



**HARM REDUCTION  
INTERNATIONAL**

**INVEST  
IN JUSTICE**

# AID FOR THE WAR ON DRUGS



## AID FOR THE WAR ON DRUGS

Claire Provost, Colleen Daniels, Gaj Gurung  
& Catherine Cook

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**Harm Reduction International (HRI)** is an international NGO which works to use data and advocacy to promote harm reduction and drug policy reform. We demonstrate how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies, and why investing in harm reduction makes sense.

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# EXECUTIVE SUMMARY

Mass incarceration and overpopulated prisons. Death sentences. Civilians killed during counter-narcotics operations by specialised police units. Poor farmers' livelihoods destroyed by aerial spraying and other 'forced eradication' of crops they keep. Rights violated by forced treatment programmes, discrimination, and barriers to health care. These are among the consequences of the global war on drugs that has particularly impacted poor, marginalised, and racialised communities around the world.

The evidence base for such negative impacts is now vast and widely recognised internationally, including by United Nations agencies and in reports published by the World Bank and the Organisation for Economic Cooperation and Development (OECD). Also well-documented internationally are the benefits of alternative approaches to drug policy – including harm reduction initiatives that advance, rather than undermine, public health and human rights – and the lack of evidence that punitive and prohibitionist approaches to drugs have actually curbed drug use. Despite this, vast amounts of international funding continue to flow to punitive drug control activities, while harm reduction remains vastly underfunded.

There is a long history of drug policy being used by world powers to strengthen and enforce their control over other populations, and target specific communities. Racist and colonial dynamics continue to this day, with wealthier governments, led by the US, spending billions of taxpayer dollars around the world to bolster or expand punitive drug control regimes and related law enforcement. These funding flows are out of pace with existing evidence, as well as international development, health, and human rights commitments, including the goal to end AIDS by 2030. They rely on and reinforce systems that disproportionately harm Black, Brown and Indigenous people worldwide.

In order to decolonise drug policy<sup>1</sup> and advance health- and human rights-based approaches, the material and financial bases of punitive drug control must be revealed and redirected. This report contributes to these goals by synthesising existing research on international financial flows for punitive drug control, and adding new analysis of data on official development

1 For more details on this see: <https://hri.global/publications/decolonising-drug-policy/>

**“To decolonise drug policy and advance health- and human rights-based approaches, the material and financial bases of punitive drug control must be revealed and redirected.”**

assistance (ODA) spent by aid donors and institutions on “narcotics control”.<sup>2,3</sup> These specific, public budgets are supposed to support international development, including global health and poverty reduction goals. This spending is more commonly associated with initiatives to vaccinate and educate children, for instance – but project-level data included in this report shows that some of it has also gone to supporting things like undercover policing, “intelligence-led profiling”, and efforts to increase arrests and prosecutions for drug-related offences.

Each year, aid donors report their spending to the OECD which maintains what is called its Creditor Reporting System (CRS). According to the most recent update of the data in this system (May 2023, covering spending through the end of 2021), more than USD 974 million of aid money was spent on “narcotics control” projects in countries around the world in the ten years from 2012-2021.<sup>4</sup> This includes spending by dozens of donors – led by the US, EU, Japan, and the UK. Tens of millions of dollars of this total (at least USD 70 million over the period studied) were spent in countries that have the death penalty for drug-related offences. This raises particularly serious concerns about whether aid budgets have bolstered regimes that execute people.<sup>5</sup> While some donors, such as the UK, have spent less aid this way in recent years, others have increased it – most notably the US, where such spending rose significantly in 2021, in the first year of President Joe Biden’s administration.

Though data availability and transparency vary across projects and donors, this analysis reveals how aid money has supported approaches that undermine global development goals and “do no harm” principles. Put simply: aid funding is supposed to help poor and marginalised

- 2 “Narcotics control”, sector code 16063 in the OECD’s CRS system, is described as: “In-country and customs controls including training of the police; educational programmes and awareness campaigns to restrict narcotics traffic and in-country distribution. ODA recording of narcotics control expenditures is limited to activities that focus on economic development and welfare including alternative development programmes and crop substitution. Activities by the donor country to interdict drug supplies, destroy crops or train or finance military personnel in anti-narcotics activities are not reportable”. “List of CRS Purpose Codes and Voluntary Budget Identifier Codes” OECD DAC (2019) <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/DAC-CRS-PPC-2019.xls>
- 3 The term “narcotics control” is solely used in reference to the OECD’s ODA budget category of the same name. When referring to what the ODA defines as “narcotics control”, HRI uses terms such as counter-narcotics efforts, punitive drug control, and punitive drug law enforcement which more accurately reflect the dynamics and reality of these practices.
- 4 References to dollars (\$) are to United States dollars, throughout. OECD data is in USD 2021 constant prices.
- 5 For previous analysis into international funding and the death penalty for drug offences see: R Lines, D Barrett, P Gallahue. Complicity or Abolition: The Death Penalty and International Support for Drug Enforcement. Harm Reduction International, London (2010). <https://hri.global/publications/complicity-or-abolition-the-death-penalty-and-international-support-for-drug-enforcement/>

communities, while punitive drug control regimes have been shown to disproportionately negatively affect them. This makes such regimes a poor fit for such important yet limited development budgets. This research also shows how these donors have numerous opportunities – as well as obligations – to change how they invest in global drug policy by funding under-resourced, evidence-based, and health- and human rights-centred harm reduction efforts instead, worldwide.

# RECOMMENDATIONS

The global war on drugs uses and reproduces harmful mechanisms of racial control and subordination, between and within countries worldwide. Drug policy and related activities should be decolonised. Community, health and justice must be prioritised, and international funding flows must be reoriented to reflect this. In particular:

## International donors should:

- ▶ Stop using money from their limited aid budgets (supposed to help end poverty and achieve global development goals) for “narcotics control” activities.
- ▶ Divest from punitive and prohibitionist drug control regimes and be more transparent about their spending on drug-related activities, including harm reduction (regardless of what budget line this money comes from).
- ▶ Invest in evidence-based and health- and human rights-centred harm reduction initiatives that align with global development and other commitments.

