



IDPC ANALYSIS OF THE UNODC WORLD DRUG REPORT 2016

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Executive summary

The World Drug Report for 2016, the flagship publication of the United Nations Office on Drugs and Crime (UNODC), is framed by the recent United Nations General Assembly Special Session (UNGASS) on drugs, and draws on key themes developing from the Special Session. It shows the influence of the Outcome Document, and of the Sustainable Development Agenda (SDA).

In his Preface, Executive Director Yury Fedotov mainly spurns any explicitly political agenda to the Report and the 'world drug problem'. The overblown rhetoric that formerly framed the World Drug Report has been abandoned. Underlying narratives, of course, remain within the text: those of stability, fluidity, and uncertainty, with the latter placing its limits on the former two. Uncertainty derives from poor, incomplete or entirely absent data. Nonetheless, these themes interact, and the Report is all the richer for its acknowledgement of them.

In addition, the Report contains some new departures for the UNODC, and Mr. Fedotov's Preface highlights some of them, along with the challenges and questions that they pose. How can drug control be made more sensitive to environmental impacts such as pollution and deforestation? How does the 'dark net' function as a vehicle for drug transactions? The Preface also draws attention to the symbiotic relationships of drug control and development, a topic that is further explored in the thematic chapter of the Report.

The Report devotes considerable energy to examining the extent of drug use and its consequences for health. While emphasising the play of uncertainty within its field of knowledge, it nevertheless makes some rather grand claims, such as that one in 20 adults – or a quarter of a billion individuals – used at least one drug in 2014, the last year for which data are available. The narrative of stability is invoked alongside this claim by reminding the reader that this group has remained the same as a proportion of the global proportion, which has expanded in parallel.

Data are also presented in relation to overdose, numbers of people who inject drugs, and other categories. However, the principle of uncertainty is reintroduced by reference to the cases of China and India, two countries with very large populations and rapidly expanding urbanisation, the size of whose drug-using populations is largely unknown. These vast lacunae in the data render any global figure for drug consumption highly elusive.

The Report states that cannabis is the most widely used drug, while opiates and cocaine consumption have risen following a period of stability. The use of amphetamine, on the other hand, 'appears to be stable' (p. xi), though again uncertainty is acknowledged, as little recent data exists for East and South East Asia. Moreover, the growth in polydrug use contributes to a general blurring of the data.

The Report goes on to examine illicit markets and drug supply, with cannabis cited as the most widely cultivated drug-crop. Cultivation was reported by 129 countries between 2009 and 2014. The growth of the opium poppy and coca bush are also examined in some detail, along with the consumption of their respective derivatives, heroin and cocaine.

In addition to the extensive information and analysis provided regarding the illicit consumption, production and distribution of drugs, the Report includes, in chapter two, a wide-ranging discussion of the Sustainable Development Goals (SDGs) and their inter-relationships with drug control. The SDGs follow on from the Millennium Development Goals, and consist of 17 goals, which break down into 169 Targets that operationalise the broader objectives. The issue of drugs arises both directly and indirectly across the SDGs, and there is considerable potential in expanding the perspective of drug control to embrace the SDGs and the core project of the United Nations toward human fulfilment. However, the Report's reading of the drug control/sustainable development nexus is conflicted, and fails to acknowledge the devastating impact of drug control on the attainment of the SDGs.

The conclusions arrived at by IDPC are complex and should be read in full. However, it may be said here that while the Report represents a formidable synthesis and analysis of UNODC's data, there remain problems with its conceptual tools, linked to its underlying discourse of narcophobia. In addition, a means of improving UNODC's data collection must be identified, and changes made in the type of data that is collected.

Introduction

With the release of the *World Drug Report 2016* taking place only a few months after UNGASS on the 'world drug problem', it is fitting – and unsurprising – that the latest version of the UNODC's flagship publication is framed within the context of the New York event and the key themes developing from it. In presenting what remains a comprehensive annual overview of the latest developments in the world's illicit drug markets, the Report consequently places emphasis not only on the UNGASS Outcome Document and the centrality of the 2015 SDA to the design and implementation of drug policy, but also the current state of the global market relative to previous high-level declarations, including the 1998 UNGASS. In so doing, with Mr. Yury Fedotov still at the helm, the UNODC maintains what is mainly a de-politicised approach to the subject matter, with discussion of various aspects of the 'world drug problem' taking place in the objective and scientific manner appropriate to a UN agency of its status, position and analytical expertise.

That such a balanced style is maintained in relation to significant policy shifts implementing regulated markets for recreational cannabis in both Uruguay and, at the state level, the United States suggests a substantive and hopefully irreversible cultural change within the UNODC. Gone are the days when an Executive Director would load the preface of a World Drug Report with hyperbole and exert influence on the presentation and analysis of data. Indeed, while still staunchly defending the drug control conventions as the foundation for policy at the national and subnational level, in a welcome addition to the Report a dedicated section on conclusions and policy implications (see Box 5) helps to create a practical bridge between the data presented and policy without, apparently at least, pushing any preferred agenda.

Such a consistency of approach, finely balanced as it may be, is matched by the recurrence of many of the main issues presented in Reports from the previous few years. Running beneath detailed discussions of the health consequences of drug use (including unacceptable levels of drug-related deaths, HIV prevalence among people who inject drugs (PWID) and a lack of treatment provision) and analysis of the markets for opiates, cocaine, cannabis and synthetic drugs, including new psychoactive substances (NPS), are once again the narratives of stability, fluidity and, as a qualifier to both, uncertainty; the latter the result of a paucity of data across a range of domains. To be sure, as our understanding of the dynamics of drug markets and policy interventions become more sophisticated, it is important that the UNODC continues to emphasise – within the main body of the text if not the Executive Summary – the limitations of its analysis that results from poor, incomplete or non-existent data. This is an increasing point of concern in relation to not only market restructuring, including that brought about by the introduction of regulated cannabis markets, but also a more holistic approach to drug policy that has the potential to be stimulated by the SDA and its associated SDGs; a topic to which the Report devotes chapter two.

With these and other issues in mind, we aim to provide an overview of the data and topics presented in, as well as the key themes emerging from, the *World Drug Report 2016*. Where appropriate, we will offer critical analysis of and comment on all three, including a full discussion of the Report chapter on 'The world drug problem and sustainable development'.

The Executive Director's preface: A plain dish

It is interesting to compare the Preface of this latest Report with those that appeared approximately a decade ago under previous Executive Directors – for example, Mr. Costa. The grandeur of the rhetoric is largely gone, to be replaced by a blander style of representation. Within this context, Mr. Fedotov's Preface to the *World Drug Report for 2016* begins by noting that this is a 'decisive' moment for drug control, shortly after the UNGASS and that its Outcome Document provides 'a concrete way to take action on shared challenges' (p.

iii). Nonetheless, the international drug control conventions remain vigorously defended, and the promise of the UNGASS Outcome Document – which received, at best, a mixed response from civil society – is celebrated.

The Preface also highlights some welcome new departures for the Report, as it considers how drug control efforts can be made more sensitive to environmental factors such as deforestation and pollution; it also examines the use of dark net for drug transactions. These areas of analysis lie largely outside the traditional field with which drug control has concerned itself, and follow the Report's trend toward a wider focus and broader thematic areas of interest for the UNODC – including health, human rights and development.¹ In the thematic chapter, relationships between drugs and development are explored, and Mr. Fedotov stresses the importance of 'development-friendly' drug policies. Owing largely to the philosophical underpinnings of the drug control regime, these attempts meet with mixed results. Nonetheless, the Preface is clear in its views on development questions: 'illicit drug cultivation and manufacturing can be eradicated only if policies are aimed at the overall social, economic and environmental development of communities' (p. iii).

In a press release appearing on the date of the Report's publication, Mr. Fedotov's introductory comments for the Preface are mirrored. There, he refers to the 'landmark adoption last September of the 2030 development agenda', the framework from which the SDGs are drawn, and which provides the analytical template deployed in the Report's thematic chapter. 'One of the key recommendations of this year's World Drug Report', says the Executive Director, 'is that achieving sustainable development and countering the world drug problem must not exist as distant cousins'.² This new kind of understanding advocated by the UNODC is welcome indeed. As we shall see, however, the analysis contained in the thematic chapter fails to fully appreciate the degree to which drug control can and does impede the agenda of the Sustainable Development Framework.

Extent of drug use and its health consequences

Although once again infused throughout with the unavoidable admission of uncertainty regarding

the shape and scale of the global drug market, the 2016 Report puts forward the headline figure that an estimated 1 in 20 adults, or a quarter of a billion people between the ages of 15 and 64, used at least one drug in 2014, the most recent year available for this data. To give some sense of proportion we are told that this is '[R]oughly the equivalent to the combined populations of France, Germany, Italy and the United Kingdom'. However, keen to emphasize the ongoing motif of stability that has in recent years accompanied what is presented to be the scope of drug use, it is stressed that while a 'substantial amount, it is one that does not seem to have grown over the past four years in proportion to the global population': that is to say, while the number of people using drugs may have increased so has the world's population. Although remaining unexplored, this is an acknowledgement that the illicit use of drugs seems to be an inherent feature of modern life. As a caveat to the concept of stability, and as another implicit acknowledgment, this time that some illicit use of substances listed in the conventions is not problematic, the Report goes on to note that over 29 million people who use drugs (PWUD) are estimated to suffer from drug use disorders. Of those, around 12 million inject drugs, of whom 14.0 per cent are living with HIV (pp. ix & 1). To be more precise, the joint UNODC/WHO/UNAIDS/World Bank estimate for the number of PWUD for 2014, we are told, is 11.7 million (range from 8.4 million to 19.0 million) or 0.25% (range 0.18-0.40%) of the population aged 15-64 (p. 14). Consequently, the authors note, 'the impact of drug use in terms of its consequences on health continues to be devastating' (p. ix & 1).

Overdose

Figures regarding drug-related deaths make for depressing reading; there were an estimated 207,400 (range 113,700-250,100) drug-related deaths in 2014. This corresponds to 43.5 (range 23.8-52.5) deaths per million people aged 15-64. Again, according to the available data and in line with the estimated number of PWUD, this figure has also 'remained stable' worldwide, although as the Report notes it is 'unacceptable and preventable' (p. ix). As has been the case in previous years, the UNODC reports that overdose deaths 'contributed to between roughly a third and a half of all drug-related deaths, which are attributable in most cases to opioids'. The Report also stresses on this point

that the period shortly after release from prison is associated with a substantially increased risk of death from drug-related causes ‘with a mortality rate much higher than from all causes among the general population’ (pp. ix-x & 18) (see Box 1). The highest drug-related mortality rate continues to be in North America, which accounts for about one in four drug-related deaths worldwide (p. 18). However, as is highlighted, the well-developed monitoring systems in place within countries in the sub-region may explain these figures relative to other parts of the world (also see Box 2). During a period when discussion of a revision of many of the metrics and indicators currently used to measure the ‘success’ of drug policy is becoming more prominent,³ it is noteworthy that the Report gives attention to the problems associated with not only estimating drug-related deaths within a country but also comparing data across countries (p. 19). Mindful of increased emphasis on the health consequences of drug use by both the UNODC and member states in a number of UN fora, there is certainly a need to move beyond capturing data on drug-related overdose. The capture of drug-related death data is itself highly problematic, since different jurisdictions employ different methods, and criteria used by coroners vary. Such difficulties are exacerbated by the growth of NPS with unknown toxicology. Nonetheless, within a more holistic appreciation of what constitutes the ‘world drug problem’ it is right to attempt to include more epiphenomenal factors like deaths and injuries stemming from drug market-related violence.

