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SEIZING THE OPPORTUNITY TO IMPROVE DRUG POLICY

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P R O C E E D I N G S

MR. TRINKUNAS: It's a pleasure to welcome you all to Brookings for an event on the upcoming U.N. General Assembly Special Session on the World Drug Problem, an event co-hosted with our colleagues in the Foreign Policy Program and in Governance Studies. So we're looking forward to this discussion today as UNGASS is upon us later this month, a chance for the international community to view the international drug control regime. And we also wanted to take this opportunity to pull together some of our colleagues and some of our experts in our research on the world drug problem and talk today about what they mean for what we might see coming out of UNGASS 2016 and what we might see in the debate that lies beyond this U.N. General Assembly Special Session.

In fact, in a lead up to the events of this year, Vanda had organized an event and a conference that brought together experts that produced about 18 different papers, 15 case studies, 3 thematic papers focused on improving the global drug policy regime. And today's a chance for us to also bring together some of the work that's been done by our colleagues in Governance Studies. John Hudak, who recently published a Brookings essay on medicinal marijuana, looking at the state-level changes that are going on within the United States, this is a chance for us to talk about what's going on at the international level, the domestic level with the United States, and how the two of them interact. And to help us think about this, we'd also like to include two of our other colleagues and friends in the conversation, John Walsh, who's a senior association at WOLA, working on drug policy. John also works on the Andes, as well, and we've known John for quite a while. In fact, he was the author of our Uruguay case study, although today he'll be speaking more about what to expect from UNGASS 2016.

In addition, we're joined by Ambassador David Johnson, who's vice

president for Washington operations of Sterling Global Operations. Currently a member of the U.N. International Narcotics Control Board. I understand you were just reelected for another five-year term yesterday.

MR. JOHNSON: Many are called, but few are chosen.

MR. TRINKUNAS: Exactly. Or our condolences for being called back again. But, in addition, Ambassador Johnson is a former career diplomatic who also served as assistant secretary of state for International Narcotics and Law Enforcement Affairs. So I think, as you can see, we really have a collection of experts who have worked on this issue and thought closely about this issue to discuss what we can expect from UNGASS 2016 and what comes beyond.

And really to frame this a little bit before we get into the debate, one of the reasons we thought it was interesting to even sort of discuss what's going on is that for the first time in really decades we think that there's more of a conversation, there's more of a diversity of views going into this UNGASS than we've seen before. And part of this is because, of course, the changes that are going on within the United States themselves, things that John Hudak will talk about, that are placing the United States in an interesting position where some of the actions happening at the state level make it look like the United States is increasingly out of compliance with the international drug control regime.

But also, in the rest of the research we've done, looking at 15 case studies across 4 different continents, it's clear that there's an increasing global debate that some countries in Latin America are increasingly in disagreement with some of the more punitive features of the international drug control regime while other countries in Asia, particularly China, as well as Russia, very much are adhering to the regime as it currently stands. And so we really thought going into this UNGASS there was an

opportunity for more of a debate, for more of a policy “discensus,” if we want use a made-up word.

And what we’d like to talk about today, after a year of engaging in this project and talking not only here in Washington, but in other capitals around the world, is where are we now in the final weeks before UNGASS? What is the state of the debate? What is going on? What do we expect to see coming out of UNGASS? And really, what do we expect the debate to be about beyond UNGASS? What do we expect to see going forward?

So what we’ll do now is I’d like -- I would just point out I’m not going to engage in long introductions of each of our participants. You should have a handout with their bios in front of them. But I’d like John Walsh, senior associate for Drug Policy at WOLA to lead us off in the discussion. We’ll take about 10 minutes for each of the panelists and then we’re going to open it up to discussion with the audience.

John, why don’t you lead us off?

MR. WALSH: Thank you. Thanks, Harold. A pleasure to be here today and to have this sort of table-setting role for this discussion. I’m going to do a bit of a two-step. I’m going to try to answer the question will the UNGASS be helpful for shaping better drug policies? And I have a two-part answer.

Immediately, I think UNGASS is going to be a disappointment, almost by design. But in the longer run I say, yes, the UNGASS can be and will be helpful for getting better drug policy.

So first, for those of you who don’t know WOLA, the Washington Office on Latin America, I’ll reveal my biases and put my cards on the table. Our mission is to promote human rights and social justice in the Americas. We think that drug policies unnecessarily undermine human rights and social justice, and we think we can do better.

As a civil society actor we've been engaged and, therefore, supportive of making the most of this UNGASS opportunity and we will continue to do that up until April 22nd, when the cards are all dealt. So we have invested in this because we think it is a worthwhile process.

That said, it's very clear to me that especially in light of the urgency of the requests by the Latin American governments that led to this UNGASS and the framing initially provided by the U.N. Secretary-General for a wide-ranging and open debate that considers all options, the UNGASS itself is going to fall far short of what it might have been, and I think that's a shame. For clumps of reasons, this is more schematic, but we'll have time later, and then I'll get to the second step of my two-step.

First, generally member states have actively avoided engaging in a serious evaluation of what 50 years of this current treaty regime has accomplished. They've gone out of their way not to have that debate even though that was supposed to be the beginnings of a reckoning. The outcome document, for instance, which was negotiated in Vienna last month, is happy enough with saying that tangible progress has been achieved in some fields, and leaves it at that. What fields? What progress? How tangible? That's not clear.

Second, again, far from the wide-ranging debate that considers all options, the actual negotiations in the process as structured by mostly the Commission on Narcotic Drugs in Vienna, but the U.N. in general, seemed calculated to deliberately sideline a lot of countries, especially those without permanent representation in Vienna. It didn't ban them, but it made it practically very difficult for countries to participate in what is meant to be preparation for a document to be discussed in the General Assembly. So that's troubling in and of itself.

Again, by design, I think as a result in many ways the outcome document

that was negotiated in Vienna last month is largely a ratification of business as usual. And it takes every opportunity to pay homage to the international drug conventions as they are today. By my count, there are 17 mentions of the phrase such as some version of "in conformity with the three international drug control conventions." So at almost every point where there's a discussion about policy matters, the countries assembled made clear to say that this has to be in conformity with the conventions. In other words, this is a contained discussion.

Fourth, and this is based on my understanding today as we sit here, it's supposed to be a General Assembly Special Session. My understanding at this point is that the president of the General Assembly intends to move quickly once convening on April 19th to adopt the outcome document as it stands and is telling member states don't plan on making statements at that time. So we're going to adopt this, we're not going to debate it in the General Assembly. We're going to adopt this document and please keep quiet.

And the rationale, as I understand it, again, is it would be too chaotic. I think the real issue here is the powerful member states who have no interest really in an open debate want to tamp down any sense that there is a discensus and they want to paper that over. I think the fractured consensus that now exists, we want to give it as little chance to appear on the UNGASS stage as possible.