## Civil society and journalists should:

- ▶ Demand greater transparency in how aid money is spent.
- ▶ Conduct further, in-depth investigations into how money has been spent on “narcotics control” in different countries (including how it was justified; any results claimed; and any direct or indirect impacts that may have undermined other goals or aid rules).

## Taxpayers in donor countries should:

- ▶ Demand integrity and transparency in their governments’ international spending, including that from limited aid budgets.
- ▶ Demand that support from public budgets flows to evidence-based and health- and human rights-centred measures.

## The OECD should:

- ▶ Solicit and listen to advice from health and human rights experts, as well as people who use drugs, on whether to remove “narcotics control” from their list of categories of spending eligible to be counted as aid.
- ▶ Conduct and publish a thorough review of all aid spent on “narcotics control” so far, whether any spending breached guidance on this category, and the use of national



security or other justifications by donors to withhold details about funded projects.

- ▶ Increase transparency of all current and previous aid spending, making data and details of projects easier to access, thereby facilitating accountability.

### **Governments should:**

- ▶ Decriminalise drug use and possession and support harm reduction for people who use drugs, and until then, promote evidence-based and health- and human-rights centred alternatives to incarceration.
- ▶ Critically evaluate their own spending on drug control, divest from punitive drug control, and invest in evidence-based harm reduction programmes.
- ▶ Meaningfully involve communities and civil society in the financial decision-making and monitoring of all drug-related policies.

# 1. INTRODUCTION AND BACKGROUND

No substance is inherently a 'drug'. Psychoactive substances have been used for centuries across the globe as part of local cultural practices.<sup>6</sup> What is seen and treated as a 'drug' is socially and legislatively constructed by those in power. Notably, European colonial powers introduced anti-drug legislation in many places around the world (when it suited them; cannabis, cocaine, and opium were also, at times, among the commodities they themselves traded).<sup>7</sup> Twentieth century international agreements – and international funding flows – further enshrined this approach.

## The global war on drugs

For generations, countries around the world have been encouraged, coerced, or obliged to criminalise responses to the drug trade and people who use drugs. In 1933, to take one example, cannabis was banned in Kenya by the British colonial government under what was called the Dangerous Drugs Act.<sup>8</sup> The UN's Single Convention on Narcotic Drugs, adopted in 1961, was the first of several key documents that have enshrined such approaches internationally.<sup>9</sup> Under significant US influence, this document asserted that "addiction to narcotic drugs constitutes a serious evil" and that states have a "duty to prevent and combat" it.<sup>10</sup> It makes no reference to ancestral and traditional uses of psychoactive substances such as coca leaves and cannabis – thereby creating a conflict between Indigenous rights and drug policy that exists to this day.<sup>11</sup>

Today, at least 115 countries around the world criminalise even limited amounts of drugs for personal possession.<sup>12</sup> Wealthy and powerful countries, such as the US, China, and Russia continue to exert influence over drug policy globally. They do this through funding flows as well as the provision of material resources and technical assistance for counter-

6 J Mills. "Cannabis and the Cultures of Colonialism: Government, medicine, ritual and pleasures in the history of an Asian drug (c. 1800 - c. 1895)". *Zeitenblicke*. 12 Jan 2010; 9(3). <https://fid4sa-repository.ub.uni-heidelberg.de/1100/>

7 C Daniels et al. "Decolonizing drug policy," *Harm Reduction Journal* 18:120 (2021) <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00564-7>

8 Ibid.

9 Other such key international agreements are the UN's subsequent 1971 Convention on Psychotropic Substances; and its 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

10 Single Convention on Narcotic Drugs, 1961, [https://www.unodc.org/pdf/convention\\_1961\\_en.pdf](https://www.unodc.org/pdf/convention_1961_en.pdf)

11 A Fordham. "How the United States fueled a global drug war, and why it must end" Open Society Foundations (29 June 2021) <https://www.opensocietyfoundations.org/voices/how-the-united-states-fueled-a-global-drug-war-and-why-it-must-end>

12 "In Danger: UNAIDS Global AIDS Update". UNAIDS (2022). [https://www.unaids.org/sites/default/files/media\\_asset/2022-global-aids-update\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf)

**“Some international funding for punitive drug control regimes has even come from aid budgets that are supposed to help end poverty and achieve global development goals.”**

narcotics initiatives, and the ongoing promotion of a prohibitionist moral consensus. Some have described these power dynamics and imbalances affecting countries such as Colombia as “narco-colonialism”.<sup>13</sup>

US drug enforcement efforts globalised in the 20th century, with the country providing increasing funding, training, and other resources to counter-narcotics efforts internationally. Several branches of the US government are involved in these activities. They include the infamous Drug Enforcement Administration (DEA) – which was created in 1973 and quickly expanded. By 2022, it had established 93 foreign offices in 70 countries, where 10% of its special agents work on collaborating with local law enforcement and on coordinated counter-narcotics intelligence gathering, implementing training programmes for police and prosecutors, and supporting “the advancement and development of host country drug law enforcement institutions.”<sup>14</sup>

In 2020, among those trained by the DEA were 182 Vietnamese police officers.<sup>15</sup> That same year, the US State Department’s Bureau of Democracy, Human Rights, and Labor warned that members of the country’s security forces had “committed numerous abuses,” including unlawful or arbitrary arrests, detentions, torture, and killings, and that “police officers and state officials frequently acted with impunity.”<sup>16</sup> A 2021 audit by the US Office of the Inspector General then found that many so-called Sensitive Investigation Units (SIUs) and Vetted Units (VUs) set up by the DEA were operating outside of formal structures and without adequate oversight. Consequences included several civilian deaths during a VU operation in Honduras.<sup>17</sup>

13 V Oliver and D Cottle. Cocaine, death squads and the war on terror: US Imperialism and class struggle in Colombia. New York: Monthly Review Press (2011)

14 “International Narcotics Control Strategy Report, Volume I, Drug and Chemical Control”, US Department of State, Bureau of International Narcotics and Law Enforcement (March 2022), p.27 <https://www.state.gov/wp-content/uploads/2022/03/22-00767-INCSR-2022-Vol-1.pdf>

