THE 8TH ANNUAL CONFERENCE OF THE INTERNATIONAL
SOCIETY FOR THE STUDY OF DRUG POLICY (ISSDP) CUM
STUDY VISIT(ROMA, ITALY)

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Goal, Value and ideology of Drug Policy

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DRUG POLICY

- Control & Regulation (Legislation & Law Enforcement)

- Treatment (Treatment & Rehabilitation Service)

- Prevention (Publicity & Education)

GOAL AND VALUE

Zero- tolerance Vs Harm reduction

Control
Treatment
Prevention

US Vs EU
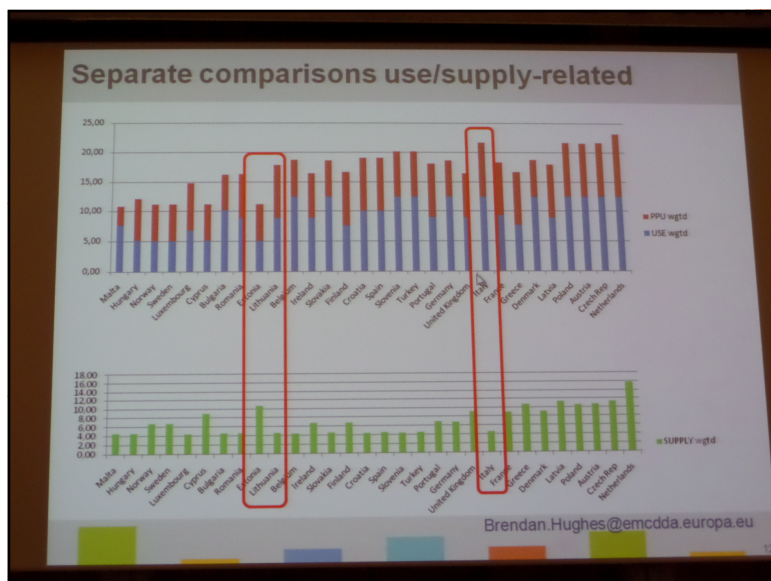Sweden Vs Netherland
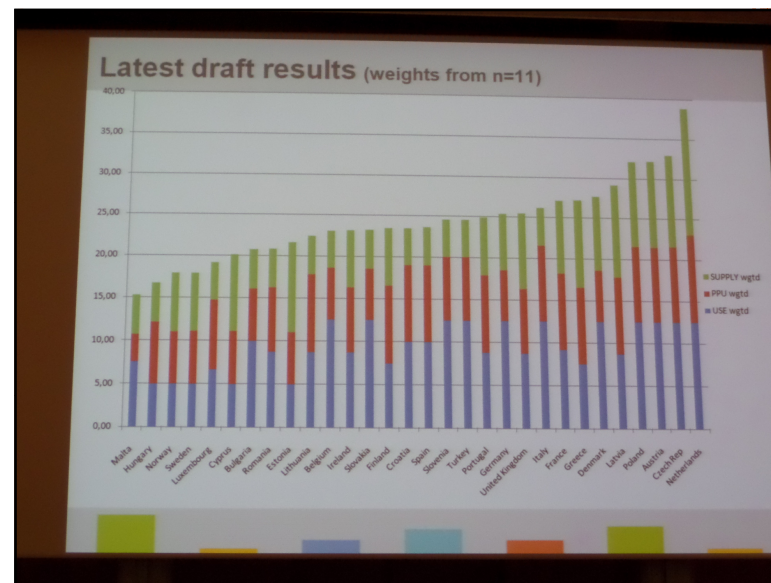

UNDERSTAND THE WORLD TREND(I)

Comparison of
countries' drug Legislations
(EU countries)

The score of difference countries on
drug law index

Primary index for drug control legislations

Offence type / Response type	Drug use	Possession for personal use	Supply
Not an offence (no reaction)			
Alternative to punishment (non-punitive reaction)			
Non-criminal offence / Lesser offence -> no prison			
Discretionary length prison (possible prison)			
Mandatory minimum prison sentence (definite prison)			

Secondary index: The type and quantity of drug, addiction or recidivism of the offender

Score weighting should keep this order: 5,4,3,2,1

Latest draft results (weights from n=11)

Separate comparisons use/supply-related

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Comparison

- This is the structure aspect of legislation, excluding the complex aspect of process and implementation of legislation.