So all to say I think those hoping that the UNGASS, maybe from afar were hoping for a revolution in global drug policy, a real break with the past, are going to end up disappointed by what they're actually seeing taking place at the UNGASS. And I think that really shouldn't come as such a big surprise actually. It is a disappointment, but I don't think it should be a big surprise.

First of all, I think it's really a lot easier to play defense than offense. And

the truth is that there are very vocal countries who are dissatisfied with the status quo, but there are relatively few, compared to the world at large, and they have to pick their battles as a result. So they're vocal, but they realize that they're in the minority.

And most importantly, a lot of very powerful countries in the world have no interest in a more open debate at this point. I think rather than trying to block outright the call for an UNGASS back in 2012, they decided that's politically awkward. We're going to let this go forward, but we're going to contain it all along the way. I suspect that's what's been happening.

Just for an example. The U.S., which we'll talk about more, and Russia are clearly no -- they're not signing from the same hymnbook exactly, but I think they both have an interest in keeping this debate clearly within a question of implementation of the current treaty framework, period. I think the U.S. insistence on flexibility within the treaties as they stand was a key piece of that framing of the UNGASS debate. And I think as far as the U.S. is concerned I think they should consider that to have been a success in terms of tamping down any debate that could escape those confines.

Just a bit more on that because I think it's going to be a critical issue going forward, this issue of flexibility. I think the U.S. was wise to opt to accommodate U.S. state-level legalization, but that clearly left the U.S. in a very awkward position because we've championed the drug control treaties forever and now we're at least arguably, and I would say very arguably, contravening them. So, awkward. What are we going to do?

We're going to assert that the conventions are actually much more flexible than people thought and we don't need to discuss the weaknesses or shortcomings of the conventions. We're all fine. That's the frame going into the UNGASS. I don't think that assertion has much legal merit, but politically the idea of

flexibility is very attractive to a lot of countries for a lot of different reasons. And I think as a political positioning to keep those tensions muted it has worked.

And I think there's proof in the pudding. The outcome document itself suggests that in conformity with the three international drug control conventions, and I quote, "which allow for sufficient flexibility for state parties to design and implement national drug policies," et cetera, the words "sufficient flexibility" is very key. The U.S. wanted it, but a lot of other countries thought it was important.

All right. So, I have three minutes. Those are the reasons why I think people hoping for more are going to be disappointed, even if they shouldn't be surprised. But, like they say, a day like today, every cloud has a silver lining or, if you prefer, April showers will bring May flowers. (Laughter) I think there is good reason to think that the UNGASS process itself is helping to lay the foundation for a more constructive, honest debate going forward.

So, in a nutshell, I think the U.N. has done its best to cordon that real debate that exists in the world off and reflect it as little as possible in the outcome documents and tamped down the process. But the debate continues in the real world and I think that will out.

The ground is really starting to shift because policies and attitudes are changing in member states. The treaties were created by member states at a time to serve certain interests and purposes. And people are changing, governments are changing, policies are changing. Inevitably, that's going to be a shift in the debate that's going to be reflected at the global level. Here are some for-instances to sort of back that up. Again, this is the long run argument. It's not about what's going to happen in New York City in a couple of weeks.

Civil society involvement is much, much stronger and much more astute

than it has been in the past. The UNGASS process has helped a lot of other U.N. agencies engage in a way that they haven't in the past, not just WHO, UNDP, (inaudible) Women, Office of High Commissioner for Refugees have made very important inputs to the UNGASS process. Those aren't going to go away. Within the outcome document itself they've left behind a structure of simple supply and demand, but are talking about human rights, development, sustainable development agenda.

The INCB, and we'll hear more from Ambassador Johnson, is shifting away from a heavy emphasis on criminalization and punishment. It's very significant.

There's a higher quality all around in the quality of pronouncements by member states on the floor in the plenary. The debate is more active, it's more real..

There's a sharper debate behind closed doors, as we understand from people in the negotiations. There really is a debate. It's not a rubber stamp when they get in there. It's hard, it's bruising, and that I think itself says something about the changes underway. And there are clear expressions outside of that of dissatisfaction with how far the outcome document can come by important countries.

So I think perhaps the most important is that the UNGASS will largely succeed in this veneer of global consensus around drug policy, but there's nothing that the UNGASS can or will do about governments and countries who want to continue to innovate and reform. And I think going forward, as we look forward to the next major U.N. drug policy meeting, which is 2019, those of us who are committed to supporting reform should work hard to generate evidence, amass evidence about what these innovations and policy rights are achieving, so when it comes to 2019, we have a better debate. Thank you.

MR. TRINKUNAS: Thank you very much, John.

Turning now to my colleague Vanda Felbab-Brown from the Center for

21st Century Security and Intelligence in the Foreign Policy at Brookings. Vanda, why don't you take it away?

MS. FELBAB-BROWN: Good afternoon. John, I agree with the first of your remarks very much. I'm not surprised, you and I have had a lot of interactions and your contribution to the Brookings Project on Improving Drug Policy has been enormous.

You might recall that when we started the project we were thinking all along that we'll likely end up probably in the space with UNGASS, where we are with, as you called it, fractured consensus or as I have been calling it the global discensus on policy. And the statement that has been circulating around is papering over the differences that will not be resolved in any way by 2019, in my view.

The division between those who are calling for reform, principally some countries in Latin America and Western Europe, and those who are deeply committed to the existing (inaudible) of the regime -- China and East Asia, Russia, but also the Middle East -- is very strong. And unlike in Latin America or the United States or Western Europe, the civil society that you praised for it's much more sophisticated and robust engagement is often lacking or suppressed in those places.

Nonetheless, even in some of the places, like China, for example, where Harold and I were holding dialogues subsequent to the project and the papers that we produced here, there are some open and some new thinking. And perhaps we can explore that in the question-and-answer period.

But immediately, whatever these local level changes taking place are, even in East Asia, they are not going to produce a dramatically different language and that are not going to align the very crudely Latin America-Western Europe versus Russia, East Asia and Middle East any time closer. And the U.S. is no longer playing the role of the world's toughest drug cop, lining everyone into the regime that it helped create and

that it helped enforce, including because of the changes in U.S. domestic drug policy that center on marijuana, but go way beyond marijuana and also have to do with responses to the heroin epidemic, for example.

The spirit of Brookings is not to put forth a uniform institution view, but rather to call for evidence-based dialogue. And so the papers that we produced do not all shoehorn into one outcome. And, in fact, each of the papers made its own recommendations for how either international regimes should evolve or how individual countries where we were doing case studies should proceed with their drug policy.