15 “International Narcotics Control Strategy Report, Volume I, Drug and Chemical Control”, US Department of State, Bureau of International Narcotics and Law Enforcement Affairs (March 2021), p.235

16 “2020 Country Reports on Human Rights Practices: Vietnam,” US Department of State. Bureau of Democracy, Human Rights, and Labor 2020 country reports on human rights practices <https://www.state.gov/reports/2020-country-reports-on-human-rights-practices/vietnam/>

17 “Audit of the Drug Enforcement Administration’s Headquarters-Based Oversight of its Supported Foreign Law Enforcement Units,” US Department of Justice, Office of the Inspector General, No. 21-09. (Aug 2021). <https://oig.justice.gov/sites/default/files/reports/21-109.pdf>

The US has additionally helped develop punitive drug laws and has sponsored anti-drug awareness raising and education campaigns. In Myanmar, for example, the State Department's Bureau of International Narcotics and Law Enforcement (INL) says it has not only helped to establish the country's first national drug control policy, and build the capacity of the country's Drug Enforcement Division (in partnership with the DEA), but it has also funded "the development of creative drug awareness campaigns in Burma" (without further details disclosed).<sup>18</sup> Such activities can extend foreign powers' influence beyond law enforcement to influence public attitudes and public policy in line with a prohibitionist moral consensus.

Other wealthy and powerful countries and international institutions have also funded such initiatives, sometimes working in partnerships. The Australian Federal Police, for instance, has also helped set up other specialised counter-narcotics police units with names like Taskforce Storm in Thailand.<sup>19</sup> In Nigeria, US agencies partnered with the UN Office on Drugs and Crime (UNODC) and the British National Crime Agency to bolster its drug law enforcement capabilities, and support the development of Nigeria's National Drug Law Enforcement Agency.<sup>20</sup>

Other research has noted the growing role of non-Western powers, such as Russia,<sup>21</sup> which has committed to supporting the war on drugs in Central America, for example, where it has also funded special training courses for local police forces.<sup>22</sup> In Central Asia, including in Afghanistan and Pakistan, Russia has similarly supported counter-narcotics training for police.<sup>23</sup> It has further sought to influence the drug policy of African countries, including via the so-called Russia-Africa Anti-Drug Dialogue (RAADD), which promotes prohibitionist and punitive approaches to drug use amongst members of the African Union.<sup>24</sup>

## Bankrolling punitive drug control

Many governments spend huge amounts of money on punitive drug control policies and initiatives, despite their risks and costs to public health goals and human rights. Expansive law enforcement, surveillance, prosecutorial infrastructure, and mass incarceration can be very expensive for limited public budgets that could be spent otherwise. The same could be said for the other infrastructure that serve anti-drug regimes.

18 "Burma summary," US Department of State. Bureau of International Narcotics and Law Enforcement Affairs, work by country <https://www.state.gov/bureau-of-international-narcotics-and-law-enforcement-affairs-work-by-country/burma-summary/>

19 "The Commonwealth Law Enforcement. International engagement Methamphetamine disruption strategy" Australian government (September 2017) <https://www.afp.gov.au/sites/default/files/PDF/IntnEngagementMethDisruptionStrategy.pdf>

20 "Nigeria summary," US Department of State. Bureau of International Narcotics and Law Enforcement Affairs – Work by Country <https://www.state.gov/bureau-of-international-narcotics-and-law-enforcement-affairs-work-by-country/nigeria-summary/>

21 M Wells. "Should Russian anti-drug aid to LatAm worry the US?" Insight Crime (26 April 2013) <https://insightcrime.org/news/analysis/should-russian-drug-aid-latam-worry-us/>

22 Ibid.

23 "UNODC-Russia partnership on counter-narcotics training for Central Asia, Afghanistan and Pakistan (Phase IV)," United Nations Office on Drugs and Crime website (Sept 2021) <https://www.unodc.org/rpanc/en/Sub-programme-1/unodc-russia-partnership-on-counter-narcotics-training-for-central-asia--afghanistan-and-pakistan-phase-iv.html>

24 S Shelly. "The Russian-African Anti-Drug Dialogue: The potential for disaster and death." SA Drug Policy (10 March 2016) <http://www.sadrugpolicyweek.com/news/russia-africa-anti-drug-dialogue-recipe-for-death>

Since 1971, the US has spent more than a trillion dollars on its war on drugs and given expanded powers to law enforcement, including mandatory sentencing domestically.<sup>25</sup> Billions of dollars have also been spent on flagship projects of the country's global war on drugs, much of it focused on Central and South America.<sup>26</sup> In 2021, US government documents show that its funding for drug control internationally totalled more than USD 1.1 billion that year alone – spent through various government departments and agencies, led by the DEA (USD 464 million) and the State Department's Bureau of INL agency (USD 425 million), which also leads counter-narcotics trainings and capacity building to “catalyse and sustain long-term organisational change”. The US Agency for International Development (USAID) also spent USD 53.5 million on drug control that year.<sup>27</sup>

European countries are also significant funders of drug control. Despite transparency and data accessibility gaps, a 2017 Council of Europe report found estimates for 16 European countries' drug-related expenditure, ranging up to 0.5% of GDP, with most of these expenditures focused on reducing the supply of drugs.<sup>28</sup>

UNODC's funding comes from voluntary contributions from Member States, multilateral organisations, the private sector, and other sources.<sup>29</sup> The agency's holding of portfolios both on crime and drug use has been controversial, as has its active commitment to supporting governments in the practical implementation of colonial international drug policy.<sup>30</sup> While the agency's strategy states that it seeks to improve HIV prevention, treatment, and care for people who use drugs, it does not explicitly reference harm reduction. In 2020, it announced funding to support the refurbishment of a specialised “voluntary” drug rehabilitation centre in Sri Lanka, despite many reports of human rights violations, abuse, and ill-treatment in such facilities.<sup>31</sup> Human rights groups have also previously criticised the agency's support for counter-narcotics police operations in Iran, where such operations have led to death sentences for drug offences, in violation of international human rights law.<sup>32</sup>

25 N Lee. “The US has spent over a trillion dollars fighting the war on drugs. 50 years later, drug use in the U.S. is climbing again” CNBC (17 June 2017) <https://www.cnbc.com/2021/06/17/the-us-has-spent-over-a-trillion-dollars-fighting-war-on-drugs.html>

26 These flagship projects include the USD 2.4 billion Merida Initiative from 2008-2014, focused on Mexico, and the USD 8 billion U.S.-Colombia Strategic Development Initiative between 2000 and 2011.

