LSE !deas LSE WORKS 2017

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Drug Policies Beyond the War on Drugs

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Executive Director, International Drug Policy Project, LSE

Dr Michael Shiner

Head of Teaching, IDPP and Associate Professor of Social Policy, LSE

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Commissioner, Lancet Commission IIIps
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Emeritus Professor of Decision Sciences, LSE

Professor Lawrence

Dr Mary Martin

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Moving Beyond the Global "War on Drugs"

Dr John Collins

Executive Director, LSE IDEAS International Drug Policy Project



Basic Principles

- 'War on Drugs' a discredited strategy.
 - Current & Former Presidents; Global Commission; LSE Expert Group; Nobel Prize winners etc.
 - International appetite?
- UN General Assembly Special Session on Drugs 2016:
 - Failure on many reformist fronts.
 - International Shift to post-'War on Drugs era'.
- Question not "if" but 'How".

LSE IDEAS Reports:

- 2012 'Governing the Global Drug Wars':
 - "Our invitation is to dutifully study new formulas and approaches screened through an academic, scientific and non-politicised lens, because this war has proven to be extremely challenging and oftentimes, highly frustrating."
 - Foreword, President Juan Manuel Santos.



LSE Expert Group

- 2014 Report: 'Ending the Drug Wars'
 - LSE Expert Group (inc. 5 Nobel Prize winning economists):
 - 'It is time to end the 'war on drugs' and massively redirect resources towards effective evidence-based policies underpinned by rigorous economic analysis.'
- 2016 Report: 'After the Drug Wars':
 - Replace the prohibitionist WOD policies of the past with SDGs.
 - Endorsed by 6 Nobels inc. President Santos.



Expanding Public Health

- Finding policy frontiers
 - > Pushing forward:
 - <u>Advanced consumer countries</u>: embedding and improving policies beyond criminalisation.
 - <u>Developing countries</u>: removing criminalisation of drug using populations and focusing on public health services.
 - No correlation between criminalisation & Consumption
 - Criminalisation $\rightarrow \uparrow$ harm & \uparrow Barriers/costs of social services.

THE IRISH TIMES

Wed, Feb 15, 2017



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Ó Ríordáin hopes for drug decriminalisation

Minister awaiting justice committee decision on policy similar to that used in Portugal

O Mon, Nov 2, 2015, 22:21

Updated: Mon, Nov 2, 2015, 22:23

Denis Staunton



Mr Ó Ríordáin told the workshop at the London School of Economics (LSE) that he is confident the cabinet will agree later this month to legislate for the provision of medically supervised injection centres, or use by intravenous drug users. He said that, although the legislation would not place a restriction of the number of centres, he envisaged just one in Dublin's city centre, perhaps to be followed by one each in other major cities such as Cork, Limerick and Galway if there was a demand for them.

LSE Knowledge Exchange and Impact (KEI)

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New Supply Side Policies

- Recognising marginal inefficacy of policing.
 - \uparrow policing = \uparrow drug P = \downarrow consumption. (Reuter, Pollack & Pardo, 2016)
 - 'classical assumption' of 'war on drugs' is wrong.
- What about producer countries?
 - Economic models & empirical evidence confirm:
 - \uparrow Enforcement does <u>not</u> \downarrow S.
 - → Displacement. "Balloon Effect"
 - → Political economy effects.







Public Event January, 2016





2nd @giz_gmbh-IDEAS Innovation Lab on Drug Policies & Human Development begins today at LSE, bringing together global policymakers & experts pic.twitter.com/B0AfeWo2uN



LSE IDEAS @lseideas · Feb 13

1st panel features policy perspectives from Norway, Mexico, Switzerland, & Thailand. Find out more about the lab: bit.ly/IDPPlab









Expert Group Global Recommendations:

- 1. Prioritise Development (SDGs), not drug control goals.
 - 1. E.g. Colombia.
- 2. Expand public health, inc. harm reduction
- 3. Apply 'harm reduction' to supply-side.
 - 1. management of illicit markets.
 - 2. Shift from market eradication
 - 3. Use SDGs, its targets, metrics and indicators.
- 4. Utilise conventions flexibilities.
 - 1. Rigorously monitored social scientific policy experimentation,
 - 2. Conforming to strict public health and human rights principles.

Thank you

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