Nonetheless, I think there was a robust line in some of the key lessons, which included prioritizing violence reduction over stopping the drug flows or reducing volumes of illegal drugs been trafficked; pointing out the premature eradication of drug crops before alternative livelihoods are in place is often counterproductive and generates a great deal of political instability, but recognizing that doing alternative livelihoods effectively is not an easy task and has rarely been done well.

And also, I think all the papers very strongly pointed out that the harm reduction approach is the de-penalization of drug use, putting public health approaches ahead of criminalization of use were really the way to go. And that criminalization of use, imprisonment of users, has had profoundly counterproductive effects throughout the world.

Nonetheless, one of the key findings of the papers also was that the local institutional and cultural settings deeply affected both the effectiveness of particular policies, but also the country's mobilization or interest in improving drug policies or being comfortable with the drug policies. So, for example, Sweden is in Western Europe, but nonetheless very much a believer in the current approach and very satisfied with its policies, including being committed to abstinence and still trying to bring drug use to zero.

So I think those were sort of the general themes that carried across the papers that quite resonate with what broadly civil society has called for in UNGASS. And I should say that the reform aspect of civil society because there are also civil society groups mobilizing very much to maintain the regime. But also on the reform side, I think you have several key concerns.

One was to precisely put public health ahead as the dominant imprisonment approach to dealing with drug use, though that issue does not resolve what to do with all criminal violence related to drug use; putting human rights language and perhaps the human rights perspective ahead of drug policy or as the dominant source from which drug policy should be derived or at least informed; being critical of the use of several penalties toward both use and trafficking, certainly a death penalty. And the issue of the death penalty was one of the key fights in the UNGASS document, whether there would be outright dismissal of it or not. And then fighting for -- including the language of harm reduction, which was also the issue at previous UNGASS.

And there was hope, I think, for quite a bit that harm reduction could make it into the document. I don't think it did and it was even just a few days when Assistant Secretary Brownfield said that harm reduction was a back door for legalization, I believe he phrased it, I think disappointing many who thought he would have a different attitude, including because he has been championing the issue of treaty flexibility.

And a final point, I think, of concern for those advocating reform has been access to medications and improvements in palliative care.

Now, why do those issues not resonate in Russia and the Middle East and China? In Russia, drug policy is very much seen as part of the national secularization approach of drugs, with drugs being -- drug policy being either instrumental or harmful to state interests. And so there's very much a sense that this is contributing a

whole set of geostrategic -- that any drug policy reform is complicating a whole set of geostrategic interests for Russia, as well as having negative domestic repercussion in terms of demographics.

In China and East Asia, there are very different sources of historical memory and very different sense of threats and problems. One of the key drivers in Latin America for drug policy reform has been the extraordinary violence associated with drug trade, but also just extraordinary levels of criminal violence, period, often not associated with drug trade, with murder rates often on the order of tens per hundreds of thousands, sometimes coming close to a hundred per hundred thousand.

In East Asia, there is as much drug trafficking, as much volume on drugs being produced -- perhaps even more -- as much volume of drugs being trafficked and perhaps even more drug use than in Latin America, but criminal violence levels are very low. Homicides are 1 per 100,000, 1.2 per 100,000, 2. And when it reaches two in East Asia, it's often considered a huge increase, huge problems, an order of magnitude difference than in Latin America. And so the main driver or the key driver of drug policy reform that says that criminal violence is compounded by drug policy is completely absent in East Asia.

And the second is the different historical memory, where in Latin America there is the sense that the imperial power, what they believe is the imperial power, the United States rammed those drug policies down the throat of Latin American countries. In East Asia, the historical memory is of the imperial powers ramming opium down the throats of people in East Asia. And those memories are still very, very strong and the fear of use and addiction, the very different sense of what are appropriate policies, are overwhelmingly strong there. So big disconnect.

We can talk about Middle East. I know I am out of time. Let me just

conclude by stating what I have said at the beginning, that there will be much more policy experimentation and the changes in policies that are taking place in Latin America, in Western Europe, and in some parts of Africa will probably not be reversed. However, there will also not be a consensus.

And so even with 2019, even the papering over the differences in the current UNGASS, we are in practice likely standing on the cusp of the collapse of the global drug policy regime with increasingly countries going their own different ways with little alignment in policies, and often then producing spillover effects that will affect others. Those spillover effects are present there today, but there's nominally an agreement on the global approach. I think that we are nowhere close for years to come to any such even nominal consensus.

MR. TRINKUNAS: Thank you, Vanda. And thank you for reminding us that everybody here is speaking on behalf of themselves. There's no official institutional policy at Brookings or I think at any of the different organizations. Well, maybe -- so we're all speaking on our own behalf.

And you'll also have noticed I'm a ruthless timekeeper. And just because you're out of arm's reach, John, doesn't mean I won't be able to pass you a note.

MR. HUDAK: Throw a glass or something.

MR. TRINKUNAS: Turning now to John Hudak, senior fellow in Governance Studies here at Brookings, somebody that's been focused on drug policy changes going on in the United States at the state level. John, if you could, take it away.

MR. HUDAK: Great. Thank you and thank you all for coming today.

I agree with essentially everything that John said earlier, that UNGASS is going to be a real short-term disappointment for most people, but what it shows is an insight into the real changing dynamics on the world stage at the national level and at the

sub-national level among a lot of member nations. It's really become a story of consequences in an ironic way. You have a system that is typically dominated by a few central forces now subject to what is, in some ways, a real grass-roots effort.

And if you look at changing minds and changing ideas and changing policies, it's not necessarily driven by the United States Government. It's not necessarily driven by traditional world powers. It's driven by forces within individual countries who are looking at the current system and saying that it failed. The original reasons for the current regime, the current international drug regime, was to stop the drug trade and, in many cases, stop drug use. Well, that hasn't happened yet and it likely isn't going to happen.

The problem is there have been tremendous consequences to that regime across a variety of countries, as Vanda had said, but even within countries. So you look at the United States, which has dealt with the fallout from drug prohibition, and it has been devastating. Not quite in the same way that it has been in Mexico or Colombia or elsewhere in Latin America, but it has imprisoned hundreds of thousands of young people, particularly people of color, in the United States. It's introduced them to a criminal justice system at an early age, which they would revisit frequently throughout their lives. It has cost billions upon billions of tax dollars in an effort to enforce international drug laws that then become national drug laws, such as the Controlled Substances Act in the United States. And many Americans, many people across individual states, and people in the international community look at that system, they say it's failed, and they've had enough.

And so the result has been this grass-roots experimentation and it's happened in the Netherlands, it's happened in Britain, in Israel, now in Uruguay, Colombia. But nowhere has it been viewed with a greater spotlight than in individual

American states.