Health and injecting drug use

Health consequences relating to PWID remain a key area of concern, with this group experiencing ‘some of the most severe health-related harms associated with unsafe drug use, overall poor health outcomes, including a high-risk of non-fatal and fatal overdose, and a greater chance of premature death’ (p. x). As touched on above, one in seven PWID is living with HIV, and one in two with hepatitis C. Within this context, the Report highlights, ‘PWID are a key at-risk population for HIV and hepatitis, with almost a third of new HIV infections outside sub-Saharan Africa occurring among PWID’ (p. x & 14). Moreover, we are informed that studies have found that people who inject stimulants engage in ‘more risky’ sexual behaviours ‘resulting in a higher risk of HIV infection than for those injecting opiates’ (p. x & 15). In terms of geographical distribution, the

Box 1 Prisons, drug use and health consequences

The Report, as in previous years, highlights the severe negative health consequences of drug use in prison noting that ‘In many countries, prisons remain a high-risk environment for infectious diseases...’ Although data on all aspects of drug use in prison, including initiation while incarcerated, is severely limited,⁴ the authors do note that among ‘vulnerable people who use drugs, particularly PWID, imprisonment is a common outcome’ with available studies showing that there continue to be high levels of drug use in prison, including use of opiates and injecting drug use. This appears to be the case among both male and female prisoners (p. 19). Consequently, the prevalence of ‘HIV, hepatitis and tuberculosis among persons held in prison’, we are told, ‘can be substantially higher’ – up to 50 times – than among the general population. Moreover, the Report stresses that despite scientific evidence for effective health interventions within prison settings, there are significant gaps in prevention and treatment services in many prisons around the world (p. x). Beyond the serious negative health consequences of incarceration itself, the Report also highlights the substantially higher risk of drug-related deaths soon after release from prison. This is primarily linked to fatal overdose, itself a product of a decreased tolerance to drugs and the use of multiple drugs on release, particularly a mixture of depressants and heroin (p. 20). In combination with the lack of appropriate health interventions within prisons, this facet of the incarceration process reveals serious shortcomings in health provision in many states, including scientifically proven harm reduction programmes,⁵ and highlights another area where data collection and analysis continues to be lacking.

Report once again notes that ‘Eastern and South-Eastern Europe is the sub-region with by far the highest prevalence of injecting drug use; 1.27 per cent of the population aged 15-64’. In comparative terms, this sub-region accounts for 24% of the total number of PWID worldwide, with almost all

the PWID in the sub-region residing in Russia and Ukraine. Although three countries (China, Russia and the United States) together account for nearly half of the total number of PWID worldwide, (p. 14), HIV prevalence is 'particularly high' among PWID in South West Asia. To be sure, combined with East and South East Europe, the three sub-regions account for 53% of PWID living with HIV worldwide (p. 15).

In light of these figures, it is a welcome feature of this year's Report that, along with the dedicated focus of chapter 2, attention is drawn to individual SDGs elsewhere within the Report. On the issue of HIV, for example, space is given to Goal 3, 'Ensure healthy lives and promote well-being for all at all ages', although there is also mention of other relevant goals (p. 17). That said, while certainly improving in recent years, there do remain problems with the collection and analysis of data relating to PWID. As discussed in last's year's *IDPC Analysis of the UNODC World Drug Report 2015*,⁶ although inclusion of stakeholders within the data review process is to be welcomed, an ongoing lack of transparency and clarity regarding some data sets, particularly those relating to hepatitis B and C among PWID, makes external review problematic; including comparison across countries⁷ (also see Box 6).

Drug use trends

In terms of drug use more broadly, the Report presents data showing that cannabis 'remains the most commonly used drug at the global level', with an estimated 183 million people having used the substance in 2014. At an 'estimated 33 million users', the use of opiates and prescription opioids is, as the Report notes, less common, but, it is noted, opioids remain major drugs of 'potential harm and health consequences' (p. x & 1). In fact, as the authors comment, a sharp increase in heroin use has been documented in some markets (particularly North America) 'where it was previously declining'. This, they continue, 'shows that heroin remains one of the major drugs of public health concern' (p. x). As a key component of the stability narrative, we are also informed that 'As an overall trend at the global level, the use of cannabis has remained stable over the past three years'. However, the Report notes that in some regions, particularly North America and Western and Central Europe, cannabis use has increased (p. x & 1) – an example of the dynamic nature of the global cannabis market. Similarly, in terms of fluidity, after a period of stability since 2010,

Box 2 Caveats around global drug use trends

Research by Griffiths, Meacham and McKetin, as well as Sloboda and others, illustrate the complexities of measuring illicit drug trends at the global level.⁸ With these methodological issues implicit within the text, and continuing with the now well established practice of improving the transparency of much of the data presented, the UNODC points out a number of caveats relating to interpreting information within the Report. It is noted that not only do the global estimates of drug use and problem drug use reflect best available information from 2014, but also that any changes compared to previous years largely reflect updates of information in only 20 of the globe's 190+ states. These are mostly in North and South America and Western and Central Europe. Consequently, with the absence of reliable data from countries like China and India, both vast in terms of population and increasingly significant as sites of urbanisation (a process that is often accompanied by increasing drug use), and regions like Africa and South East Asia, it remains difficult to have any real understanding of not only the scale, but also of changing patterns in global drug use.

cocaine use has also been rising, mainly because of increased use in South America. Remaining the second most commonly used drug globally, the Report points out that '[O]n the other hand, the use of amphetamines appears to be stable'. This statement, however, is accompanied with the caveat that such a perspective 'may underplay the situation in subregions, specifically East and South-East Asia, where recent information on the extent of drug use is unavailable' (emphasis added) (p. xi & 1).

As the Report points out with welcome candour, 'Making the global picture of drug use more blurred is the fact that many people who use drugs, both occasionally and regularly, tend to be polydrug users who use more than one substance concurrently or sequentially' (p. xi). These patterns, we are told, can include the non-medical use of prescription drugs, synthetic stimulants and NPS *in lieu* of, or in combination with, more conventional drugs. Such a situation understandably 'clouds

Box 3 Gender matters

Among a number of issues where the Report reveals research and data collection to be improving but still lacking are concerns about how gender affects various forms of contact with the illicit drug market. This is particularly the case as we become more aware of the need for gender-sensitive policies, a point highlighted by Mr. Fedotov in the Preface to the Report.

The available data shows different drug using patterns whereby, 'Overall, men are three times more likely than women to use cannabis, cocaine or amphetamines, whereas women are more likely than men to engage in the non-medical use of opioids and tranquilizers'. Further, we are told that, while in most surveys the prevalence of drug use among young people is reportedly higher than among adults, the gender divide in drug use is narrower among young people than adults (p. xi & 13). Importantly, within the context of the need to view drug policies as part of broader and integrated social policy – a view encouraged by the Sustainable Development Agenda – such gender disparities in drug use are deemed to be 'more attributable to opportunities to use drugs in a social environment than to either gender being more

or less susceptible or vulnerable to the use of drugs'. Indeed, as the Report shows, in some countries with established drug use, the gender divide has also been changing in the adult population 'reflecting increased opportunities to use a particular substance', for example the use of heroin in the United States (p. 14).

Beyond drug use, the authors also note that the proportion of women brought into formal contact with criminal justice systems in drug trafficking cases is above the global average in a number of regions, particularly Oceania, the Americas and East and South-East Asia (p. 23); another issue area that is now receiving more attention, particularly from civil society.⁹ It is also a welcome addition that, while limited, this year's report gives some consideration to the role of women in opium poppy cultivation in Afghanistan and the consequences of their engagement with this sector of the opiate market (p. 24). With poppy production in Afghanistan receiving relatively little political attention in most states beyond the region since the Transition (2012-2014), it is fair to say that this is but one largely forgotten dimension of the continually complex opiate market within the country.

the distinction between users of a particular drug, presenting an interlinked or cyclical epidemic of drug use and related health consequences in recent years' (p. xi & 1-3). The authors go on to note the challenges that this poses for market monitoring, including in relation to health consequences and appropriate interventions. 'Polydrug use', we are told, 'encompasses wide variations in patterns of drug use, ranging from occasional alcohol and cannabis use to the daily use of a combination of heroin, cocaine, alcohol and benzodiazepines'; PWUD either switch between substances or include several as part of their 'drug use repertoire' (p. 2 & 5). Analysis and discussion within the Report certainly reveals the complexities inherent within the existing and apparently increasingly dynamic global markets, including in relation to different patterns across the sexes (see Box 3). This is also the case in terms of drug substitution, when users swap the use of one substance for another within

the illicit market. As is pointed out, user behaviour here is influenced by a combination of 'individual, biological, cultural social and environmental factors' (p. 2 & 3). Examples given include the use of heroin and the non-medical use of prescription opioids in the United States (p. 3 & 4), the shift between injecting heroin and amphetamines to injecting NPS in Europe (including synthetic cathinones) and a move from heroin injection to amphetamine injection in Australia (p. 5 & 6). The latter case in the early 2000s was deemed to be the result of a reduction in the availability of heroin – the so-called heroin drought – and demonstrates how, in some instances, law enforcement activities (as part of a mix of factors) alter the form rather than eliminate illicit drug markets. This is a point that might have benefited from further attention, particularly since it remains unclear if a reduction in the availability of heroin in Australia was solely 'induced by intensified law enforcement activity' as is suggested (p. 27).¹⁰

Treatment availability and access

In line with its discussion of the changing drug use landscape and related consequences for health, the Report also continues to devote attention to drug treatment, with particular emphasis within the Executive Summary on cannabis. This decision is probably appropriate relative to the scale of cannabis use globally, more specifically the shifts towards regulated markets for recreational cannabis use and what that may mean for prevalence in some parts of the world. That said, one wonders if its prominence is related to what seems at times to be a misplaced institutional perception that some national and subnational authorities view cannabis to be harmless. This issue aside, the Report's attention to treatment is solid, with the authors pointing out that '[I]nformation about people in treatment for drug use disorders can be taken as a proxy for understanding the nature, as well as a latent indicator, of trends in drug use resulting in severe health consequences' (p. 7). They go on to note that according to global estimates, nearly one in six people with drug use disorders access treatment services each year, with – corresponding to the patterns discussed above – opioids being the drug of concern in North America and Europe, while in Latin America treatment for cocaine use is 'high' (p. 7). Reflecting the aforementioned changes in drug use patterns, it was also estimated that – based on member state data – between 40 and 80% of people in drug treatment were diagnosed with polydrug use; a situation that 'reflects complexity of drug use patterns and the challenges of treating people with drug use disorders effectively' (p. 9).

In relation to cannabis, the Report highlights that treatment has been growing in many regions in the past decade, with an increase observed in several European countries 'despite a decline in the number of frequent (monthly) users'. The proportion of people seeking treatment for the first time for 'cannabis use disorders' is said to remain 'high globally', with nearly half of the people treated for cannabis use disorders being first-time entrants. Mindful of the myriad factors behind an individual's presentation for treatment, it is good to see the UNODC pointing out that changes in 'patterns of the people in treatment for cannabis may be attributed to a number of factors'. These include not just a growth in the number of people who are seeking treatment, but also 'practices of referrals by the criminal justice system and an expansion

in the provision of treatment for cannabis in some countries' (p. xi & 10-11).¹¹ In a well-placed call for the need for better data, the Report notes that, although there is some research from the United States and Europe, information on 'driving forces is sparse' (p. 10). Similarly, while the UNODC points out that 'there is some evidence that higher potency cannabis is now more widely available in Europe and the United States' it does state that 'how this might translate into greater harm for cannabis users is not clearly understood' (p. xi). Despite ongoing, and perhaps some inherent level of uncertainty in any understanding of the treatment domain (i.e. the relationship between need and access), data within the Report shows that '[O]n average' younger people are seeking treatment of cannabis and amphetamines use disorders more than for other drugs; a situation that seems to reflect the trends in the increasing consumption of both substances. On the other hand, people in treatment for opioid or cocaine-related disorders are 'typically in their thirties, and, in many subregions, this reflects the aging cohort of users in treatment and an overall decrease in the proportion of treatment demand' (p. xi). It is worth noting here that while there is discussion of the need to improve treatment for polydrug use (see Box 5), the Report contains little analysis of the quality of drug treatment, including interventions specifically targeted at amphetamine-type stimulants (ATS).