27 “National Drug Control Budget, FY 2022 Funding Highlights,” Executive Office of the President of the United States (2021) <https://www.whitehouse.gov/wp-content/uploads/2021/05/National-Drug-Control-Budget-FY-2022-Funding-Highlights.pdf>

28 “Costs and unintended consequences of drug policy control: Report by the expert group on possible adverse effects and associated costs of drug control policies,” Council of Europe (November 2017) <https://rm.coe.int/costs-and-unintended-consequences-of-drug-control-policies/16807701a9>

29 UNODC. Partnerships and funding. <https://www.unodc.org/unodc/en/donors/index.html>

30 C Daniels et al. “Decolonizing drug policy,” Harm Reduction Journal 18:120 (2021) <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00564-7>

31 A Satkunanathan. “A Broken System: Drug Control, Detention, and Treatment of People Who Use Drugs in Sri Lanka,” Harm Reduction International (2021) [https://www.hri.global/files/2021/08/03/HRI\\_Report\\_-\\_Sri\\_Lanka\\_Drug\\_Control.pdf](https://www.hri.global/files/2021/08/03/HRI_Report_-_Sri_Lanka_Drug_Control.pdf)

32 P Gallahue, R Saucier & D Barrett. Partners in Crime: International Funding for Drug Control and Gross Violations of Human Rights. Harm Reduction International, London (2012) <https://hri.global/publications/partners-in-crime-international-funding-for-drug-control-and-gross-violations-of-human-rights-2/>

After the US, the European Union (EU) supplied the largest pledges of funding to UNODC in 2018 (the latest year for which this data appears available online). That year, it received pledges worth more than USD 360 million in total (including more than USD 70 million from the US, and more than USD 50 million from the EU).<sup>33</sup>

Largely under the radar, some international funding for punitive drug control regimes has even come from aid budgets that are supposed to help end poverty and achieve global development goals. Research from Comolli and Hofmann in 2013 described how, “some countries have tried to export their preferred drug control policies and have leveraged the recipients’ need for aid to influence their policy approach”.<sup>34</sup> In 2017, a Development Policy Centre blog post noted how aid funding for “narcotics control”, described as a “developing-country preoccupation”, in some years “easily exceeded funding for several arguably much higher priorities: peacekeeping, research and development and clean energy”.<sup>35</sup> A 2019 report from the Overseas Development Institute, meanwhile, found that between 2000 and 2004, almost 46% of all ODA provided by the US to Mexico was for “narcotics control”.<sup>36</sup> The next section adds to such research with up-to-date figures and analysis of “narcotics control” projects funded by ODA from 2012-2021, as reported by aid donors themselves to the OECD.

33 “Partnerships and funding”, UNODC website, <https://www.unodc.org/unodc/en/donors/index.html> “List of pledges, 1 January-31 December 2018,” UNODC website [https://www.unodc.org/documents/donors/List\\_of\\_pledges.pdf](https://www.unodc.org/documents/donors/List_of_pledges.pdf)

34 V Comolli and C Hofmann. “Drug markets, security and foreign aid,” Modernising Drug Law Enforcement Report 6 International Drug Policy Consortium (September 2013) <https://idpc.net/publications/2013/09/drug-markets-security-and-foreign-aid?setlang=zh>

35 R Davies. “Public enemies: global public goods in aid policy narratives,” Devpolicy Blog (7 April 2017) <https://devpolicy.org/public-enemies-global-public-goods-in-aid-policy-narratives-20170407/>

36 R Calleja and A Prizzon. “Moving away from aid: The experience of Mexico,” Overseas Development Institute report (December 2019) [https://cdn.odi.org/media/documents/191125\\_mexico\\_final\\_v1.pdf](https://cdn.odi.org/media/documents/191125_mexico_final_v1.pdf)

# 2. AID FOR THE WAR ON DRUGS

Undercover policing. Enhancing “intelligence-led profiling”. Targets to increase arrests and prosecutions. These are not things you’d likely expect to find in the descriptions of projects funded by aid money – which is supposed to help achieve global development goals, including ending extreme poverty. However, these are just some examples of what appears in the details of ODA for “narcotics control”, as reported by aid donors themselves to the OECD. International donors have used their aid budgets to strengthen anti-drugs agencies and policies; provide equipment and training to law enforcement; and influence public opinion against drugs. Aid for other things, particularly from the US, has also been withheld or threatened with cuts if recipient countries don’t follow punitive approaches.

## Following the money

Aid donors report their spending to the OECD’s Development Assistance Committee (DAC). This data is accessible via what is called the Creditor Reporting System (CRS), and at the time of writing it was last updated in May 2023. Analysis of this data reveals that aid donors have spent almost a billion dollars of this money on “narcotics control” efforts around the world.<sup>37</sup> Specifically: at least USD 974 million was spent this way over the ten years between 2012-2021.<sup>38</sup>

The OECD’s DAC defines ODA as “government aid that promotes and specifically targets the economic development and welfare of developing countries”, with military assistance, and projects prioritising donor national security or commercial interests, not eligible.<sup>39</sup> Under this definition, its accounting system has many categories of spending – and changes have been made to the rules over time. In 2014, William Hynes, then a Policy Analyst in the OECD’s Development Co-operation Directorate, described how: “In the early 1990s, some limited ODA coverage was allowed of expenditure on global issues such as environment, peacekeeping and narcotics control. It was felt this would help maintain the relevance of ODA, whereas failing

