, sixty percent of whom were Hispanic and African American from South Central.

For a two-month period, youth participating in the Camp Holton ‘Brown Thumb Green Thumb Program’ received *Super Blue Green Algae*, dispensed daily by the Camp’s charge nurse. Her observations clearly demonstrated the connection between poor nutrition and criminal behavior.

Today George’s gardening model has evolved to integrate the deep beds with greenhouse covered algae ponds that provide abundant algae fertilizer and create microclimates outdoors—a novel concept indeed. George travels across the country to inner city neighborhoods, prisons, schools, reservations that ask for his expertise and his wisdom.

The success of this program in Los Angeles led to changes in the funding strategy. The program addressed the needs of inner city people across the country. Thus, in September, 1995 the HOPE L.A. Project became the HOPE LAUSA Project, initiating the development of Sustainable Agri-Forests in 25 states.

The Project’s current Sustainable Agri-Forestry model encompasses ten interrelated aspects:

- 1. Spiritual Economics**
- 2. Sustainable Life Science Curriculum**
- 3. Intensive Vermiculture**
- 4. Deep Intensive Growing Beds**
- 5. Biological Horticulture**
- 6. Three-tier Permaculture**
- 7. Biological Aqua-Culture**
 - a. PiMag Water Irrigation**
 - b. Greenhouse covered Algae Ponds**
- 8. Non-profit Organization Innovative Funding**
- 9. Food Fortification with Nutritional Herbs**
- 10. Volunteer and Trainee Stipends**
- 11. Case Management Counseling and Social Service Referral**
- 12. Project-funded Technical Assistance**

For more information about the **BRCA/Hope LA-USA Project** in or near your area or to purchase Educational and Entertainment CD’s, Cassettes and VCR tapes, books and other products, please call or fax 317-255-1388, e-mail us at Hopelusa@aol.com; or visit the BRCA/Hope Project’s Web Site at <http://www.hopelusa.org/>.

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