So starting in 1996, California legalized cannabis for medicinal purposes. This was one of the most dramatic drug policy reforms in the United States since prohibition had really gone into effect. It was up to that point the most significant change in cannabis policy preceded only by a very odd Alaska Supreme Court case from 1975 that legalized home-grows of marijuana in that state. But it was contagious.

By 1998, more states started legalizing medical marijuana. It continued on in some odd-numbered years, but especially even-numbered years. And now we have 23 states and the District of Columbia that allow medical marijuana; a variety of other states that allow marijuana extracts to be held in possession for the treatment of a variety of disorders, particularly childhood intractable epilepsy. But it didn't change there in the United States.

Those policies gave way to real efforts toward decriminalization; changes in the way treatment was done, not just for cannabis, but for a variety of other drugs, again, shifting away from criminalization and more toward a healthcare approach. By 2012, states started legalizing marijuana for adult use. Now four states and, in some sense, the District of Columbia allow adult use of marijuana to be legal.

What this has done is inside the world's most powerful proponent of the international drug policy status quo, it has made that nation look hypocritical. What it's also done is handcuffed the administration from having any chance to enforce the Controlled Substances Act. So rather than looking foolish in a failed effort to shut down programs across all of these states, the Obama administration has had a really net fix and that was to say, well, if you abide by these rules, we'll let you do what you want to do. And formally that's called enforcement discretion. Informally you might call it "CYA public policy." (Laughter) But it was a means for the United States Government to

continue to allow states to experiment, which, in many ways, is one of the real benefits of the American model, that states can come up with their own systems and the best ideas can win out. Sometimes that happens, sometimes the worst ideas win out. But ideas are being percolated at the state level and, in some cases, at the local level. And the U.S. has let this be.

And as John said, those changes have very serious international implications. The United States is not ready to do away with the current drug policy regime, but they're feeling that pressure. In international communities they're looking at this. Other nations are looking at this and saying if Colorado and Washington can do it, we can do it here in Montevideo, too. And other countries are looking at this and asking themselves if drug liberalization, particularly around cannabis, but around a variety of other drugs, might work better for them than the policies they're operating under right now.

In some countries you can't imagine it could be worse. When murder rates and the cartelization of drugs has led to disastrous criminal and human effects, you have to assume that some other policy has to be better. And as calls for that grow among a variety of nations, it really pushes the international regime to reconsider. That reconsideration will not be this year, John's right. But it will be soon, not only because other countries are going to get into the game, but in the United States the current status of drug, particularly cannabis, legalization is only going to expand.

As I said, we have 23 states and the District of Columbia with medical and 4 states and D.C. with adult use legalization. That's not stopping any time soon. We have states that will vote on it this year, Nevada for sure, probably California. Vermont may legalize adult use marijuana through its legislature. Massachusetts will likely vote on it. Maine may vote on it.

The reason this is happening is because minds are changing and the underlying demographics within the society are changing. The people who hate marijuana legalization the most, a political scientist or a demographer will tell you, are exiting the electorate. They're dying. They're being replaced by millennials, people turning 18, who have the greatest support for marijuana legalization in the entire population. That causes rapid shifts in public policy on a single issue. That's true at the national level, it's true at the state level.

Medical marijuana has the support of about 85 percent of Americans. Adult use legalization has the support of 61 percent of Americans. As America becomes more liberal in this sense, as it liberalizes its drug laws, the world is taking notice, and eventually the international community is going to have to take notice, too. It won't be 2016, it might be 2019, but it's absolutely going to be happen eventually. And as Vanda said, you're starting to see what UNGASS will show us is the first step toward what is a crumbling of the current policy status quo.

MR. TRINKUNAS: Thank you very much, John.

And finally, turning to Ambassador Dave Johnson. Please take us out.

MR. JOHNSON: Okay. Thank you very much and thanks for allowing me to participate. A personal disclaimer at the outset. The president of the board speaks on behalf of the board, not its individual members, so while -- unless I identify it specifically, I'll try not to say anything that would be contrary to the board's point of view. If I happen to, don't run screaming from the room and announce a new board policy because that was an accident. I may say some things on behalf of Mrs. Johnson's younger son, but I'll try to point that out as I do.

I suppose it's my job to tell all of you that you don't know what you're talking about, so I'll do my best to do that. (Laughter) Now, the board's role, it is, if you

will, it is prohibitionist. Its job is to oversee the implementation of these conventions so that the products that are listed are limited to medical and scientific purposes.

At the same time, it is charged with doing that in context of promoting the health and welfare of mankind and noting that these products, most of them, are not just useful, but necessary for the relief of pain and suffering. So there's a yin and a yang there, if you will.

I think it's also useful to recall that the conventions are all but universal. There are very few states on the planet -- I'd be hard put to find one, although I'm sure there's a couple out there -- that are not signatories or states' parties to the conventions. And I think that in broad measure the states' parties to the convention find them extraordinarily useful. I think there is a significant -- and while there may have been a point made by my predecessors here on the stage about something other than cannabis, in just about every respect but cannabis the states' parties have found the tools that the conventions provide, particularly in terms of interstate cooperation, extremely useful.

I think there is some ferment -- this is Mrs. Johnson's younger son here -- about cannabis, but actually within a relatively small number of states. We've talked here about how a few states in Latin America, all three states of North America, a couple of European states are thinking about this. You could probably get up to four or five European states if you did a little homework. But there's a lot of the rest of the planet that's outside of that group. And for a universal set of conventions you have to bear in mind that this appetite for change, such as it is, is almost exclusively in those states we've talked about and not in Sub-Saharan Africa, the Middle East, Asia, and much of Eastern Europe. So there's a lot of the planet that is not taking part in this. And so to the extent that there is a "discensus," it's actually taking place inside of a pretty small group of conversation partners.

Now, the conventions, I think, there's another trap you need to try not to fall into here, as well. There was an admonition made about the conventions causing mayhem and murder in Latin America. I think that you have to ask yourself if these were to be removed would that go away? You have the counter example in Asia, where there's a much different reception there. And so I think it is perhaps not exactly a logical conclusion to say that the murder rates in Latin America follow a logical conclusion from the proper implementation of the conventions.

Now, I think that the conventions do have some flexibility, but they're not completely elastic. And it's going to be difficult to engage in a complete legalization program without having some impact over time on the conventions' efficacy. That's a challenge, but I think that challenge is limited almost exclusively to cannabis.

I think it is instructive to me as a citizen of the United States and not having anything to do with the board that we've had a very active conversation here about the issues that are associated with criminality in Latin America and about the issues related to cannabis legalization here. But for my mind, we haven't said anything about the 37,000 or so of our fellow citizens who died last year due to drug overdose, a significant proportion of them who were using a product which is a regulated sale in the United States. So when we talk about how we're going to go flexibly from where we are to something that is based on regulated sale, I think we need to bear in mind that it's not a complete success either.