- Lowest scores : Malta, Hungary, Norway, Sweden
- Highest scores : Netherlands, Czech Republic, Austria, Poland

- Estonia has a low score for personal use but a high score for supply .
- Italy has high score for personal use but low score for supply

- Don't get simplistic conclusions, it is not a "Repressive-Liberal" scale of countries' drug policies

Article: Construction of drug law index (B. Hughes)(European Monitoring Centre for Drug and Drug Addiction)

Slide 1

UNDERSTAND THE WORLD TREND(II)

Drug Policy Advocacy in Europe

Slide 2

ADVOCACY OBJECTIVES AND ORIENTATION

Advocacy objective	Advocacy orientation	Measure
Practice Development (65%)	Harm Reduction (60%)	Public health, Harm & Risk Reduction, Health promotion
	Use Reduction (40%)	Prevention, Abstinence, Drug free recovery
Legislative Change (35%)	Control Reduction (66%)	Liberalization, Decriminalization, Regulation, Legalization
	Control Reinforcement (34%)	Prohibition, increased restriction, Criminalization

Slide 3

ADVOCACY CONTINUUM

Control reduction	Harm reduction	Use reduction	Control reinforcement
23%	39%	26%	12%
62%		38%	
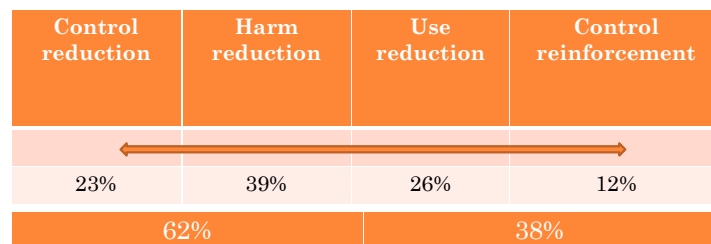
Article: Drug policy advocacy in Europe: civil society campaigns for drug control reform (A.O' Gorman)

Slide 4

DEVELOPING REGULATORY APPROACH

- Drug control option as continuum
  Prohibition ⟷ Uncontrolled legal market

- Calls for a range of regulatory approach to drug control
- A "one size fits all" regulatory approach will be inappropriate.

THE 'IDEAL' POLICY DEVELOPMENT PROCESS

- Identify of Harm and Policy Goals
- Identify possible regulatory model
- Evidence about the model
- Selected the most efficacious model

DIMENSIONS OF HARMS

Type of harm
- Health, social /structural, economic, environment
- Functional integrity, material interests, reputation, privacy
- Acute physical harms, chronic harms, mental health, social harm

Bearer of harm
- Users, Dealers, Intimates, Employers, Neighborhood, Society
- Individuals, private-sector entities, government entities, physical & social environment
- User, others

Source of harm
- Use, illegal status, enforcement
- Properties of the substance, measures of social control, modalities of use (patterns &context), individual characteristics of users

POLICY GOALS

- Understanding and prioritizing harms and benefits
- Focus on the most important ones for a particular drug and country
- Develop policy goals:

  e.g. preventing young people from taking up use; reducing the attractiveness of the substance; reducing the harm associated with use.

DIFFERENT METHODS

- Level of coercion or punitiveness
- Alternative type of control: decriminalization
- Civil penalties to criminal sanctions
- Type of market: medical market, open market with tight controls
- Production control, availability controls, accessibility control, use control, etc.

EXAMPLE: REGULATION ON CANNABIS

○ Priority harm from cannabis use: potential impact on mental health and the intellectual development of young people.

○ A range of associated harms, such as impact on families, poor educational attainment and the impact on employment and productivity

○ Specific policy objective: to prevent use by young people as far as possible and to reduce the strength and THC ratio of cannabis available

○ Regulatory options: age control on purchase; prescription only supplies for preventing young people's use, licensed production and sales with associated THC content requirements.

DIFFERENT DRUG TREATMENT COURT (DTC)

	Ghent DTC (in Belgium)	US DTC
Goals	Reach individual treatment goals (value of well-being and qualify of life)	Drug abstinence and crime control
Team	A liaison (counselor): develop treatment plan with client and refer them to independent community drug service	Prosecutor probation
Target	Included violent and Mental ill offenders/ chronic heroin users	Mild offender and excluded violent and Mental ill offenders/ chronic heroin users
Service period	Average 7 months	Average 12-18 months
Outcomes	Life domain improvement *Significantly improved: employment, financial counseling and drug treatment* Substance use was not significantly reduced.	Drug abstinence for 6 months Substance use was significantly reduced.

Article: Psychosocial outcomes of drug court clients: The role of ideology and (drug) policy in comparing a Continental European drug treatments . Institute for International Research on Criminal Policy (Ghent), Institute for Criminal Policy Research (London)