Drug supply and markets

As has long been the case, the 2015 Report reveals that the most widely cultivated drug crop continues to be cannabis. This was reported by 129 countries between 2009 and 2014, although there is the necessary admission that 'The extent of, and trends in cannabis cultivation and production are, however, difficult to assess, given that systematic measurements do not exist' (p. 21). That said, the figure for national cannabis cultivation is noted to be 'far more than the 49 countries that reported opium poppy cultivation' which were mostly located in Asia and the Americas. Moreover, only seven countries, all located in the Americas, reported coca cultivation. In terms of trends for these latter crops, the authors note 'Leaving aside the disparity in the respective numbers of cultivating countries, opium poppy cultivation has been decreasing in the past year while coca cultivation has been rising' (p. xii & 21).

Box 4 Purchasing drugs through the 'dark net'

Recent years have seen online market places increase in importance, and in line with this development the last few World Drug Reports have quite appropriately given the phenomena attention. Including a detailed analysis of drug types purchased via the 'dark net' as well as data showing purchases by country, this year's Report highlights that the growing significance of consumer purchases through the internet 'raises concerns in terms of the potential of the "dark net" to attract new populations of users by facilitating access to drugs both in developed and developing countries' (p. xii). Research presented suggests that the proportion of PWUD purchasing drugs via the internet has increased, including use of the 'dark net', with respondents to the Global Drug Survey¹² reporting advantages relating to products themselves (better quality and more readily available) and benefits of virtual interaction with an improvement in personal safety during transactions in terms absence of exposure to 'physical violence' as well as less risk of apprehension from law enforcement (p. 25). This, the Report goes on to say, 'may help explain why, in general, drug users seem ready to pay a premium' for drugs from the 'darknet' and why people who have never previously used drugs may be tempted to purchase online. According to available data, 4% of PWUD had not used any drugs prior to accessing them through the dark net. Furthermore, the 30% who purchased via 'dark net' reported having consumed a wider variety than they did before (p. 25).

Moreover, the UNODC's analysis of what are sometimes called crypto-drug markets, illustrates how, just as with more traditional drug markets, law enforcement interventions generally restructure rather than eliminate. As the authors note, 'A number of successful law enforcement operations world-wide have taken place in recent years to shut down trading platforms on the "dark net", such as "Silk Road" in October 2013 or "Silk Road 2.0" in November 2014...' Law enforcement pressure, they continue, also prompted 'voluntary temporary' shutdowns of other sites, including 'Agora' in August 2015. 'However', the Report stresses, 'as one marketplace closes, the next most

credible marketplace tends to absorb the bulk of the displaced business' (p. 24).

It is noteworthy that the UNODC considers the 'dark net' to be a significant enough challenge to include it within the Report's new 'Conclusions and Policy Implications' section (see Box 5). Here it is highlighted how 'Law enforcement and the criminal justice systems in many countries are still not in a position to deal effectively with the anonymous marketplace known as the "dark net"'. Moreover, as the authors point out, 'Apart from practical problems, there are other difficult legal issues that need to be addressed, including the identification of the responsible jurisdiction, combined with the routine international sharing of information, especially where the physical location of the sellers and buyers is unknown; the use of undercover agents (both online and offline) to infiltrate such networks in order to gather evidence and undermine the criminal business model; and the development and implementation of legislation to require suspects to reveal passwords/decryption information when charged with an offence'. 'The provision of technical assistance and capacity building of Member States to collect and exploit digital evidence', they conclude, is key to addressing the threat posed by drug trafficking via the Internet (p. xxv).

The Report is correct to highlight the myriad challenges that online marketplaces, especially those on the dark net pose to both policy makers and law enforcement officials. As such, this is yet another area in great need of improved research and analysis and the resources that go with it. However, although aware of a potential to initiate new drug use and expand drug-using repertoires, in the push to develop a better understanding of this dynamic form of market place, it is also important to assess any possible online processes that may actually help reduce drug-related harm, for example, through the growth of online communities and information exchange.¹³ Clearly, in policy terms this is vital as increasing numbers of authorities begin to appreciate the benefits of a market management approach.

It is noteworthy that within a policy environment where the 2016 UNGASS and the resulting Outcome Document are prominent, particularly so at the time of the *World Drug Report* released in June, the UNODC uses 1998 and 2009 as benchmark dates for the comparison of current data on cultivation and production. The significance of these dates is that they relate to the previous UNGASS and the year of adoption of the *Political Declaration and Plan of Action on international cooperation towards an integrated and balanced strategy to counter the world drug problem* respectively.¹⁴ They have thus been selected to give some sense of progress, or otherwise, of the international system against its own goals. In this vein, we are informed that although fluctuating, the total area under poppy cultivation in 2015 was higher than in 1998 and that it had ‘increased sharply’ since 2009, ‘largely as a result of increased cultivation in Afghanistan’. Conversely, the total areas under coca bush cultivation has followed a downward, although levelling, trend.

In terms of drug trafficking, it is unsurprising that cannabis continues to be the most trafficked drug worldwide, although it is noted that there has been a large increase in seizures of synthetic drugs. Nonetheless, although there were 234 substances under international control in 2014 (a figure that had increased by 10 by January 2016), the bulk of trafficking based on reported seizures was concentrated on ‘a far smaller number of substances’. Cannabis in its various forms was intercepted in 95% of reporting countries in 2014, accounting for more than half of the 2.2 million drug seizure cases reported to the UNODC that year. This was followed by ATS, opioids and coca-related substances (p. xii & 22). Within the context of increasingly fluid and complex markets, it is also important to note that, according to the data provided, NPS seizures have gone up in recent years. As a drug group, NPS remain a small proportion of all seizures, but the increase is noteworthy, particularly in relation to ketamine and synthetic cannabinoids (p. 22). Once again, it is positive to see the UNODC acknowledge that drug seizures represent a ‘direct indicator’ of drug law enforcement activity as well as offering an insight into drug flows. In previous years, it was not unknown for seizure data to be presented simply as an indicator of successful anti-drug policies rather than a measure of law enforcement activity. As the Report notes, ‘drug seizures are

the result of those successful operations that end in drug interceptions and are thus influenced by law enforcement capacity and priority’ (p. 22). It is also good to see that, in relation to both trafficking and law enforcement challenges, the UNODC is continuing to give some prominence to ‘dark net’ drug markets (Box 4).

At the human level, the Report presents data showing that in all countries more men than women have formal contact with criminal justice systems for trafficking in drugs or for possession for personal use. That said, and as another example of the utility of a refinement in data capture and processing, we are informed that ‘the reporting of gender-disaggregated data has improved over the years and shows an increased number of women arrested for offences in absolute terms’. Although no potential explanations are given to what on the surface seems to be a surprising trend, the Report notes that ‘Nevertheless, the proportion of women in drug-related arrests, while fluctuating, showed a downward trend over the 1998-2014 period, particularly for drug trafficking related offences’ (p. xii & 23-24) (also see Box 3).

Opiates

The Report describes how South-West Asia remains the main source of opiates, with the region followed to a lesser extent by South East Asia and Latin America. Indeed, data shows that opium is produced illicitly in 50 countries worldwide (p. 26).¹⁵ As touched upon above, global opium production in 2015 fell by 38% from the previous year to ‘some 4,770 tons’, reaching levels comparable to those in the late 1990s.¹⁶ ‘The decrease’, the authors note, ‘was primarily a consequence of a decline in opium production in Afghanistan (a decrease of 48% from 2014), mainly as a result of poor yield in southern provinces. While that was the case, at 183,000 hectares ‘Afghanistan still accounted for almost two-thirds of the global area under illicit opium poppy cultivation, which decreased by 11% from the previous year to around 281,000 hectares (p. xii). This area, as the Report presents via a continuing penchant for user-friendly infographics, is the equivalent to 394,000 football fields¹⁷ (p. 26). Away from South West Asia, the UNODC also reveals how opium production in Latin America more than doubled between 1998 and 2014, reaching around 500 tons and accounting for almost 11% of estimated global production in 2015 (p. 27).

Despite regional changes, the Report notes in the Executive Summary how UNODC estimates indicate that the global number of opiate users (i.e. users of opium, morphine and heroin, rather than prescription opiates which are excluded from the figures) has changed little in recent years and that opiates continue to affect around 17 million people in 2014. This topic is discussed further within the Report proper, although here, while it is noted that the 'prevalence of the use of opiates has not changed in more than a decade' there is an acknowledgment that continuation of 'large data gaps...may mask changes' (p. 27).

In terms of fluctuating regional patterns, the Report highlights that the use of heroin may be in 'resurgence' in countries where it had been in decline. For example, we are informed that heroin use has increased in North America over the past decade (leading to an increase in heroin-related deaths) while in contrast '[L]ong-term trends' have been 'stable or declining in Western and Eastern Europe since the late 1990s'. However, there have been 'early signs' of a 'surge in the heroin market', with an increase in availability and of use of heroin in some markets in Europe, as well as increase in seizures of the drug destined for the region. Meanwhile, in the absence of other data sets and so basing its findings on trend perceptions reported to the UNODC, the Report notes that the use of opioids 'may have grown in Africa'. In contrast, although again relying on expert perceptions, overall opiate use in Asia is reported to have remained largely unchanged over the period 1998-2014, whereas opiate use in Oceania has declined (p. xii).

Moving onto an issue informed by more tangible, if sometimes misleading and misinterpreted data, the Report shows that the global interception rate for opiates doubled from the period 1980 and 1997 to the period 2009-2014 (p. xii). Interestingly, this was the case particularly after the 1998 UNGASS; another indication of how seizures are often a function of political decision-making rather than simply an indication of market form. According to the Report, the largest amounts of opiates seized were in South-West Asia, followed by Europe. Indeed, accounting for 75% of global opium seizures, 61% of global morphine seizures and 17% of global heroin seizures, the largest aggregate opiate seizures worldwide in 2014 were reported by the Islamic Republic of Iran (p. x, xiii & 29).

As with other aspects of the opiate market, the Report also shows ongoing changes in trafficking routes, including those revealed by a recent UNODC study on the issue.¹⁸ The so-called 'Balkan route', which supplies Western and Central Europe with Afghan opiates through Iran and Turkey via Southern Europe, continues to be the most important route. However, the so-called Southern route through Pakistan or Iran by sea to the Gulf region, Africa (particularly East Africa), South Asia and to a lesser extent South East Asia and Oceania and North America has 'grown in importance'. It is interesting to note that in discussion of the Southern Route there is no reference to potential 'spill-over' in transit countries, particularly emerging opiate markets in East Africa. In terms of the dynamic nature of another established route, the authors point out that opiate trafficking on the so-called 'Northern route' (from Afghanistan to neighbouring states in Central Asia, Russia and other countries of the Commonwealth of Independent States, has 'started to undergo a resurgence after the decline in the period 2008-2012'. Furthermore, trafficking out of the Golden Triangle is seen to be on the increase, mainly due to the rising level of opium production in Myanmar after 2006, with heroin trafficking in the Americas continuing to increase. Here, heroin and morphine seizures seem to be rising in line with reported increases in opium production in Latin America (p. xiii & 30-31).