And I think that finally I'd say that there's not, from my point of view, whether it's with the UNGASS or in 2019, or I would even speculate several years down the road, a lot of appetite for robust convention changes. I think what you've seen in the past is likely to be what you see in the future in terms of the international sphere. But I think you are likely to see, and this is me as a citizen talking, a much different approach

domestically, both here and in a lot of other states, as you've seen already, shift to a more health-based approach to dealing with these issues, particularly with users, and changes in our criminal statutes to reflect changes in how our body politic feels about this.

But you should bear in mind that the conventions did not mandate nor did they require the Rockefeller laws, mandatory minimums, any of those sort of things that if you ask people what is wrong with the criminal system and why have these "conventions" done this to us, they didn't do it. We did it to ourselves. Those were domestic decisions made that were not necessarily part of the conventions. They certainly fell within it, but they weren't required.

So I think as you look forward you need to disentangle these issues in order to avoid falling into what I would see as a simplistic trap of an easy, quick solution to what is an extraordinarily challenging issue. Thank you.

MR. TRINKUNAS: Thank you very much. And thank you for staying under time. I didn't even get a chance to use my -- but that leaves us plenty of time for discussion.

And I'd like to just take an opportunity to follow up, I think, on some of the comments that were made here among us before turning to the audience. And I want to pick up on this point that Ambassador Johnson made, which is that we did focus quite a bit on the issue of the costs and harms associated with drug policy and issues related to cannabis policy. But what about the debate around the other kinds of substances? What is the discussion? Can you characterize it? Maybe people could take a quick moment to characterize what the -- if we were having a similar discussion about those substances, what would be the kind of issues that would be raised?

And maybe any one of you can pick that up, but, Vanda, do you want to

lead off?

MS. FELBAB-BROWN: Sure. So certainly, in Latin America, a lot of the focus is on cocaine. And those who advocate drug legalization put forth the argument that you, Ambassador, also mentioned and disagreed with, that legalization will undo criminality and particular criminal violence. I tend to be very skeptical of that proposition, as well.

I do believe that certainly the current punitive approach particularly focused on users and often highly discriminatory toward marginalized populations creates violence to those very vulnerable communities (inaudible) state violence against users. And if users are exposed to the "criminal justice system" -- often criminal injustice system -- they will have their lives ruined, often their family lives ruined, and likely become far more recruited to criminal groups. So that level of violence can be undone by not imprisoning users, whether through decriminalization, de-penalization, or outright legalization. But I'm skeptical that legalization is the solution to counter violence in Mexico, that it is the solution the behavior of *Bandas Criminales* in Latin America, and I can explain why.

In Asia, the cocaine use is perhaps creeping up, but the dominant drugs are heroin and methamphetamines. In the United States today, the, of course, big focus is on the heroin epidemic. And there certainly are not calls for legalization of these substances, but there is much more exploration of how to make treatment centers more humane and more effective. Often in the East Asian space they are not formally called prisons, but de facto prisons, labor camps, which are almost solely based on abstinence and detoxification.

There is now much more focus and quiet experimentation in East Asia with methadone maintenance, perhaps even talk of heroin maintenance, and we see that

also in places like Tanzania, for example. And so focus on harm reduction, safe needle exchange, and focus on the communicable diseases -- tuberculosis, HIV/AIDS -- are very much rising even in very doctrinaire and rigid places, like East Asia, and pushing for some small reform in their thinking.

But the big issue that's mentioned in the UNGASS document is what I call new psychotropic substances, many of which are perhaps not new at all and some of which are not new. And I think there is a real groping for what policy should be and a real lack of knowledge how to be more effective in dealing with addiction, dealing with the methadone maintenance kind of approach, these harm reduction approaches, are not available for methamphetamines, one of the hardest addictions and not available for other approaches. And there is a real lack of knowledge of what to do beyond simply saying, yes, they should not be imprisoned, but how do you get treatment to be more effective is one of the big questions.

MR. TRINKUNAS: Do either of you want to jump in on this?

MR. WALSH: Yes, a few points. First, I think we shouldn't underestimate the impacts of the reforms with respect to cannabis for a couple of reasons.

One, cannabis is the world's most widely used illegal drug or controlled substance, so the impacts of liberalization in certain countries will have a large impact on how other countries think about it and see it, including at the level of treaty issues where cannabis is as, if not more, tightly controlled than some other substances. Whether it should be or not is the question, but it is.

There's also another country that is talking about and seems to have plans to legalize and regulate adult use cannabis and that's our neighbor to the north, Canada, which is a G-7 country. So that will change the equation in certain respects, as

well.

But beyond cannabis, I think it's true that's where most of the appetite it. As I just said I don't think we should minimize that. On the other hand, certainly in the United States, but also in Latin American countries where public opinion and societies tend to be conservative, the idea, the policy idea, of legalizing cocaine, while it has a lot of support among elites, doesn't have a lot of popular support.

But I would add to your complexity of the argument about will legalization solve the questions of violence and cartel and organized crime in Mexico and Colombia, no. Could it make it better and more tractable? I think there it could. So I think that's that the discussion to have, not will legalization solve Mexico's violence problem? I don't think that's a proper question.

With respect to other drugs, whether it's cocaine, methamphetamine, heroin, I think what a lot of countries ought to do, and many already do, does have to do with policies that are well within the conventions even if they were not always seen that way. Harm reduction, decriminalization to make sure that people who are in trouble -- problematic use, dependent use -- have the assistance they need and people who are users but are not problematic are not forced into a criminal justice system or even a treatment system. So those are some general points.

MR. TRINKUNAS: John, turning to you, when we were first organizing this event we talked about the fact that it's, in a way, because there are different policies being experimented with in countries across the world, and as you pointed out to me each of these 23 states and the District of Columbia has, in effect, implemented different varieties of policy reform, in terms of what you've observed about what differentiates more successful or less successful, how would you think about the issue of trying to learn from that, in a sense, natural experiment that's going on now with all these different

jurisdictions looking at different kinds of drug policies?

MR. HUDAK: Sure. So the liberalization of cannabis policy in the United States has really given way to more liberal policies across the board. As I said before and as Vanda said, it's making states and the federal government now think differently about how it treats drug uses, how it treats the drug problem, what other types of ways to deal with other drugs there are. There's no support in the United States for the legalization for any other drug other than cannabis. Cocaine is at about 9 percent. That's not going to change in the United States in any individual state any time soon.