37 “List of CRS Purpose Codes and Voluntary Budget Identifier Codes” OECD DAC (2019) <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/DAC-CRS-PPC-2019.xls>

38 According to analysis of data in the OECD’s Creditor Reporting System (latest update 15 December 2022) <https://stats.oecd.org/Index.aspx?DataSetCode=crs1>

39 “Official Development Assistance (ODA)”, OECD (April 2021) <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/What-is-ODA.pdf>



to expand coverage would see ODA concentrating on a declining number of less developed countries.”<sup>40</sup>

“Narcotics control” was then assigned sector code 16063 in the OECD’s CRS system. The official description of this category states it is for:

“**In-country and customs controls including training of the police; educational programmes and awareness campaigns to restrict narcotics traffic and in-country distribution. ODA recording of narcotics control expenditures is limited to activities that focus on economic development and welfare including alternative development programmes and crop substitution. Activities by the donor country to interdict drug supplies, destroy crops or train or finance military personnel in anti-narcotics activities are not reportable**”.<sup>41</sup>

Other OECD reporting directives specify that “the supply of equipment intended to convey a threat of, or deliver, lethal force, is not reportable as ODA”.<sup>42</sup> There are fine lines and some exceptions within these rules, however. Training in the use of lethal equipment is also not ODA-eligible, for instance. However, training in the management (including the security and storage of such equipment) is eligible.<sup>43</sup> Intelligence gathering is not ODA-eligible, unless it is for “preventative or investigatory activities by law enforcement agencies in the context of routine policing to uphold the rule of law, including countering transnational organised crime”.<sup>44</sup>

There is a separate sector code (number 12330) for “Control of harmful use of alcohol and drugs” projects, whose description says it’s for the prevention and reduction of harmful use of alcohol and psychoactive drugs; development, implementation, monitoring and evaluation of prevention and treatment strategies, programmes and interventions; early identification and management of health conditions caused by use of alcohol and drugs.<sup>45</sup>

This category appears to be even more recent, entering the dataset in 2018. Its projects received a total of USD 25 million in the four years from then through 2021 (less than 10% of

40 W Hynes. “ODA reform: Change for the sake of change?” ECDPM (24 March 2014) <https://ecdpm.org/work/oda-reform-change-for-the-sake-of-change>

41 “List of CRS Purpose Codes and Voluntary Budget Identifier Codes” OECD DAC (2019) <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/DAC-CRS-PPC-2019.xls>

42 “Annex II: Boundaries of ODA in the field of Peace and Security,” OECD (2016) p.10 <https://www.oecd.org/dac/DAC-HLM-Communique-2016.pdf>

43 Ibid, p.12-13

44 Ibid, p.13-16

45 “List of CRS Purpose Codes and Voluntary Budget Identifier Codes” OECD DAC (2019) <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/DAC-CRS-PPC-2019.xls>



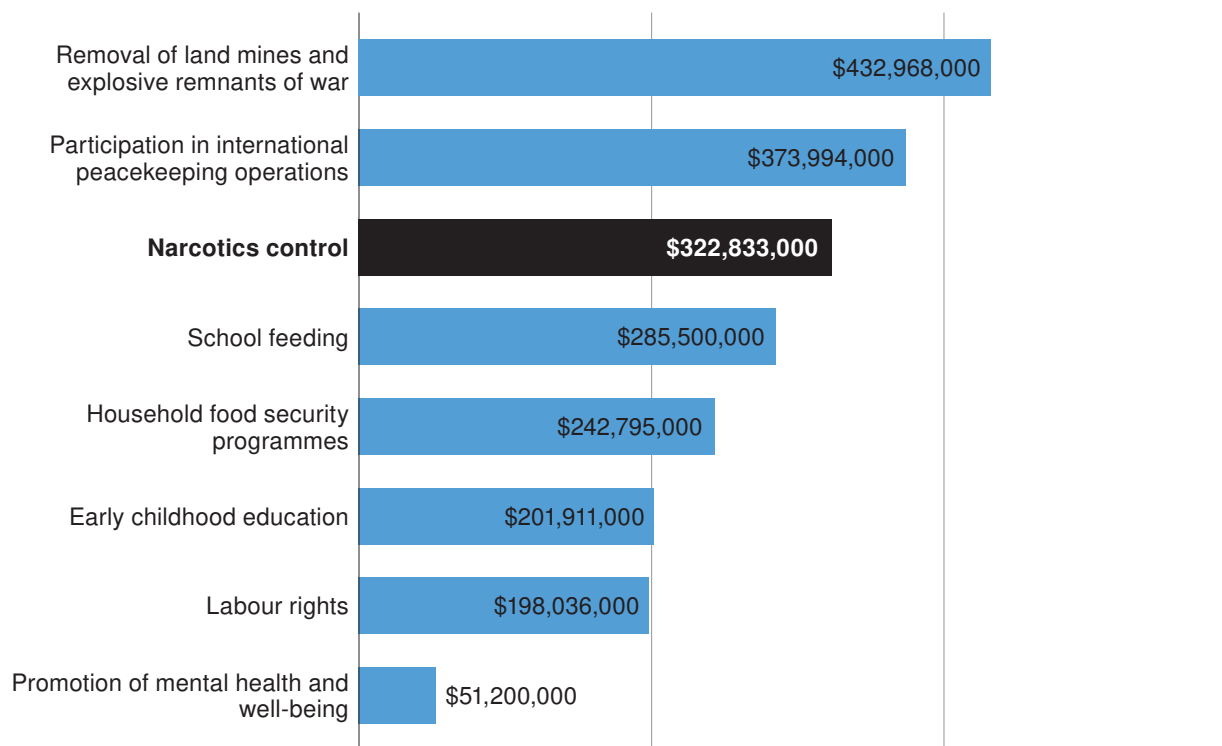
the total USD 323 million that “narcotics control” projects received in 2021 alone).