Of particular interest in this year's analysis of the opiate market is the discussion of the possible impact of the strong decline in opium production. On this point, the Report stresses that it seems unlikely that the sharp decline in opium production in 2015 will lead to major shortages in the global heroin market, certainly not in the short term, given the high opium production levels of previous years. Rather, we are told, it may take a period of sustained decline in opium production for the repercussions to be felt' (p. xii & 34). In exploring the complexities and reactive dynamics of the opiate market in more depth, the Report notes that while 'the amount of opiates available for consumption... showed strong annual fluctuations (declining by more than 75 per cent in one year and increasing four-fold the next), changes on the number of opiates users were far less marked over the period 1998-2014'. The authors go on to say that the 'number of opiate users seem to follow the long-term linear trend of opiates available for consumption rather

than the annual increases and decreases in the amount of opium available' (p. 31). In search of an explanation, a number of hypotheses are discussed. First is that the number of PWUD changes in line with the year-on-year availability of opium, but those changes are not reflected in the estimates of the number of opiate users because of limitations in the data. As discussed, there remain significant gaps in places like China and India, while in Africa there is essentially no information. Second, it is posited that the likely number of opiate users may be correct but that *per capita* use changes in line with the availability. And third, and as an echo of discussion in 2011 concerning the missing Afghan opium,¹⁹ it is suggested that stockpiling of inventories 'smoothes' year-on-year variations in production. It is concluded that while 'the first two hypotheses basically assume that the consumption of opiates reacts to year-on-year changes in supply, the third hypothesis suggests that the short-term adjustments are in the form of changes in inventories held along the supply chain' (p. 32). In essence then, the Report notes that none of the hypotheses, which are not mutually exclusive, can be 'refuted completely' and that the market can react to declines in opium production through a range of adaptations. This is certainly food for thought in an international policy environment where, despite some recalibration, a great deal of faith is still placed in upstream supply side interventions.

Cocaine

As with discussion of the opiate market, the Report's focus on cocaine reveals significant levels of flux and accompanying complexity; particularly when considered in a longer time horizon. For example, we are informed that while global coca bush cultivation increased by 10% from the previous year, the actual area under cultivation (132,300 hectares or 185,300 football pitches) was the second smallest since the late 1980s (p. xiii & 35). Of the three main countries cultivating coca bush (Peru, Bolivia and Colombia), Colombia has shown the strongest decrease in total area since the peak of 2000. 'That decline', we are told (while missing an opportunity to make a connection to the SDGs), 'was initially related to widespread aerial spraying, followed by manual eradication and, after 2007, alternative development efforts' (p. 35). In 2014, however, the country saw increases in cultivation (44%) and prices probably due to the 'expectations among farmers that they might benefit more from alternative

development if they were growing coca bush during the peace negotiations' (p. 35). Meanwhile, the Report attributes decreases in Peru to alternative development and 'intensified eradication efforts'. Decreases in Bolivia in the late 1990s are also linked to increased government interventions in the form of alternative development. More recent declines, after a spike in cultivation, are attributed to alternative development, on this occasion with 'limited external assistance' (presumably a reference to the chilly state of US-Bolivian relations), as well as strong pressure from authorities and unions to limit cultivation. On this point, it is interesting to note how the different approaches, with differential US backing, in Bolivia and Colombia currently appear to be producing different results. Indeed, recent research suggests that, among other things, to 'achieve sustainable, effective and safe coca reduction, the Bolivian experience teaches that governments should provide basic services and infrastructure in compliance with its obligations to their citizens and not as incentives for crop reduction'.²⁰

Data on global cocaine manufacture shows that it was slightly higher than in previous years, but still 24-27% lower than the peak in 2007. In this regard, the authors note, it was 'basically back to the levels reported in the late 1990s'. Again reflecting fluctuations in this, as in other drug markets, we are told that 'At the same time, there are indications that the increase in global cocaine manufacture observed in 2014 was not a one-off event and may have continued in 2015' (p. xiii & 36). Interestingly, in a similar fashion to opiates, the Report observes that 'Most of the increases in the global cocaine interception rate occurred after 1998, when the General Assembly held its twentieth special session dedicated to countering the world drug problem together. The global cocaine interception rate almost doubled between the periods 1990-1997 and 2009-2014' (p. 36). While this is the case, on the contemporary scene, cocaine continues to be trafficked primarily from South America to North America and West and Central Europe. Having declined somewhat in recent years, the Report also points out – with some admission of the uncertainty especially associated with this region – that cocaine trafficking via Africa 'may be' regaining importance. This is mainly from Brazil into West Africa and then onto Europe (p. 39). There are also said to be signs of increases of cocaine smuggling to Asia, particularly

East and South East Asia and the Middle East, with cocaine seizures in Asia tripling from an average of 0.45 tons per year period 1998-2008 to 1.5 tons per year 2009-2014. This is set in contrast to South America where there appears to be stabilisation (p. 37-39). Similarly, the Report notes that within Oceania market appears to be stabilizing 'following rapid growth over the past decade'; a trend due largely to the Australia market (p. xiii & 39).

In relation to use, despite regional fluctuations, annual prevalence is reported to have 'remained largely stable at the global level over the period 1998-2014', fluctuating at between 0.3 and 0.4% of the population between 15-64. Again pointing towards what might be described as embedded use, the UNODC reveals that as the global population has grown, so too has the number of cocaine users. More precisely, use has increased from some 14 million in 1998 to 18.8 million in 2014. While this is the case, the Report points out, 'it is likely that there has been a decline in per capita consumption of cocaine'. This situation, it explains, was promoted by a decline in the amount of cocaine available for consumption over the period 2007-2014, which itself is not unreasonably linked to a drop in cocaine production in the Andean region. In parallel, we are also told that the number of heavy cocaine users in North America has declined and that 'This points to an overall shrinking of the cocaine market, although the number of (recreational rather than regular) cocaine users in several emerging markets continues to rise' (p. xiii-xiv & 37). In terms of the North American market, the authors identify a largely stable situation after a decline in recent years. Although not explored in any depth, a decline in cocaine to the United States and Canada is attributed to falling production in Colombia and increased violence linked to 'cartels' in Mexico; another area where the authors should have mentioned the SDGs. The resultant rise in price (purity adjusted) has prompted decline in consumption (p. 37). Data suggests that, across the Atlantic, the European market is 'stagnating' (p. 38).

With all this in mind, the Report devotes some space to the question 'Is the global cocaine market shrinking?' (p.39-42). In so doing, it points out the fact that quantities of cocaine available for consumption declined between 1998 and 2014 while there was an increase in number of users (30%) over the same period, remaining largely stable between 2007 and

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2014. This, the authors note in a nicely understated manner, 'seems somewhat contradictory'. As with attempts to understand the opiate market, the Report once again offers a number of hypotheses. The first of these is that there has been no increase in number of cocaine users. This might be explained by the margin of error within the available data and a lack of data, especially in relation to Africa and Asia. It is pointed out, however, that this is not a position supported by perceived drug use as reported by member states. Here though, it is also worth noting that according to some analysts cocaine-monitoring systems within the United States itself are 'dangerously out of date'. Resulting from reductions in research funding and a singular concentration on opiates, such a situation means that even US authorities may be underprepared in detecting emerging trends in cocaine use.²¹ Second is the theory that there has been a decline in *per capita* consumption among cocaine users and a shift from mature to new markets. That is to say, there has been an increase in the number of occasional users relative to 'high frequency or dependant users as a consequence of a geographical shift' (p. 41). In this scenario, a reduction in the number of heavy cocaine users, as in the United States, can effectively reduce the scale of the market (p. 41). Finally, it might be possible that supply-side estimates are incorrect; again a product of knowledge gaps. Here, however, these lacunae relate to cocaine production estimates. In the UNODC's view this is unlikely to be significant and therefore lacks explanatory power. Nonetheless, while there remains a lack of clarity on the factors at play, the Report notes that 'A shrinking cocaine market should not lead to complacency'. In contrast to the opiate market, the authors argue that the net result in the short term should be positive 'in terms of reducing drug related crime and the negative health impact' (p. 42). This is a valid expectation in many respects. Although, and especially in light of the Report's earlier discussion of drug substitution patterns, it might underplay the negative impacts associated with the use of other substances (including NPS) by some people. That said, they also acknowledge that there are large numbers of individuals 'experimenting' with the drug, especially in developing countries, and that many of them may become heavy users. Consequently, the UNODC is correct to stress that there is a need for health and social infrastructures in states that do not have them. Moreover, we are reminded, the downward trend may have ended,

'exacerbating the vulnerability of numerous developing countries' (p. 42). One might also add that, even where infrastructures exist, there is a need to increase research and improve capacity for cocaine users.

Cannabis

As noted earlier, cannabis cultivation – through various means of detection – was reported in the territories of many countries between 2009 and 2014. Nonetheless, as the *World Drug Report* points out, '*given the absence of systematic measurements... the extent and trends in cannabis cultivation and production are difficult to assess*' (emphasis added) (p. 42 & 43). Quietly acknowledging data limitations in relation to use of the drug, it also describes how, despite major changes in some regions, global cannabis consumption has 'remained somewhat stable' in recent years (p. xiv & 44). More precisely, in 2014, some 3.8% of the global population had used the drug in the past year (2014), a proportion that has remained stable since 1998 (p. 43). The 2014 figure equates to an estimated 182.5 million users (range from 128 million to 234 million), which is about 27% higher than in 1998. This increase once again is said to reflect the growth in global population over that period. On this point, the UNODC notes that it is conscious of the 'large margin for error', although it is keen to flag up that such increases are backed up by expert perceptions.

In terms of geographical distribution, the Americas, followed by Africa, remain the main production and consumption regions for cannabis herb, with about three quarters of seizures taking place in the Americas, mainly North America, in 2014. Meanwhile, the Report notes, Africa counts for 14% of herb seizures and Europe only 5%. On the other hand, according to the UNODC, Europe, North Africa and the Near and Middle East remain principal markets for cannabis resin. The majority of this, as reflected in member states' seizure data, continues to be produced in Morocco and Afghanistan (p. xiv & 43). Accounting for 40% of the global total, the largest amounts of cannabis resin seized in 2014 were again in Western and Central Europe (p. xiv & 44). Oceania is shown to be the only region with a marked decline from previously comparatively high levels, reflecting changes in the Australian market, as is the case in most drug types in the region (p. 44). In contrast to this closely monitored nation, the Report notes that the increases reported in cannabis

Box 5 World Drug Report 2016: Conclusions and policy recommendations

The Report includes a set of 'Conclusions and policy implications' stemming from its assembled data and analysis thereof.

- **Development and countering the world drug problem need to work in symbiosis:** There is a growing understanding in the UNODC discourse that drug control needs to be harmonised with the objectives of development if it is to be effective.
- **Success depends on a dual track of development initiatives:** This involves 'maintaining specialised drug interventions in synergy with general developmental investments. This approach', says the Report, 'has already been embraced in the concept of alternative development and can be expanded to other aspects of the drug problem' (p. xxiii).
- **Promotion of an effective human rights-based criminal justice response to the drug problem:** The Report states that there has been insufficient recognition of the links between the 'drug problem' and development in the sphere of governance and the rule of law. The first step for those PWUD who encounter the criminal justice system as a result of minor offences should be an alternative to incarceration. This requires effective coordination between legal and healthcare systems.
- **The dynamics between violence and drug trafficking need to be better understood:** It is encouraging to see the Report recognise the complexity of linkages between drug trafficking and violence. 'Violence is not a foregone conclusion of drug trafficking', it acknowledges.
- **Most health consequences of drug use are preventable:** An implicit recognition of the value of harm reduction is present in this 'Conclusion', which notes that most negative health consequences of drug consumption with the appropriate recourse to needle and syringe programmes, overdose prevention, opioid substitution therapy, naloxone, and other scientifically-based interventions. There are some notable omissions from these points, such as the health consequences of cocaine and the importance of measures to alleviate and treat them.
- **Drug use and its health consequences should be prevented and treated in prisons:** Those in prison retain their human rights, which must be ensured – including their rights to healthcare provision.
- **Heroin still requires the attention of the international community:** Despite the diversification of the drug menu, the 'traditional' drugs such as heroin should remain a focus of attention.
- **Worrying developments in the amphetamine market in the Middle East require closer monitoring:** This includes the 'near and middle east', where Captagon has been the target of increased seizures, local manufacture and precursors. The porous borders, violent conflict, insurgency and limited state control represent a challenge.
- **Greater efforts needed to enhance forensic capacity and monitoring systems for NPS:** Expanded research and greater knowledge is required in relation to the use and health consequences of NPS.
- **Increased provision of science-based prevention and treatment programmes for cannabis use is needed:** Cannabis has been gaining a higher visibility due to recent changes in policy and law in some parts of the world. According to the Report, there is a long-term increase in Europe and the United States. Science-based treatments are needed, particularly for young people.
- **Continual monitoring of new cannabis policies is recommended:** While it is too soon to evaluate these changes in policy and legislation, the Report claims that early indication points to increased use in states that have legalised.
- **Treatment and care, with a greater focus on polydrug use:** the use of multiple substances and complex shifts between types of drugs have resulted in challenges to those responding to emergencies, as well as those offering treatments. Policy makers and practitioners need to be more aware of emerging trends in order to effectively respond.
- **Legislation, technical assistance and capacity building** are key for dealing with the growing importance of the "dark net."

use in Africa should be considered with caution since they are ‘based on limited information’ (p. 45). On a related point, while the UNODC acknowledges the widespread cultivation of cannabis around the world, it is surprising that it does not give more attention this year – even in the form of a box – to the problems associated with monitoring indoor hydroponic cultivation within what would have been defined traditionally as ‘consumer states’.