But what can change are, as I said, treatment plans, the way we criminalize this behavior. The ambassador's point earlier was a good one and it was that the single convention, for instance, did not create all of the problems that exist in the United States around drug policy with regards to the justice system issues that we have, a skyrocketing heroin epidemic. But it did lay the bedrock for a country to use the single convention as a cover to then create a legal structure that created and contributed to a lot of these problems.

As you start to weaken that, as you start to cut into what is almost a cemented international policy that gave way to equally cemented national policies, as you chip away at that you really chip away at the way everyone -- not the way everyone, but the way we think as a community and as a society about our loss. And so I think that's a real opportunity. If legalizing cannabis for medical purposes makes us think differently about whether we should have drug treatment materials on every ambulance rig in New Jersey, that's a good thing. And those conversations are happening simultaneously. They're happening in a lot of drug policy communities as one big conversation and not as very divergent conversations that have no relationship to each other.

So back to your first point, I think if we can sit here and weigh the pros

and cons of different state-level medical cannabis regimes and what works and what doesn't and what best practices are, but I think some of the best practices are even outside of cannabis and what it's doing to change the conversation on a variety of topics.

MR. TRINKUNAS: Perfect. Do you want to jump in with any final points before we go to the audience?

MR. JOHNSON: Only to, I suppose, underscore the point that I made before, that you need to be very careful in thinking that changes in this drug control regime are going to result in broad social changes that would not be addressed without it. For example, if you look to these changes to automatically lead to lower violence of any kind, I think you're looking in the wrong direction. You need to be looking at helping these states which have weak criminal justice institutions or have policies that are, including perhaps our own, which are counterproductive to change those policies and not to think of it as something that is international in nature.

And I would disagree with one point of logic that you drew. If this is, from the point of view of the United States, where an international convention drove domestic policy, it will probably be the only example that we have because it always flows in exactly the opposite direction for the U.S.

MR. TRINKUNAS: Thank you. I think we'll open it up to Q&A. And I would just ask people to raise their hands, wait for the microphone. I'll try to take groups of three. We have about 25 minutes, groups of 3 questions. So just wait for the microphone, state your name, and institutional affiliation, and then we'll come back to the panel after each three questions.

Ambassador Blackwell.

AMBASSADOR BLACKWELL: Adam Blackwell with the Perry Center.
I'm not speaking on behalf of the Perry Center.

I think that David's point is absolutely right on. And we're here talking about UNGASS 2016 as if it was going to solve all of our problems. And I really think when we have a wicked problem we have to try and unpack these issues.

The speeches, the enthusiasm, the Global Commission on Drugs, this is all very interesting, but where's the Global Commission on Crime and Violence? Where are we rebuilding institutions? Where are we reforming our police, our criminal justice systems, pushing out these experiments on drug treatment courts, mental health initiatives? I mean, that to me, as the former secretary of security in this hemisphere, is my biggest concern. Big focus on drugs and UNGASS, not much focus on the rest.

MR. TRINKUNAS: I think we had maybe two rows behind Adam, one more, and then we'll cross the aisle, and then I'll look more broadly.

MR. MATHIS: I'm Don Mathis with Doctors for America. This morning's *New York Times* carried a story by Rod Nordland about violence and corruption in Afghanistan with heroin. It raises two points that I'm wondering if UNGASS and effect.

One is that Afghanistan produces 90 percent of the heroin that comes to the U.S., but there will be no eradication program in Afghanistan this year. For those of us who work on the demand side of the equation that's a major problem. I wonder if UNGASS offers any handles or leverage that we could help address this problem of the heroin production in Afghanistan given the turmoil there. I call everybody's attention to this article. Thank you.

MR. TRINKUNAS: Thank you. Go to Bernard. Right here. You were right.

MR. RICO: Thanks. Bernardo Rico, Smart Drug Policy. I think sometimes it's very complex to assess the different drug policy reform debates we're having, but if you strip out marijuana policy and acknowledging what John mentioned, it is

very important what's happening with cannabis reform in the United States. Oftentimes trying to explain the Tenth Amendment to countries outside of the U.S. and the importance of allowing state-by-state experimentation is a little bit difficult because I think it raises expectations and it drives people's expectations. And those expectations actually feed into the drugs that are actually causing those certain countries, like Colombia and places in Central America, problems.

And then simultaneously in the United States you have the whole kind of -- I think a big movement in effective policies to address decriminalization or de-penalization of certain things, like reducing the disparity between crack and powder cocaine, which have been effective.

But looking at like tangible policies I'm always kind of baffled why we don't talk about Portugal more. I mean, Portugal is the only country in the world that has ostensibly decriminalized the use, not the sale, of all drugs. And if you look at the United States' current prescription opiate and heroin problem, I wonder is that going to be potentially one of the elements driving drug policy reform debate forward past UNGASS and how will that be viewed in the United States if a state like New Hampshire or Vermont were to consider decriminalizing heroin and potentially all their drugs to address the use and harm associated with those drugs?

MR. TRINKUNAS: Okay, thank you. I'll just come back to the panel and if anybody wants to jump in. You don't have answer all three, just pick the one you would like to address.

Vanda, do you want to -- Vanda wrote our paper on Afghanistan as part of the Drug Policy Project since of the questions was directly on that. Why don't you lead off?

MS. FELBAB-BROWN: Sure. And I worked on Afghanistan a long time

and so did you, Ambassador. The fact that there is not extensive eradication in Afghanistan is a good thing. Eradication policies do not affect the levels of drug use in countries. That's one of the lessons from the War on Drugs, from the decades of the effort that we have learned. Extensive drug eradication in Afghanistan would guarantee that the Taliban would win and terrorism would once again significantly spread in the country.

That said, the fact that there is extensive drug production of the opium poppy in Afghanistan and production of opiates and heroin is problematic. The United States does not get Afghan opium and Afghan heroin. The vast majority, almost exclusively, all of the heroin consumed here is produced in Mexico and Colombia. We've never got much Afghanistan stuff.

Nonetheless, some countries do, like Russia. It's one of the reasons why Russia is struggling with drug policy and is very dissatisfied with the lack of eradication. However, even if there were eradication at the expense of counterterrorism and the expense of letting the country politically disintegrate, again, I'm very skeptical it would have effects on either levels of cultivation or actual use elsewhere.

One of the lessons from, again, decades of counternarcotics policies is that for a country -- not the globe, a country -- to suppress cultivation of drugs, conflict needs to have ended. There's never been successful eradication in the context of active military conflict and the context of insurgency.

After that, countries have two approaches: it can be a (inaudible) approach; it can be Mao's China in the 1950s, which is willing to kill in the process of drug eradication hundreds of thousands, perhaps a million people just in that single campaign. That's a policy that's awful, unacceptable, totally in violation of human rights, and in violation of what the global community should be about.