Overall, the data shows that 30 donor countries and institutions have reported the use of at least some of their aid budgets for “narcotics control”. More than half of the ten-year total came from the US (USD 550 million) – followed by EU Institutions (USD 282 million), Japan (USD 78 million), the UK (USD 22 million), Germany (USD 12 million), Finland (USD 9 million), and Korea (USD 8 million). While relatively small shares of overall aid spending, they still rival or eclipse those dedicated to other things (see Annexes: Table 3). For example, more aid globally was spent in 2021 on “narcotics control” (USD 323 million) than school feeding projects (USD 286 million) or labour rights (USD 198 million) (see Figure 1).

In total, 92 developing countries around the world are listed as having been recipients of aid funding for “narcotics control” (see Annexes: Table 2 for details of the top 20 such recipient countries). Some money was also categorised as having been spent on regional programmes, according to the data. The largest single country recipient in 2021 was Colombia (USD 109 million), followed by Afghanistan (USD 37 million), Peru (USD 27 million), Mexico (USD 21 million), and Guatemala and Panama (about USD 10 million each).

### Figure 1: ODA for “narcotics control” vs other sectors (2021)

In US dollars, 2021 constant prices. Based on data extracted from the OECD’s Creditor Reporting System<sup>46</sup>



46 Based on data in the OECD CRS’s latest update (May 2023). ODA gross disbursements via all channels; all types of aid; 2021 USD constant prices; all official donors.

Of the 10-year total, at least USD 70 million was spent on these projects in 16 countries that have the death penalty for drug-related offences. Some US aid in 2021, for example, supported a “counter-narcotics training programme” in Indonesia – where, that same year, a record of at least 89 people were sentenced to death over drug-related offences.<sup>47</sup> Japan, meanwhile, spent millions of dollars of its aid between 2012-2019 on counter-narcotics projects in Iran, including to provide police with resources such as “specialised vehicles for transportation of anti-narcotics police drug detecting dog units.” In 2021, Iran executed at least 131 people for drug offences.<sup>48</sup>

## US aid for “narcotics control”

The US spent USD 309 million in aid on “narcotics control” in 2021, according to the OECD data. This is less than a third of the around one billion dollars a year the country spends on international drug control activities, through various government departments, agencies, and budget lines.<sup>49</sup> However, it was a significant increase in the amount of US aid used for these activities (which was USD 31 million in 2020).

The data shows that Colombia was the leading recipient of this aid spending in 2021, but there is very little detail in the relevant project description fields. Many of these fields say that “Information has been redacted in accordance with the two principled exceptions defined in the Foreign Aid Transparency and Accountability Act (FATAA) of 2016: the health and security of implementing partners, and the national interest of the United States.” In the 2020 data there is some, but not much, more detail. Again, the US’s national interests are referenced. Some US aid in 2020, for example, supported a project in an unspecified region whose description said that it “advances US national security interests by supporting bilateral, regional, and global programs that enable partners and allies to manage and address transnational threats at their source... [and] improve the ability of partner countries to cooperate effectively with US law enforcement.”<sup>50</sup>

The development and welfare of recipient countries – rather than the national security or commercial interests of donors – are supposed to be the priorities of official development spending.<sup>51</sup> Punitive drug control activities also undermine other US aid-funded projects. The USAID agency, for instance, supports a “comprehensive package of services and approaches” for key populations, including people who use drugs, and structural interventions, including those addressing stigma and discrimination.<sup>52</sup> It has funded harm reduction in several countries,

47 G Girelli and A Larasati. “The Global Overview on the Death Penalty for Drug Offences 2021,” Harm Reduction International (2022) [https://hri.global/wp-content/uploads/2022/10/HRI\\_Global\\_Overview\\_2021\\_Final-1.pdf](https://hri.global/wp-content/uploads/2022/10/HRI_Global_Overview_2021_Final-1.pdf)

48 Ibid.

49 “National Drug Control Budget, FY 2022 Funding Highlights,” Executive Office of the President of the United States (2021) <https://www.whitehouse.gov/wp-content/uploads/2021/05/National-Drug-Control-Budget-FY-2022-Funding-Highlights.pdf>