Mindful of the significant policy shifts on cannabis that have taken place in both the United States – at the state level – and Uruguay, it is fitting that the Report offers a comprehensive, and indeed well-balanced scientific, overview of developments in both countries. In exploring the outcomes of the introduction of legally regulated cannabis markets, the UNODC notes that they are ‘...still not fully understood’, pointing out that developing understanding will be particularly difficult within the United States due the incremental changes taking place in different states (p. 46). While this is the case, the Report offers a useful discussion of a range of issues:

- **Cannabis use** – Here we are presented with a complex picture, although within the United States prevalence of past-month cannabis use among individuals aged 12 and older can be seen to have increased from around 6% in the mid-2000s to 8% in the period of 2013-14 (p. 46); figures that are driven mainly by young adults (aged 18-25). In Uruguay, prevalence is seen to be much lower, although evidence interestingly suggests an increasing trend even before legalisation (p. 47). The UNODC concludes, more than reasonably, that ‘[T]rends in cannabis use may change as the demand curve evolves in response to changes in price, availability and social norms’ (p. 47). As an interesting aside, the Report also offers some historical context by explaining that although the United States continues to be the largest market for cannabis in the Americas, ‘cannabis use is still significantly less prevalent than in the late 1970s’ (p. 44 & 45).
- **Medical cannabis markets after legalisation in the United States** – It remains unclear if legalisation will have any discernible effect on the size of the medical market. Although the relative youth of the markets makes analysis difficult, this is largely a result of the price of recreational cannabis remaining higher than that from existing medical markets (p. 47).

- **Products and potency** – The Report notes that the potency of cannabis has been increasing in the United States over the past 30 years, especially in states where there are medical dispensaries, although the potency of recreational cannabis in both Washington State and Colorado is also high. In contrast, and in what may turn out to be a reoccurring theme in any ongoing analysis of the impact of policy shifts on the cannabis market within the country, data in Uruguay are rare. In its discussion of extracts and edibles, the Report highlights their very high potency (up to 80-90% THC) and that they pose an additional public health concern (p. 47 & 48).
- **Health consequences** – Discussion here includes accidental ingestion and over-intoxication of edibles by children and inexperienced users, with the Report noting that figures on both have been increasing. That said, it also points out that it is unclear if there is a link between this pattern and legalisation since it has been a phenomenon for some time in relation to medical markets. The Report does reveal, however, that accidental injury associated with cannabis intoxication and emergency room visits has increased in recent years. In 2014, there was a 29% increase in cannabis-related emergency room visits in Colorado and a 38% increase in the number of cannabis-related hospitalisations. The data on the treatment of cannabis disorders is mixed, and as discussed above, is complex in terms of driving forces (p. 48).
- **Public safety** – On this topic, we are informed that the ‘increased availability of cannabis for recreational use is likely to increase the number of users driving while under the influence of cannabis’ (emphasis added) (p. 48). As the Report notes, data from both Colorado and Washington State have shown increases in number of cases in which drivers involved in traffic accidents or arrested for driving-under-the-influence violations have tested positive for cannabis. Nonetheless, as the UNODC is right to stress ‘this may have resulted from increased law enforcement scrutiny’, a dimension of the issue that is not always considered (p. 49 & 50).
- **Cannabis markets** – Despite legalisation, research shows that illicit markets have not been entirely displaced in Colorado or Washington State. Following a discussion of taxation frameworks and related figures, the Report notes that ‘One important consideration for legalization

Box 6 Annual Reports Questionnaires and the World Drug Report 2016

The international drug control conventions oblige states parties to provide data concerning the situation in their countries to the Secretariat of the UNODC each year. In 2010, the Commission on Narcotic Drugs (CND) endorsed a revised version of the forms on which this data is collected, the Annual Report Questionnaire (ARQ). This is the chief source of the data on which the World Drug Reports are based, and the 2016 Report is no exception. The ARQ is structured in the following way:

- Part I: Legislative and institutional framework
- Part II: Comprehensive approach to drug demand reduction and supply
- Part III: Extent and patterns of drug use
- Part IV: Extent and patterns of and trends in drug crop cultivation and drug manufacture and trafficking.²²

2016 Report is based on information collected from governments in the period leading up to 31 December 2015, and refers mainly to the drug situation in the year 2014. The Office sent out ARQs to 192 member states and 15 territories. As of 31 December 2015, it had received 101 replies to the ARQ part iii, 'Extent and patterns and trends in drug use' and 104 replies to ARQ part iv, 'Extent and patterns of and trends in drug crop cultivation, manufacturing and trafficking'.²³

In terms of geographical coverage, in Europe, 85% of countries responded; in Asia, 63% of countries responded; in the Americas, 40% of countries responded; in Africa, 25% of countries responded, and in Oceania, two out of 14 countries responded.

The Report notes that in general, the quantity of data provided on illicit drug supply is 'significantly better' than that provided on drug demand. 73% of ARQs part iv were 'substantially completed', compared to 67% of ARQs part iii. It should be noted that those ARQs that were more than 50% completed were classed as having been 'substantially completed', while those having less than 50% completion were classed as 'partially completed'.

The UNODC acknowledges that sometimes there is insufficient data to provide an 'accurate or comprehensive' picture of world drug markets. In these circumstances, the ARQs are supplemented by other sources, usually government ones.

It should be clear from this overview of ARQ returns that there are large gaps in the data that they provide, despite their being the key source of information of which the *World Drug Report* makes use.

is whether the costs of enforcing prohibition exceed the budgetary costs of regulation'. As is discussed, and citing figures from RAND, in Vermont the State spent approximately US\$1 million enforcing criminal laws against cannabis compared with an estimate of 'low to middle single-digit millions' of dollars to establish and maintain a regulatory system. Nonetheless, it is also made clear that those costs need to be weighed against revenues, 'which cover the ongoing costs of regulations and additional externalities, such as increased treatment and prevention costs, which are often not included in the budgets of regulatory agencies' (p. 50).

- **Criminal justice** – Data shows that the number of arrests and court cases associated with cannabis-related offences have declined substantially in the US states that have legalised cannabis. The Report notes, however, that 'it should be

pointed out...that this trend reflects the number of offences recorded in the criminal justice system, and that prior to legalization cannabis-related offences may not necessarily have led to prosecution or sentencing'. In light of problems relating to obtaining more detailed data in the United States and Uruguay, the UNODC concludes that 'It is yet to be seen whether or how legalization affects other types of crime or arrests'. It does note, nonetheless, that both licit and illicitly produced cannabis in jurisdictions that have legalised recreational use is likely to supply illicit markets of neighbouring states, although any increases resulting from policy shifts are difficult to evaluate (p. 51). Although perhaps limited by available data, the Report does not mention an alarming emerging pattern of arrests in Colorado. Here, while the changes in the law regarding legal use by those older than 21 years of age has meant that, as juveniles have

come to dominate arrests, arrest rates have risen dramatically for young blacks and Latinos. Since according to a Colorado Health Department survey, there is not a huge racial difference in who smokes cannabis, such a trend appears to be related to policing practice.²⁴

Overall then, the Report's attention to regulated markets seems fair. This is particularly so within the main body of the text, if not the Executive Summary, where some of the nuance is lost. Indeed, it is hard to disagree with the view that outcome measures 'such as the burden on health and criminal justice systems need to continue to be monitored regularly' (p. xiv). It is unfortunate, however, that comment on health consequences and public safety early on in the Report (see p. xiv) lacks the necessary detail and context.

Synthetics: Amphetamine-type stimulants and new psychoactive substances

Complexities regarding the construction of an accurate picture and any associated analysis of the synthetic market continue to dwarf those related to other drug types, even cannabis. For example, as the Report notes, that ATS can, in principle, be manufactured anywhere is further complicated by 'the fact that information on ATS manufacture is limited and does not allow for estimates of the volume of global ATS manufacture'. Moreover, data on ATS use in some of the main markets, such as East and South East Asia, are also 'very limited'. The relatively recent appearance of NPS has compounded this situation since they are sometimes sold under the names of traditional ATS (p. 52).

Within such a large zone of uncertainty, it is no surprise that, as in previous years, the UNODC focuses on seizures figures when discussing this drug type. Within this context, we are informed that after three years of 'relative stability' ATS seizures reached a 'new peak' of more than 170 tons in 2014 (p. 52) and that since 2009, global amphetamine seizures have fluctuated annually between about 20 and 46 tons. Meanwhile 'ecstasy' seizures more than doubled in 2014 to 9 tons. For the past few years, methamphetamine seizures have accounted for the largest share of ATS seizures annually, but although methamphetamine is a feature of ATS markets worldwide it is, according to the Report, 'particularly dominant in East and South

East Asia and North America'. Since 2009, those subregions together have annually generated the most methamphetamine seizures (p. xiv & 52). Indeed, relative to other subregions, North America consistently reported the largest amount of methamphetamine seizures each year, whereas between 2009 and 2014, methamphetamine seizures reported in East and South East Asia almost quadrupled. In relatively nearby Oceania, especially New Zealand and Australia, since 2012 there have been 'sharp increases' in methamphetamine seizures (p. 53). Indeed, the Report highlights a growing number of crystalline methamphetamine users in the region, as well as increased frequency of use among certain user groups; a demographic that is not further defined. It is noted that increases in methamphetamine purity and decline in purity adjusted prices 'could aggravate negative impact on the health of individual and on society in general' (p. xv).

In terms of trafficking patterns, and the identification of an additional layer of complexity, it is interesting to note that, unlike methamphetamine, amphetamines are largely trafficked on an intraregional basis, with only rare linkages between amphetamine markets (p. 53). Captagon is a case in point here with large amounts of amphetamines reported to have been seized in the Middle East between March 2014 and November 2015. Adding to the already complex picture of the synthetics market, the Report also notes variations in 'ecstasy' purity and composition. This has resulted in a diversification of the European market according to differing levels of MDMA within batches of the drug. According to the UNODC, such variations are likely to be the result of different circumstances, including the availability of the main precursors for MDMA (p. 55 & 56).