If they're not (inaudible), then alternative livelihoods need to be in place. At the country level there's only one country that has succeeded in doing so and that's Thailand. And the scale of its problem there was less than one-tenth of the scale of the problem in Afghanistan just by the crude and inadequate measure of actual drug production. No country has ever been economically more dependent on an illegal drug than Afghanistan with roughly a third of the country's GDP being dependent on that. Imagine undoing that in one of the poorest countries in the world in the midst of insurgency.

MR. HUDAK: I'll pick up next. I couldn't agree with the ambassador more. I think the issues that we've touched on today show just how complex the problems we're facing are. Issues of mental health, issues of violence reduction, issues of how those two meet, they need to be addressed on a much grander scale and they're not being. We're talking about drugs today because that's what the panel is about and what the Special Session is about, but there should be special sessions on all of the issues that you mentioned.

I think if you go to drug policy conferences the things I talked about today, the things many of us talked about today are a very narrow part of what the panels are at these meetings. The meetings are about all of the things that you talked about: scaling up this issue to engage the complexities rather than ignoring the complexities in the way that the international community has done for quite some time.

So I'm not speaking on behalf of Brookings, but I can certainly speak on behalf of the many drug policy advocacy organizations that think exactly as you think about all of the other factors that need to be addressed, whether it's decriminalization like they're doing in Portugal or cannabis legalization like they're doing in the U.S. and elsewhere or treatment-based approaches like they're doing in many countries in the

world, that's just one small part of a huge problem that does not, as the ambassador said, have an easy fix.

MR. JOHNSON: Just a couple of comments. On the eradication issue, I've been involved with some eradication programs, I think they tend to work, as in the Thai case, when the problem is sufficiently contained, that that's the way you finish it off, so to speak. But it's very difficult to do as a wholesale operation. I suppose some people would say Colombia is the exception that proves that rule, but it was a very difficult undertaking.

On the general idea of cannabis as opposed to other drugs, I think that based on not just the polling data you were talking about, but any reading about it, you almost have to treat it as a sui generis issue. It's not going to be a broad-based approach to all of the products that -- I also think, and this is speaking as a citizen, that the jury's out on this; that to quote the wag who was quoted in *The Economist*, cannabis is a performance-degrading drug. And so as it becomes more widespread and more widespread use, it's not going to be something which raises the nation's IQ or output, and people might be thinking about its further regulation in a way which is not being treated as though it were another form of Bordeaux, like it's being treated in Colorado currently.

And finally, on Portugal, the Portuguese will tell you that they're unique. From my point of view, just looking at what they do, I have a hard time envisaging the United States being as interventionist in the lives of individuals as the Portuguese are in the lives of their users. We're either in jail or out of jail, and if you're not, Uncle Sam does not really get in your face quite so much. But if you look at what the Portuguese are doing, and I suppose it's a European way of doing things, but it's a level of state intervention in an individual's life that's not under criminal sanction that I'm not sure we'd be willing to tolerate.

MR. TRINKUNAS: John? Before we go back.

MR. WALSH: Sure, just picking up on Portugal, and I think because this suggests that there is a diversity of settings and that a one-size-fits-all approach either needs to be very flexible to allow countries to do something that works for them in this regard or we have to rethink what are these universal conventions about if they're constraining countries from doing what they would like? I think in the case of Portugal, decriminalization across the board, which I think Portuguese are largely happy with and I think for good reason, that was not well received initially by the U.N. drug control bodies. Now it is, things change.

I think there's a human rights and public health case to be made for decriminalization more broadly and different countries have to look to that and whether it will work politically, as well, in their own settings. UNODC even issued sort of, and then retracted sort of, a statement very foursquare in favor of decriminalization.

Just whatever the merits of that may be, and I think they're strong, what Portugal doesn't do and didn't intend to do was address the supply side of it. And I think this is where the case for legal regulation as putting the proceeds that are in criminal hands within the illegal drug market now into legal, lawful operations and, to some extent, in the hands of the state, that case or that argument doesn't need to be at odds with the case for addressing violence and all the other issues. It can be in tandem with it. It can be one and the same. It can be one of the policy reforms that could help address organized crime, for instance, and perhaps violence by helping remove some of the proceeds and revenues that are sloshing around criminal markets. I'm not saying it's proven. I'm saying it's not necessarily and shouldn't be seen as inimical to and at odds with these other measures that you're suggesting, which certainly need to be discussed.

So I think, just to be very clear, I think to state the argument in favor of a

legal, regulated approach as saying we're going to do away with criminal violence, that's not the case. That's not the responsible case, I should say. There is a case to say can we subtract some of those revenues in a way that could make tackling the violence and organized crime easier? That would have to be seen, but that's a different argument.

MR. TRINKUNAS: I think we have room for one more round. I feel like I haven't been taking any from the side, so maybe over there in that middle row and then here and then maybe here.

MR. ISHAM: Hi. I'm Chris Isham, Office of National Drug Control Policy. And I certainly don't speak on behalf of my office, but I will tell you that I guess what's frustrating for me when looking at national policy, and I've dealt with the supply side for several years, is that when people talk drug policy they almost always are either talking about cannabis or cocaine. And I was on the West Coast and out in Asia, and we briefly touched on it, but the Asian drug problem is meth, some heroin, mostly meth. And Southeast Asia's being torn up by it.

And, oh, by the way, you have criminal organizations from Mexico, Middle East, et cetera, all meeting together there in Asia to focus on those Asian markets. And so that is a problem.

Moving ahead, I think our policies now I think are very reactionary and they're very incrementalistic. We're already moving towards the process of separating drug users from drug traffickers, but focusing on the drug traffickers is becoming even more and more difficult because of the types of drugs that they're selling, and that's synthetics. So why aren't we looking at any types of policies that look to the future and the problems that we're going to be facing instead of the ones that we're facing now? Because you're seeing the trend goes towards synthetics now and that's something I don't think we're going to be able to deal with, particularly under the current drug regimes

that we have.

And so when are we going to take the bold step of moving towards a stronger policy that looks towards the future?

MR. TRINKUNAS: Thank you. I think I had one over here and then I had over here.

DR. SHERBURG: Thank you. John Sherburg, physician. I've been dealing a little bit with the drug issue for many decades, a little research, and also treatment programs. I want to address taking the profit out of drugs, getting that way.