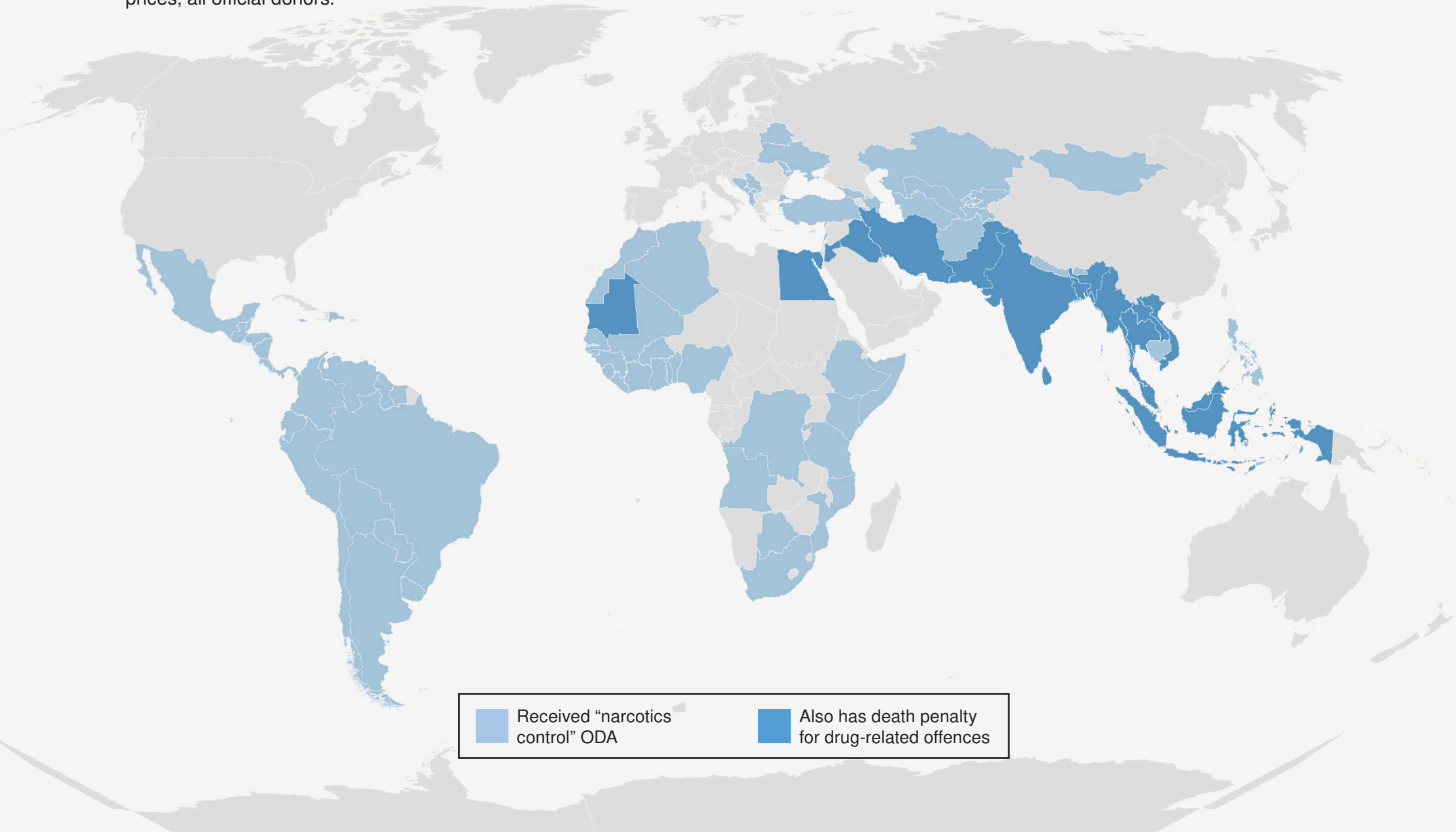
50 OECD CRS ID: 2020004767

51 “Official Development Assistance (ODA),” OECD (April 2021) <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/What-is-ODA.pdf>

52 “Key Populations: Achieving Equitable Access to End AIDS,” USAID website <https://www.usaid.gov/global-health/health-areas/hiv-and-aids/technical-areas/key-populations>

## Figure 2: Recipients of ODA for “narcotics control” (2012-21)

Based on data in the OECD CRS’s latest update (May 2023). ODA gross disbursements via all channels; all types of aid; 2021 USD constant prices; all official donors.



including in Vietnam,<sup>53</sup> albeit with the limitation of a ban on the use of federal funds for needle and syringe programmes.<sup>54</sup>

The Foreign Relations Authorizations Act of 2003, meanwhile, prohibits US aid (with some exceptions, including for certain types of support such as humanitarian and counter-narcotics assistance) from going to countries on what is called “The Majors List”.<sup>55</sup> This list identifies major drug transit or producing countries that are deemed to have failed to make substantial efforts to follow international counter-narcotics agreements. Tying the receipt of US assistance to following prohibitionist, punitive drug control is another way in which the country’s development budget, more broadly, has been used to undermine public health and human rights responses. It is an example of what researchers from Chatham House and the International Institute for Strategic Studies described as “diplomatic blackmail” by international donors that threaten recipients with cuts if they don’t “comply with the donor’s counter-narcotic policies.”<sup>56</sup>

## EU aid for “narcotics control”

EU Institutions spent the second largest amount of aid on “narcotics control” between 2012-2021. In several specific years, however, EU Institutions actually spent more aid like this than the US (for example, in 2016, they recorded USD 55 million in aid for “narcotics control”, versus USD 16 million from the US). Meanwhile, unlike the US where such spending rose sharply in 2021, EU Institutions’ aid spending on “narcotics control” peaked in 2016. In 2021, it was down to USD 8 million.

Previous research has identified the EU as a prominent actor in counter-narcotics efforts in West Africa, which has been an increasing focus for wealthier and more powerful countries influencing drug policy.<sup>57</sup>

The OECD data, meanwhile, shows that EU Institutions have spent a total of at least USD 61 million of aid money on “counter-narcotics” projects in West, Central, East and Southern Africa through the European Development Fund (EDF). This includes USD 18 million spent across two multi-year projects seeking “a reduction of drug abuse, illicit drug trafficking and related organised crime in West Africa” (one through UNODC, and the other through the Economic

53 “Vietnam: Motivating People Who Inject Drugs to Adopt Safer Behaviors,” [https://pdf.usaid.gov/pdf\\_docs/PA00JPD2.pdf](https://pdf.usaid.gov/pdf_docs/PA00JPD2.pdf)

54 A Fordham. “How the United States fueled a global drug war, and why it must end” Open Society Foundations website (29 June 2021) <https://www.opensocietyfoundations.org/voices/how-the-united-states-fueled-a-global-drug-war-and-why-it-must-end>

55 “International Narcotics Control Strategy Report, Volume I, Drug and Chemical Control”, United States Department of State, Bureau of International Narcotics and Law Enforcement Affairs (March 2022), p.5 <https://www.state.gov/wp-content/uploads/2022/03/22-00767-INCSR-2022-Vol-1.pdf>

56 V Comolli and C Hofmann. “Drug markets, security and foreign aid,” Modernising Drug Law Enforcement Report 6 International Drug Policy Consortium (September 2013) <https://idpc.net/publications/2013/09/drug-markets-security-and-foreign-aid?setlang=zh>

57 “Telling the story of drugs in West Africa: The newest front in a losing war?” Global Drug Policy Observatory, policy brief (November 2013) <https://www.swansea.ac.uk/media/West-Africa-A-New-Front-in-a-Losing-War.pdf>

Community of West African States (ECOWAS)<sup>58</sup>; USD 43 million spent on a multi-year project through UNODC to “support Nigeria’s efforts in fighting drug production, trafficking and use as and related organised crime”; and USD 290,000 spent across two years, primarily through an unnamed “private sector [organization] in provider country” on undetailed “visibility and communication strategy services” in Nigeria.<sup>59</sup>

Reading other EU documents, however, you could be surprised that it has spent money internationally on prohibitionist and punitive drug control regimes that undermine health- and human-rights based responses to drugs. In the words of one European Parliament committee’s review, for example:

““ The effectiveness of harm reduction policies, with regard to reducing HIV infections among drug users and reducing drug-related deaths, has been abundantly and consistently proven. This is probably the most intensively researched area in this field, and all UN agencies have now accepted these conclusions. There is a solid evidence base suggesting that opposition to this has become an ideological viewpoint.”<sup>60</sup>

## UK aid for “narcotics control”

UK aid for “narcotics control” declined over the 10 year period examined, from more than USD 10 million in 2012 to USD 2 million by 2019 and then to nothing by 2021. It is unclear what drove these changes – or for how long they will last. It is also not clear how UK aid spent on “narcotics control” aligned with the priorities of poverty reduction and gender equality enshrined in UK law.