As has been the trend in recent years, we are also informed that the NPS market continues to expand, and increase in complexity, with differences in emergence and persistence between countries and regions. Highlighting some extremely important aspects of this little understood facet of the contemporary landscape, the Report notes that 'Marketed in many different ways and forms, NPS can be observed among many different user groups'. It continues, 'The effects of NPS use on the human body are not yet fully understood – safety data regarding toxicity are often not available and

long term side-effects are not known'. Moreover, the authors go on to say, the 'range of drugs available on the market has probably never been wider. This situation poses additional challenges to prevention, treatment, control and identification efforts' (p. 56). While not referred to explicitly, the Report consequently adds salience to the debates around both the legality and utility of harm reduction-oriented drug checking services, particularly at music events that attract a wide range of young people.²⁵

With the emergence of NPS identified in 2015 in a number of unexpected states (e.g. Kyrgyzstan and Mauritius), the majority of countries and territories reporting their emergence were from Europe, followed by Asia, Africa, the Americas and Oceania (p. 56). The market continues to be characterised by the large number of new substances being reported. Indeed, although it is noted that 'data collection for 2015 is still in progress', 75 new substances have been reported to the UNODC for the first time, compared with 66 in 2014 (p. 56). The Report also reveals the changing shape of the still emerging NPS market. For example, between 2012 and 2014 most substances reported for the first time belonged to the group of synthetic cannabinoids. However, recent data show that pattern is changing in a number of ways. First, almost as many synthetic cathinones (20) were reported for the first time as were synthetic cannabinoids (21). Second, a wide range of substances (21) not belonging to any of the major groups identified in previous years were reported for the first time. These included synthetic opioids (e.g. fentanyl derivatives) and sedatives (e.g. benzodiazepines).

In line with the expanding market, the authors also show that significant quantities of NPS seized have been reported over the past few years; 34 tons in 2014 (p. 58). While, as noted above it is showing signs of change, the global market for NPS continues to be dominated by synthetic cannabinoids (32 tons), with North America (especially the United States) accounting for the largest quantities seized worldwide in 2014, excluding plant-based NPS (such as khat) and ketamine. However, global seizures of synthetic cathinones have been steadily increasing since they were first reported in 2010 with seizures tripling to 1.3 tons in 2014 from previous year (p. xv).

It is also worth noting that the Report flags up the increase in global ketamine seizures, especially in East and South East Asia. We are informed of a significant increase in the number of dismantled ketamine laboratories in China (from 81 in 2012 to 122 in 2013), with the authors also legitimately highlighting health concerns regarding recreational use of the drug. It is unfortunate, however, and particularly in light of the Report's attention to the SDGs elsewhere, that it makes no mention of the medical uses of the drug.²⁶ Instead, ketamine is grouped with a potpourri of synthetics, principally those more normally understood to be NPS and without any recognised medical use (p. 56).

Overall, according to the Report, the UNODC monitoring of NPS since 2008 has so far shown a 'rather dynamic supply situation' with elements of persistence – a small number of substances emerge, spread and stay for several years – and an element of stability and change – a considerable number of substances appear for a short time or only locally (p. xv & 57). Such market fluidity, and the associated levels of uncertainty that go with it, are also accompanied by an unusual level of uncertainty in relation to the composition of the drugs themselves. NPS, we are informed, are sold in various formulations that include controlled drugs, pharmaceutical products and adulterants (p. 59). There is clearly much work to be done in terms of improving the data on and hence understanding of the use of NPS. What is currently known and presented in the Report reveals, however, the damaging consequences of use and (implicitly) how the current policy environment exacerbates harm. This includes use inside prisons (for example synthetic cannabinoids in England and Wales and related violence and hospital admissions), and problems associated with injecting NPS, again especially synthetic cannabinoids. This is seen to be associated with an elevated or even increasing rate of HIV among specific high-risk user groups. These include young people and MSM who have switched from snorting to injecting, including within a sexual context (i.e. 'chemsex') (p. 61). Mindful of the attention given to the analysis of cannabis markets, particularly within the context of regulation for recreational use, it is surprising that the Report does not devote more space to policy options for increasingly complex and problematic markets in synthetic drugs, both NPS and ATS.

The Sustainable Development Goals: The goals are further broken down into a series of 169 targets. (Graphic courtesy of UNDP).



Thematic chapter: Sustainable development and the ‘world drug problem’: A broader perspective?

Chapter two of the World Drug Report for 2016 consists, as is the custom, of a thematic chapter. Entitled ‘The world drug problem and sustainable development’, it is focused primarily on the SDGs, which provide a framework within which to examine the relationships between what is referred to as the ‘world drug problem’ and the wider development context. The ‘world drug problem’ is at no point defined, but the implication is that it consists of the illicit supply of and demand for drugs, and the health, social, economic and other impacts that are believed to flow from them. With its development focus, the chapter follows on from the 2015 Report’s thematic chapter on alternative development.²⁷

Linking drugs and the SDGs

The SDGs have superseded the Millennium Development Goals, which constituted a generally equivalent framework involving 8 time-linked and quantified objectives, providing a blueprint for international moves toward development over a fifteen-year period.²⁸ The SDGs comprise 17 development goals and 169 targets, which operationalise the broader goals. The Sustainable

Development Framework represents a highly ambitious package. As the UN Development Programme put it with respect to poverty, the first of the goals: ‘The SDGs are a bold commitment to finish what we started, and end poverty in all forms and dimensions by 2030.’²⁹

The issue of drugs arises both directly and indirectly across the SDGs,³⁰ for example (and as noted above), Goal 3, which concerns itself with health, includes target 3.5, aiming to ‘strengthen the prevention and treatment of substance abuse’, including narcotic drug abuse and the harmful use of alcohol. Targets 3.3, 3.8 and 3.b also relate directly to drug use, while Goals such as ending poverty clearly connect with harmful forms of drug use.

Potentially, the presence of drugs within the Sustainable Development Framework lends itself to their consideration outside the restrictive parameters of drug control as an end in itself, locating the issue instead within the UN’s core project of a broad unfolding of human health and well-being. However, despite the considerable possibilities of the framework, to be explored below, it will become clear that the UNODC’s analysis remains flawed along several key dimensions. In short, these derive from the deep-set belief that the non-medical use of drugs runs entirely counter to the objectives of the SDGs and offers nothing whatsoever of worth to human culture. This is a

historically grounded perception that continues to underpin the present regime of drug control. Related to this is the chapter's general failure to include the effects of drug control itself in its deployment of the Sustainable Development Framework as a set of analytical tools with which to explore the impact of illicit drug use. Such is the case despite the text's claim of 'distinguishing between the drug problem as a phenomenon... and the response to the drug problem' (p. 63). The impact of drug control itself is at times acknowledged, but much greater weight is given in the analysis to the alleged effects of drugs. The failure of the drug control bodies – and those countries who refuse to contemplate policies beyond the status quo – to acknowledge the negative impact that drug control policies have on the attainment of the SDGs represents a major problem for the UN and its broad objectives.

Drugs and health

The thematic chapter's discussion is organised around five key topics: social development, economic development, environmental stability, peaceful, just and inclusive societies, and finally partnerships, this last stemming from the global characteristics of the 'world drug problem' (illicit drug consumption, production and trafficking) and the international community's response toward it. The chapter first summarises the social costs of drug use, the most important amongst which it lists as health-related. This corresponds with SDG 3, to ensure healthy lives and promote well-being for all at all ages. The text points out, with an undeniable logic, that health provides the foundation for the remaining set of goals and targets, and states that the impact of drug use on public health is 'notorious and well documented' (p. 64). This impact comprises the 'medical conditions resulting directly from the psychoactive and physiological effects of drugs', in addition to 'overdose, suicide, trauma, mental health problems, disability and premature death' (p. 64 & 65). In agreement with the framework itself, the UNODC finds that prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes all reduce the negative health impact of drugs on society.

Health and wellbeing are the primary grounds on which the discourse prohibiting the non-medical, non-scientific use of drugs is grounded. The preamble to the Single Convention on Narcotic Drugs of 1961 begins, 'The Parties, concerned with

the health and welfare of mankind...'; permitting states parties to claim the status of protectors of health and wellbeing. The Convention goes on to declare that 'addiction constitutes a serious evil' and that the states parties are 'conscious of their duty to prevent and combat this evil'.³¹ With such views, it is unsurprising that the chapter focuses on drugs as affecting health in a purely destructive way, and on the consumption of drugs rather than the drug control regime itself as the source of harms.

In the past, the Office has acknowledged the 'unintended consequences' of drug control. In a well-known conference paper prepared for the 2008 Commission on Narcotic Drugs (CND), the then UNODC Executive Director Antonio Maria Costa drew attention to these, citing the existence of a global black market as the primary unintended consequence of the present drug control regime.³² Alongside it were policy displacement (the direction of resources away from public health toward law enforcement and security measures), geographical resources (often known as the balloon effect, in which drug crops shift to new areas in order to evade crop eradication and other law enforcement initiatives), substance displacement (wherein PWUD change from highly restricted substances to others that are targeted by less repressive interventions), and a degraded perception of PWUD as a result of criminalisation and marginalisation. Despite this recognition by the regime, many of those measures remain largely intact, and in much of the world repression by criminal law continues, underpinned and justified by discourses of health.

In 2014, WHO's *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations* recommended decriminalisation, as it would enhance conditions for PWUD wishing to access medical and social support services, and help to prevent the transmission of HIV.³³ During the preparations for the 2016 UNGASS, 14 UN bodies called for the decriminalisation of drug use.³⁴ Researchers have noted that 'criminal laws and related enforcement policies and practice have impeded access to these lifesaving health services in many countries. These include laws and policies that criminalize possession or distribution of sterile syringes and other drug paraphernalia, opioid substitution therapy, and peer outreach to people who use drugs; government registration of

people who use drugs on registries accessible to police; and abusive policing practices. This has put people who use drugs at increased risk of HIV, viral hepatitis, and other communicable diseases, as well as premature death by overdose.³⁵ Although the UNODC has pursued these arguments previously, in the thematic chapter of the 2016 Report the balance has swung once more toward drugs as the source of much, if not all, evil.

Gender equality and empowerment

The chapter deals next with sex and gender issues, invoking SDG 5, whose objective is to 'Achieve gender equality and empower all women and girls'. It argues that women are more vulnerable and stigmatised than men, suffer from greater levels of co-occurring mental health disorders, and are more likely to have suffered violence and abuse. Despite these factors, they remain less likely to enter drug treatment, say the Report's authors, reducing women's chances of reintegration and increasing the likelihood of facing ongoing stigmatisation. It concludes that: 'Drug use may thus have a direct negative impact on gender equality and the empowerment of women' (p. 66). However, there is little emphasis on the harsh effects of drug policies on women, particularly those engaged in non-violent drug offences and cultivation: in Latin America, 60 to 75% of incarcerated women are there for micro-trafficking. In Thailand, meanwhile, 82% of imprisoned women were prosecuted for a drug offence, usually of a minor nature. Harsh drug laws therefore continue to incarcerate more men than women, but the proportion of women in prison is significant and growing, indicating the continuing law enforcement focus of drug control. Moreover, as many harm reduction services fail to be gender-sensitive, they are often not used by women, resulting in another aspect of the specific harms they face.

The Report's claim that drug use directly produces inequality (p. 66) is misleading. Rather, it is a matter of social structure, in which the inequality of women persists over time and stems from underlying social patterns and cultural attitudes. The abuse, violence and inequality that may affect women in drug cultures reflect the phenomena that characterise mainstream or non-drug using society. One must simply examine the lawful alcohol culture to understand this or, indeed, elements of our societies that are entirely unconnected with

intoxication. Schleifer et al. point out that women are particularly vulnerable to sexual violence from male law enforcement officers.³⁶

Eradicating poverty

As outlined above, the first of the SDGs calls for the international community to 'end poverty in all its forms everywhere'. The thematic chapter suggests that 'poverty is a significant risk factor for drug use' (p. 78). Simultaneously, drug use places financial strains on the families of PWUD, the degree of which is determined by the price of the drug and its pharmacological properties. It refers to research indicating that some crack users, for example, resorted to begging and sex work to pay for their use. The text states that 'many drug dependent persons are trapped in a vicious cycle of poverty and drug use because of a wide range of factors, such as family breakdown, lack of education and limited access to employment opportunities and health care' (p. 79).