William Buckley initially was going in that direction many decades ago. I remember writing a letter to President Reagan when he was first elected and before he took office about attacking the profit by supplying whatever drugs -- I'm not talking about marijuana so much now, but the heroin or cocaine -- supply them through pharmacies at a minimal cost or no cost. So you drive out all the pushers, you drive out all the profit from gangs, you buy the drugs from the farmers -- Afghanistan, Mexico, Colombia, whatever -- legally, and this would diminish, particularly in the pushers amongst our community, of creating new users and so forth. Dealing with the issues and the problems of accessibility, treatment centers, whatever, but dealing with the symbiotic relationship to drugs or synthetic drugs or whatever might come would be a lot easier to manage local areas one way or another, different degrees, but you could work it out, but without having a tax-free drug empire in criminality, in incarceration, et cetera.

And I think you've spoken a little bit to these areas, but I don't think I'll make any progress initially with Ambassador Johnson unless he reflects on it perhaps as we get -- it's a little harder as you and I get older to change some of our attitudes. But I'm hoping the audience here will hear what I'm saying, enlarge the strategy, try to press this forward, and really make a larger difference. Thank you.

MR. TRINKUNAS: And I think we had one more. Yes, right in front of you.

MR. DILLON: Ken Dillon, Scientia Press. We seem to be headed toward a global glut in drugs. If you look at what is happening in Afghanistan, no eradication, with synthetics, and with the wider and wider cultivation of marijuana in the United States and elsewhere. If there's a global glut of drugs, logically that should drive down all the prices. What will be the consequences of that and what should we be thinking about that?

MR. TRINKUNAS: Thank you.

MR. HUDAK: Can I jump in first?

MR. TRINKUNAS: If you want, yes, go ahead.

MR. HUDAK: Sure. I'm going to pick up on the second question. I think there are certainly proposals out there, people have talked about some kind of legalization or pharmacy-based distribution of a variety of drugs as a means of control and then, of course, dealing with prices -- or rather dealing with profits is a way to do that. I think the challenge to that point is one of the most dangerous and widely abused drugs that we have in this society right now are the ones that are doled out by pharmacists every day, and it's a very profit-driven business by people in your profession and others and it is one that has not been controlled by letting Walgreens and CVS be the ones who distribute drugs. And I would caution against that as a policy solution simply by looking at the opioid problem we have in the United States.

MR. TRINKUNAS: I'll just go in order for the final set of comments.

MR. WALSH: Pairing the two questions, one talking about, let's say, the ravages of meth in a certain region of the world and the other talking about opioid abuse here, I think whatever we think about the political prospect for a legal and regulatory

approach and whether it would be a good idea or not for a whole variety of drugs beyond cannabis, but including cannabis, I think we should be clear when we discuss drugs that we're discussing drug policies as well. So it's not drugs that are picking upon their own and going somewhere. There's a particular system that a prohibitionist system puts in place that creates incentives and generates waves of drugs moving from one place to another. They're not doing it on their own.

So I think whatever we feel about the policy recommendations or the debate, I think we need to be clear that we're not just talking about drugs. We're talking about drug policies and how those policies shape what's actually happening. So in the case of opioid abuse, for instance, whether it seems to have been fueled by over-prescription, perhaps in a good intentioned purpose, to alleviate pain and suffering, without proper data and precautions, that fed into heroin abuse not because heroin's already legal, but, in a sense, because heroin is not. And it was cheaper and it was available, and it didn't have the kind of precautions that even a lightly regulated pharmacist should have, but didn't have.

So I think those are the debates we need to have if we're talking about drugs. It needs to be about drug policy. If we're going to have a debate about regulated markets, which we are in the case of cannabis, we'll see what works, what doesn't, but we can't just talk about drugs in some abstract sense. We need to understand that what happens is due to our policies, as well.

MR. TRINKUNAS: Vanda?

MS. FELBAB-BROWN: Well, the issue of addressing low-level dealers and particularly not violent low-level dealers is a component of what drug policy reform needs to be about, of what policing and criminal law approaches policy needs to be about, including because many low-level dealers, of course, deal in order to support their

own habit. And I think there are many creative ideas how to minimize the multifaceted violence and problems associated with current approaches to low-level dealers and some interesting experimentation in Europe.

The idea, also, of separating users as much as possible from dealers of hard drugs was, of course, what was the impetus for the Dutch policy of coffee shops. The whole point was to prevent situations in which marijuana dealers would also expose users to harder drugs and hence make access to marijuana use available through the coffee shops. Now, the policy has many complexities. The Netherlands itself is going through rethinking its policies. There are many different elements to it and, of course, Netherlands never resolved the problem of how to legally supply wholesale cannabis.

In the case, however, of -- but the local and institutional settings matters very much, so the idea that -- the key issue is if you have big drug trafficking organizations involved, what happens if the market were to be legal? Will they have access to the legal market? Will they simply come to extort companies in the same way that Mexican "drug cartels" -- and I put quotes around "drug cartels" -- extort logging companies, avocado farmers. In fact, there is a high chance that every Mexican avocado that you buy in the supermarket was taxed by a criminal group in Mexico.

Will they be able to dominate the legal market directly to extort companies? Will they move to other products that are not legalized? So in other words, the underlying strength and effectiveness of rule of law is really what makes legalization effective or ineffective, not vice versa, in my view.

Regarding meth in Asia, well, one of the sad dimensions, of course, is that it was effectiveness of Thailand in eliminating poppy cultivation that drove a huge expansion in meth labs in Thailand. And it was suppression of poppy cultivation in Burma that equally led to a replacement economy of producing *ya ba* --

methamphetamines -- and, again, with devastating consequences for users and, in my view, many more problematic and worse consequences along political, economic, and social dimensions than the production of poppy in both countries, which is not to say that production of poppy should just be left untouched, but what is crucial for drug policies is to think far more than has been the case about second and third degree effects.

And, of course, the difficulty is that any drug policy produces not just some desirable elements, but many undesirable ones. And how one aggregates those and what kind of tradeoffs one makes among those is really at the core of the drug policy debate and they will not go away.

MR. TRINKUNAS: Ambassador Johnson?

MR. JOHNSON: Just I think that there's a certain degree of modesty that one should have when approaching this subject. It's tempting to think that if one had exactly the right drug policies all of these issues that we associate with their impacts would somehow be alleviated or go away. I think there is a large dollop of human behavior here that is very different to affect and I think there is a large requirement in order to deal with the issues that we commonly infer are driven by good or bad drug policies that are based simply on the effectiveness of governing and social institutions.

I suppose the best example I would come up with is there are two countries that are located next to the world's largest illicit drug market. Those are Mexico and Canada. Mexico has a very different experience than Canada, and there are many reasons for that, but one of the biggest is the resiliency and the effectiveness of the governing and social institutions in Canada by contrast with Mexico. And I think that focusing on institution-building is probably the most effective drug policy one could conjure. Thank you.

MR. TRINKUNAS: Okay. Well, thank you all. I'm afraid we're out of

time. Thank you for joining us in a very interesting debate and please join me in thanking our panel. (Applause)

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