Again, the relationships between poverty and drugs are painted in a wholly negative perspective, with drugs often leading to poverty and being consumed by the impoverished. In fact, in some regions illicit drug production is an important source of income, providing cash crops that are difficult or impossible to replace in the short term.³⁷ 'No poverty' is the first of the SDGs, with 'No Hunger' the second. The reaching of both objectives is often impaired by the destruction of crops such as opium poppy and coca bush, which often provide a livelihood for subsistence farmers in the undeveloped world. According to one expert, for instance, 'In Afghanistan, illegal opium is the largest export; it has created an estimated 400,000 direct jobs (Full Time Equivalent); boosted the legal economy, providing livelihoods for farmers and those providing agricultural inputs and consumer goods; and helped bring 265,000 hectares of former desert land under agriculture. Policy makers and practitioners are hard pressed to offer examples of development assistance that has delivered such dramatic outcomes.'³⁸

Crop eradication along traditional lines can result in reduced income for farmers cultivating illicit drug crops. In addition, alternative development programmes have in most cases failed to produce licit income that can adequately replace illicit crops. While crop eradication may in some cases be achieved, the alternative development measures often contribute to poverty and food insecurity, thereby impairing progress, as noted, toward two of the primary SDGs.

The SDGs and drug control: A conflicted relationship

These tensions illustrate the absence of UN system coherence implicit in the 'drug control for its own sake' approach, one of the core discourses that the drug control regime must transcend.

Most of the SDGs discussed in the thematic chapter are similarly structured, and there is little need to reiterate the argument and counter-argument across each SDG mentioned. Underlying beliefs regarding drugs colour the chapter's analysis despite the attempt to utilise the new Sustainable Development Framework. When it comes to development programmes themselves, however, the chapter is more nuanced, conceding that such interventions have on occasion had negative effects. Specifically, it examines the grand-scale development programmes undertaken in the Andean region in the mid-twentieth century, which involved road-building, laying the foundations for economic integration by modernising agricultural food production through development, agrarian reform and land settlement. Despite being well-intentioned, the process made hundreds of thousands of farmers redundant and led to large scale migration, with coca bush cultivation following and funding them (p. 82). These (arguable) good intentions and unintended consequences can be seen to represent the entire international drug control system in microcosm.

One further area in which the SDG framework may have important progressive consequences lies in the capture of data, as it provides a topography through which the 'world drug problem' can be more realistically understood in its complexity. As we discuss elsewhere in this paper, many areas of the 'world drug problem' are presently partially or entirely beyond our knowledge.³⁹ If the SDGs can provide a framework that is sensitive to the complex and interlinked components of human development, and drive the international drug control system's priorities in its direction, it has considerable potential both for improved data and a resultant drug control project that is more effective and less counter-productive.

Conclusions

As is now to be expected, this year's *World Drug Report* is another example of impressive data

synthesis and analysis by the UNODC's Research and Trend Analysis Branch, Division for Analysis and Public Affairs. Within the context of open acknowledgment of many data shortcomings, it contains a wealth of useful and largely transparent statistical information and associated analysis. A key and ongoing exception relates to HIV prevalence rates and on this point IDPC reiterates once again calls by Harm Reduction International for an 'independent, transparent peer reviewed mechanism' to be put in place 'to determine and review estimates related to injecting drug use and HIV'.⁴⁰ That said, in policy terms it remains well balanced. Its recommendations, which are couched as conclusions and policy implications, are quite appropriately related to the need to give primacy to sustainable development – including in relation to public health and human rights. While, as discussed above, questions can be raised concerning how the Report frames the relationship between drugs and development, moves encouraging engagement beyond the traditional drug policy silo are to be generally welcomed, including in terms of improved UN system-wide coherence. These moves are long overdue, and form a vital point to which we will return below.

The 2016 Report reveals once again that although there might be some stability of drug use at the global level, drug markets appear ever more dynamic and complex (for example due to polydrug use and the fluctuations in drug production) and consequently necessitate a substantial improvement in data collection; an issue core to the ongoing levels of uncertainty running through the UNODC's work. This is another issue stressed within the conclusions and policy implications section of the Report, although specific reference to amphetamines in the Middle East could legitimately be expanded to refer to a range of other drug types across several other regions and subregions.

Indeed, mindful of the UNODC's role within the UN framework and the mandate the soft law document provides, the Executive Summary deliberately opens with a quote from the Outcome Document reiterating member states' 'commitment to strengthen our efforts in addressing and countering emerging and persistent challenges and threats of all aspects of the world drug problem'. In this vein, it goes on to restate their recommendation to '...

promote, as appropriate, the use and analysis of relevant, reliable, objective data... to improve the implementation of comprehensive, integrated and balanced national drug control strategies, policies and programmes... and encourage the sharing of best practices and lessons learned'.

Although not explicitly referred to in the Report, this excerpt once again raises the crucial question of not only how to improve data collection within current parameters but also the need to reconsider the type of data being collected. This is particularly the case considering the move, as discussed in chapter two and elsewhere in the Report, to develop a closer relationship between drug policy and sustainable development via the SDGs. Within a more holistic approach to drug policy and the associated measurement of the 'success' of policies and interventions, there is an even greater need to move away from process indicators that remain in many instances dominated by data on seizures and drug crops eradicated and towards those that capture various levels of human development, especially in relation to health and human rights.⁴¹ While the existing international control framework, as the World Drug Report attests, has in recent years focused more attention on the 'health impact of drug use', there remains a need to broaden the scope of capture-mechanisms and, among other things, gather data focusing on the health outcomes of drug policy more directly. Moreover, within the context of increasing engagement with human rights – admittedly in some cases only at the rhetorical level – it is time that member states, and all UN agencies engaged with various aspects of drug policy, utilise human rights impact assessment frameworks in their planning, implementation and assessment processes.⁴²

Indeed, the differing extents to which the measurement of the human rights implications of policy is embedded within the approaches of different UN agencies intersecting with the drug policy domain highlights the still disappointing level of UN system-wide coherence on the issue.⁴³ It is IDPC's hope, therefore, that the encompassing nature of the SDGs provide a strong impetus for improvement on this issue. This, importantly, includes the involvement of other UN agencies in an assessment of the extent to which many facets

of current drug control policies either assist or hinder achievement of the SDGs. Moreover, in light of the UNGASS Outcome Document, including the seven new thematic areas contained therein,⁴⁴ the time is also surely right to revisit and revise the ARQs; a process that would enhance the work of the UNODC, further strengthen the Report and make the publication more useful to member states when designing policy interventions and, in some cases, making decisions regarding overseas funding. Any revision of the Questionnaire, however, would be a significant undertaking. It would need to go beyond simply encouraging, via a CND resolution, an improvement in the quality of the data submitted – admittedly a significant resource issue in many states, but particularly for those in regions like Africa and Asia – and getting better results in terms of return and completion rates. As noted elsewhere,⁴⁵ aware of the synergies between many aspects of drug policy and the SDGs and the associated global indicator framework, the process would require a revision of the ARQ content itself. Having been revised in 2010 to better measure progress towards the 2009 Political Declaration and Plan of Action, the Questionnaire would not have to be re-designed from scratch. As the Swiss delegate to the CND intersessional meeting in September 2016 put it, 'There is no need to re-invent the wheel, but some maintenance may be necessary'.⁴⁶ Nonetheless, with the targets set by the 2009 Political Declaration due to expire in 2019, there is certainly an urgency to begin the process of setting realistic goals for the decade that follows and, with it, establishing an appropriate data capture mechanism that incorporates metrics for a range of increasingly important issues that connect with the SDGs, human rights prominent amongst them, and that the current ARQs do not include. With that in mind, IDPC echoes the calls from the Swiss government in Vienna in September to move with alacrity to convene the relevant expertise and start technical discussions. This process has the potential to link to proposals to establish an expert advisory group or several thematic working groups to improve the functioning and coherence of the global drug control system, as well as to ensure transparency, inclusivity and accountability in the proceedings.⁴⁷ While it seems like the dust has only just settled after the UNGASS,⁴⁸ there is no time to lose.

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Endnotes

1. International Drug Policy Consortium (2015), *Analysis of the UNODC World Drug Report 2015*, <http://idpc.net/publications/2016/01/idpc-response-to-the-2015-unodc-world-drug-report>
2. Yury Fedotov (2016), *Statement on the International Day Against Drug Abuse and Illicit Trafficking* (United Nations Office on Drugs and Crime), http://www.unodc.org/unodc/en/press/releases/2016/June/unodc-executive-director-yury-fedotov_-statement-on-the-international-day-against-drug-abuse-and-illicit-trafficking---26-june-2016.html
3. See, for example: Bewley-Taylor, D. (April 2016), *Towards metrics that measure outcomes that matter*, Policy Brief No. 10 (Swansea: Global Drug Policy Observatory), http://www.swansea.ac.uk/media/GDPO%20Metrics%20WEB_FINAL.pdf
4. Montanari, L., Royuela, L., Pasinetti, M., Giraudon, I., Wiessing, L. & Vicente, J., *Drug use and related consequences among prison populations in European countries*, http://www.euro.who.int/_data/assets/pdf_file/0019/249202/Prisons-and-Health_-13-Drug-use-and-related-consequences-among-prison.pdf ; Kanato, M. (May 2008), 'Drug use and health among prison inmates', *Current Opinion in Psychiatry*, **21**(3): 252–254, http://journals.lww.com/psychiatry/Abstract/2008/05000/Drug_use_and_health_among_prison_inmates.6.aspx; Shewan, D. & Davies, J.B. (2000), *Drug use and prisons: An international perspective* (Harwood Academic Publications. OPA)
5. See: Sander, G. et al (2016), 'Overview of harm reduction in prisons in seven European countries', *Harm Reduction Journal*, **13**:28, <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-016-0118-x> ; Sander, G. (2016), *HIV, HCV, TB and Harm Reduction in Prisons: Human Rights, Minimum Standards and Monitoring at the European and International Levels* (London: Harm Reduction International), https://www.hri.global/files/2016/02/10/HRI_PrisonProjectReport_FINAL.pdf
6. International Drug Policy Consortium (2015), *Analysis of the UNODC World Drug Report 2015*, <http://idpc.net/publications/2016/01/idpc-response-to-the-2015-unodc-world-drug-report>, p. 8
7. Thanks once again go to Katie Stone and the Harm Reduction International team for this information
8. Griffiths, P. Meacham, M. & McKetin, R., 'Illicit drug trends globally', In Patel, V., Woodward, A., Feigin, V., Quah, S.R. & Heggenhougen, K. (Eds, 2010), *Mental and neurological public health: A global perspective* (Elsevier-Academic Press) ; Sloboda, Z. (Ed, 2005) *Epidemiology of drug abuse* (Springer). Also see: Hickman, M. et al (2002), 'Estimating the prevalence of problematic drug use: a review of methods and their application', *Bulletin on Narcotics*, **LIV**(1 & 2): 15-32
9. See: Stengel, C. & Fleetwood, J. (2014), *Developing drug policy: gender matters* (Swansea: Global Drug Policy Observatory), <http://www.swansea.ac.uk/gdpo/files/GDPO%20Situation%20Analysis%20Gender%20digital.pdf> ; Kensy, J., Stengel, C., Nougier, M. & Birgin, R. (2012), *Drug policy and women: Addressing the negative consequences of harmful drug control* (London: International Drug Policy Consortium), <http://idpc.net/publications/2012/11/drug-policy-and-women-addressing-the-negative-consequences-of-harmful-drug-control>; Washington Office on Latin America, International Drug Policy Consortium,

- DeJusticia, Inter-American Commission on Women (2016), *Women, drug policy and incarceration: A policymaker's guide for adopting, reviewing and implementing reforms related to women incarcerated for drug offenses*, http://www.wola.org/commentary/women_drug_policies_and_incarceration_in_the_americas For an overview, see: Degenhardt, L., Day, C. & Hall, W. (2004), *The causes, course and consequences of the heroin shortage in Australia* (NDRAC Monograph), <https://ndarc.med.unsw.edu.au/resource/causes-course-and-consequences-heroin-shortage-australia>
10. Regarding referrals by the criminal justice system, this is a point confirmed by recent research, which also flags up what might be considered a form of coerced treatment. See for example, Christopher Ingram, 'Courts are forcing marijuana users to get drug treatment they probably don't need', *The Washington Post*, 14th December 2015. Also see: Belville, R. (10 October 2015), '1 in 5 Drug Rehab Beds is Occupied by a Pot Smoker', *Marijuana Politics*, <http://marijuanapolitics.com/1-in-5-drug-rehab-beds-is-occupied-by-a-pot-smoker/>
11. See: <https://www.globaldrugsurvey.com/>
12. Buxton, J. & Bingham, T. (January 2015), *The rise and challenge of dark net drug markets*, Policy Brief 7 (Global Drug Policy Observatory, Swansea University), <http://www.swansea.ac.uk/media/The%20Rise%20and%20Challenge%20of%20Dark%20Net%20Drug%20Markets.pdf>
13. See: <https://www.unodc.org/documents/ungass2016/V0984963-English.pdf>
14. There seems to be a discrepancy between figures within the Report, with a total of 49 states being cited on p. xii
15. It should be noted that the UNODC-Afghanistan Ministry of Counter Narcotics opium survey, released in October 2016, shows opium production to be up 43% in 2015, https://www.unodc.org/documents/crop-monitoring/Afghanistan/AfghanistanOpiumSurvey2016_ExSum.pdf#yuiHis=1%7C/uploads%7Cdocuments%7C/crop-monitoring%7C/crop-monitoring/Afghanistan%7C/crop-monitoring/AfghanistanOpiumSurvey2016_ExSum.pdf
16. United Nations Office on Drugs and Crime (2015), *Drug money: the illicit proceeds of opiates trafficked on the Balkan route*, https://www.unodc.org/documents/data-and-analysis/Studies/IFF_report_2015_ExSum_web.pdf
17. See: International Drug Policy Consortium (2011), *IDPC Response to the UNODC 2011 World Drug Report*, <http://idpc.net/publications/2011/09/idpc-response-to-unodc-2011-world-drug-report>, p. 9. Also see: Costa, A.M. (25 April 2007), *An opium market mystery*, <http://www.washingtonpost.com/wp-dyn/content/article/2007/04/24/AR2007042401508.html>
18. Grisaffi, T. & Ledebur, K. (2016), 'Citizenship or Repression? Coca, Eradication and Development in the Andes', *Stability: International Journal of Security & Development*, **5**(1): 3, p. 15 ; Also see: Farthing, L.C. & Ledebur, K. (July 2015), *Habeas coca. Bolivia's community coca control* (Global Drug Policy Program, OSF), <https://www.opensocietyfoundations.org/sites/default/files/habeas-coca-bolivias-community-coca-control-20150706.pdf> ; The New York Times (14 September 2016), 'How Bolivia fights the drug scourge', Editorial, http://www.nytimes.com/2016/09/14/opinion/how-bolivia-fights-the-drug-scourge.html?_r=0
19. On this, see: Carnevale Associates LLC (August 2016), *Coca cultivation makes a comeback in Colombia*, Policy Brief, <http://www.carnevaleassociates.com/uploaded/CocaCultivationBrief8.31.16.pdf>
20. Commission on Narcotic Drugs (2016), 'Annual Reports Questionnaire', UNODC, Vienna, http://www.unodc.org/unodc/en/commissions/CND/Sessions-Roundtables-ARQ/Sessions-Roundtables-Arq_ARQ.html
21. United Nations Office on Drugs and Crime (2016), *World Drug Report 2016: Methodology report*,
22. <https://www.unodc.org/doc/wdr2016/WDR-2016-Methodology-Report.pdf>
23. Marcus, B. (29 June 2016), 'As adults legally smoke pot in

- Colorado, more minority kids arrested for it' NPR, <http://www.npr.org/2016/06/29/483954157/as-adults-legally-smoke-pot-in-colorado-more-minority-kids-arrested-for-it>
24. See, for example: <http://wearetheloop.co.uk/> and <https://dancesafe.org/drug-checking/>; For research into programmes, see: Hungerbuehler, I., Buecheli, A. & Schaub, M. (2011), 'Drug checking: A prevention measure for a heterogeneous group with high consumption frequency and polydrug use – evaluation of Zurich's drug checking services', *Harm Reduction Journal*, **8**:16
 25. <https://www.tni.org/en/publication/fact-sheet-on-the-proposal-to-discuss-international-scheduling-of-ketamine-at-the-58th>. The fact sheet referenced here provided information on the licit use of ketamine, and extremely important anaesthetic, particularly in the developing world. Ketamine is on the WHO model list of essential medicines, and is considered vital by the WHO and numerous medical and professional groupings. The fact sheet outlined the potential healthcare disaster should the then-planned international scheduling of this essential medicine have succeeded
 26. United Nations Office on Drugs and Crime (2015), *World Drug Report 2015*, <https://www.unodc.org/wdr2015/>
 27. Millennium Project (2006) MDGs – What they are, <http://www.unmillenniumproject.org/goals/>
 28. United Nations Development Programme (2016) *Sustainable Development Goals*, <http://www.undp.org/content/undp/en/home/sustainable-development-goals.html>
 29. Health Poverty Action & International Drug Policy Consortium (2015) *Drug policy and the Sustainable Development Goals*, <http://idpc.net/publications/2015/11/drug-policy-and-the-sustainable-development-goals>
 30. United Nations Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol, https://www.unodc.org/pdf/convention_1961_en.pdf
 31. Costa, A.M. (2008), "Making drug control 'fit for purpose': Building on the UNGASS decade" Report by the Executive Director of the United Nations Office on Drugs and Crime as a contribution to the review of the twentieth special session of the General Assembly, E/CN.7/2008/CRP.17, <http://idpc.net/publications/2008/05/building-on-ungass-decade>
 32. World Health Organisation (2014), *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*, <http://www.who.int/hiv/pub/guidelines/keypopulations/en/#>
 33. Hallam, C. (2016), *IDPC Briefing Paper – Striving for system-wide coherence: An analysis of the official contributions of United Nations entities for the UNGASS on drugs* (London: International Drug Policy Consortium), <http://idpc.net/publications/2016/03/striving-for-system-wide-coherence-an-analysis-of-the-official-contributions-of-united-nations-entities-for-the-ungass-on-drugs> See also Special Session of the United Nations General Assembly, *Contributions*, https://www.unodc.org/ungass2016/en/contribution_UN_Entities.html
 34. Schleifer, R., Sagredo, J. & Avafi, T. (2015), *Addressing the development dimensions of drug policy* (New York: United Nations Development Programme), <http://www.undp.org/content/dam/undp/library/HIV-AIDS/Discussion-Paper--Addressing-the-Development-Dimensions-of-Drug-Policy.pdf>
 35. Ibid.
 36. Bewley-Taylor, D. & Schneider, C. (September 2016), *Can the Sustainable Development Goals help to improve international drug control?* GDPO Working Paper No. 2 (Swansea: Global Drug Policy Observatory), <http://www.swansea.ac.uk/media/GDPOWorkingPaperNo2Sept2016.pdf>
 37. Mansfield, D., '(Mis)understanding the Intersection Between Development Policies and Data Collection: Case Study, Afghanistan', In Collins, J. et al (2016), *After the drug wars: Report of the LSE Expert Group on the economics of drug policy* (London: London School of Economics and Political Science), <http://www.lse.ac.uk/IDEAS/publications/reports/pdf/LSE-IDEAS-After-the-Drug-Wars.pdf>
 38. Bewley-Taylor, D. & Schneider, C. (September 2016), *Can the Sustainable Development Goals help to improve international drug control?* GDPO Working Paper No. 2 (Swansea: Global Drug Policy Observatory), <http://www.swansea.ac.uk/media/GDPOWorkingPaperNo2Sept2016.pdf>. Also see: International Drug Policy Consortium, 'Chapter 4.1: A development-oriented approach to drug control', *IDPC Drug Policy Guide, 3rd Edition*, https://dl.dropboxusercontent.com/u/566349360/library/IDPC-drug-policy-guide_3-edition_FINAL.pdf, see pp. 124-5) for a discussion of links between drug policy and the SDGs
 39. Stone, K. (Ed, 2014), *Global State of Harm Reduction 2014* (Harm Reduction International), <https://www.hri.global/contents/1524>, p. 10
 40. As a recent report puts it, '...the international community must shift its focus and demands away from meaningless eradication statistics to human development indicators to measure progress in coca-growing regions.' Thomas Grisaffi and Kathryn Ledebur, 'Citizenship or Repression? Coca, Eradication and Development in the Andes', *Stability: International Journal of Security & Development* 5 (1): 3, p. 15. Also see, for a discussion of possible indicators: International Drug Policy Consortium, 'Chapter 4.1: A development-oriented approach to drug control', *IDPC Drug Policy Guide, 3rd Edition*, <https://www.hri.global/contents/1524>
 41. See, for example: United Nations Office on Drugs and Crime (2012), *UNODC and the promotion and protection of human rights: Position paper*, http://www.unodc.org/documents/justice-and-prison-reform/UNODC_Human_rights_position_paper_2012.pdf; and a critique thereof: Harm Reduction International Blog, 'Human Rights and UNODC: Accountability or Window Dressing?', <https://www.hri.global/contents/1210>
 42. See, for example, the levels of sophistication contained within the United Nations Office of the High Commissioner for Human Rights: *Human Rights Indicators: A Guide to Measurement and Implementation* (2012)
 43. In general terms these are: (1) demand reduction (2) availability of access to controlled substances for medical and scientific purposes (3) supply reduction (4) cross-cutting issues: drugs and human rights (5) cross-cutting issues: evolving reality, trends and existing circumstances (6) strengthening international cooperation (7) alternative development. See <http://www.un.org/Docs/journal/asp/ws.asp?m=A/S-30/L.1>
 44. Bewley-Taylor, D. (April 2016), *Towards metrics that measure outcomes that matter*, Policy Brief No. 10 (Swansea: Global Drug Policy Observatory), http://www.swansea.ac.uk/media/GDPO%20Metrics%20WEB_FINAL.pdf; CND Intersessional Meeting 8th September 2016, Agenda Item 2 - Follow-up on the World Drug Problem. Switzerland intervention. Also see: Bewley-Taylor, D. & Schneider, C. (September 2016), *Can the Sustainable Development Goals help to improve international drug control?* GDPO Working Paper No. 2 (Swansea: Global Drug Policy Observatory), <http://www.swansea.ac.uk/media/GDPOWorkingPaperNo2Sept2016.pdf>
 45. CND Intersessional Meeting 8th September 2016, Agenda Item 2 - Follow-up on the World Drug Problem. Switzerland intervention
 46. Bewley-Taylor, D. & Jelsma, M. (June 2016), *UNGASS 2016: A broken or b-r-o-a-d consensus? UN summit cannot hide growing divergence in the global drug policy landscape*, Drug Policy Briefing 45 (Transnational Institute & Global Drug Policy Observatory), http://www.swansea.ac.uk/media/Broken%20or%20broad_FINAL.pdf
 47. See: International Drug Policy Consortium (September 2016), *The UNGASS on the world drug problem: Report of Proceedings*, <http://idpc.net/publications/2016/09/the-ungass-on-the-world-drug-problem-report-of-proceedings>

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(IDPC) is a global network of NGOs that promotes objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harms. IDPC members have a wide range of experience and expertise in the analysis of drug problems and policies, and contribute to national and international policy debates. IDPC offers specialist advice through the dissemination of written materials, presentations at conferences, meetings with key policy makers and study tours. IDPC also provides capacity building and advocacy training for civil society organisations.

This IDPC report provides an overview and analysis of the data and topics presented in the 2016 UNODC World Drug Report, including a full discussion of the thematic chapter on 'The world drug problem and sustainable development'.

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