Project descriptions of UK aid-funded “narcotics control” projects reveal that they included support for the “up scaling [sic] of airport controls” in Bolivia; to “enhance intelligence led profiling of passengers” at an airport in Colombia; for the “surveillance capacity” of the Mozambique Intelligence Service; for “polygraph training for local [sic] drug fighting agency” in the Dominican Republic; and for “undercover policing training” in Peru.<sup>61</sup> Other project data reflects how punitive drug and migration policies have intersected. In 2016 and 2017,

58 OECD CRS IDs: 2013000565002 & 2013000565001

59 OECD CRS ID: 2011000079001

60 M Gutheil et al. “A review and assessment of EU drug policy,” European Parliament Directorate-General for Internal Policies, study for the LIBE committee (2016) [https://www.europarl.europa.eu/RegData/etudes/STUD/2016/571400/IPOL\\_STU\(2016\)571400\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2016/571400/IPOL_STU(2016)571400_EN.pdf)

61 OECD CRS IDs: 2014004086, 2013003748, 2013003637, 2015003781, 2014004155, 2012802045

for example, the UK spent aid on trainings to “enhance capabilities of maritime and defence forces of Caribbean nations” against the “illicit movement of drugs/arms and humans”.<sup>62</sup>

These records also show that some UK aid was spent “sharing skills, experience and training related to drug enforcement to [sic] the Brazilian Federal Police”. This is despite well-documented negative human rights consequences of Brazil’s war on drugs, including by Amnesty International.<sup>63</sup> Large-scale operations in urban areas, specifically favelas, have involved heavy armour and excessive use of force. Black and Indigenous communities have been disproportionately targeted, arrested, and subjected to corporal punishment. Brazilian academics Evandro Piza Duarte and Felipe da Silva Freitas have described a “systematic process of dehumanisation” and “the reiteration of a practice of extermination”.<sup>64</sup> Brazil has the highest rate of police homicide globally, and over 10% of all homicides in the country in 2019 were committed by police officers. Black people represented nearly 80% of those killed.<sup>65</sup>

No such context is referenced in the UK’s aid data, however, nor does its project description include details about what exact skills would be shared with the Brazilian police. However, UK aid separately funded research that concluded, overall: “The ‘war on drugs’ is counter-productive with potentially disastrous consequences for some of the world’s poorest and most left-behind groups.” A report from a major research consortium funded by the UK’s Global Challenges Research Fund, and part of its ODA,<sup>66</sup> warned: “Ill-conceived approaches of criminalisation and enforced eradication of illicit croplands destroy livelihoods and exacerbate human rights violations of already stigmatised and marginalised groups.”<sup>67</sup> It said donors should “abandon” such approaches.<sup>68</sup>

## Transparency lacking

In 2021, more aid money for “narcotics control” overall was spent on projects in “Developing countries, unspecified” than in any single specified country. This is but one major example of many significant gaps in the data examined. Many records have only very brief entries in project description fields; some have no detail at all, or only code words. One UK aid record,

62 OECD CRS IDs: 2016003930 and 2017003241

63 “Brazil: Human Rights Under Assault,” Amnesty International submission to the 41st session of the UPR Working Group, 7-18 November 2022 <https://www.amnesty.org/en/wp-content/uploads/2022/04/AMR1954322022ENGLISH.pdf>

64 EP Duarte and FS Freitas. “Racism and drug policy: criminal control and the management of Black bodies by the Brazilian State”. In: Koram K, editor. *The War on Drugs and the Global Colour Line*. London: Pluto Press (2019), p. 66-102. <https://doi.org/10.2307/j.ctvdmwxn7.7>

65 “You killed my son: Homicides by military police in the city of Rio de Janeiro”, Amnesty International (2015). <https://www.amnesty.org/en/documents/amr19/2068/2015/en/>

66 “Global Challenges Research Fund - UKRI,” UK Research and Innovation website, <https://www.ukri.org/what-we-offer/international-funding/global-challenges-research-fund/>

67 “‘War on drugs’ may harm world’s poorest and most marginalised groups, new report warns,” Christian Aid press release (11 July 2019) <https://mediacentre.christianaid.org.uk/war-on-drugs-may-harm-worlds-poorest-and-most-marginalised-groups-new-report-warns/>

68 E Gutierrez et al. “Peace, illicit drugs and the SDGs - a development gap,” Christian Aid (2019) <https://cdn.sanity.io/files/6u5teakk/production/ef09f03611adc3e4fb5f2106fadcc394737d5f7b.pdf?dl=>



for example, says “Romeo / Delta / Foxtrot” in its description, with no explanation.<sup>69</sup> In 2021, when the US significantly increased the amount of its aid spent on “narcotics control”, most of its records were redacted.

These information gaps come amidst, and echo, long-standing concern and criticism about lacking transparency within the international aid spending. While aid is taxpayer money that is supposed to be dedicated to the specific purpose of global development, including poverty reduction, it is very hard to follow how this money is spent. Only a handful of donor agencies – and none of those mentioned in this research – earned the “very good” classification in the latest Aid Transparency Index published by the monitoring group Publish What You Fund.<sup>70</sup>

Complete data for 2022 ODA spending won’t be available in the OECD’s CRS database until the end of 2023. Some aid donors and agencies also report to the International Aid Transparency Initiative (IATI)’s data standard, and sometimes do so earlier.<sup>71</sup> In August 2023, this data included, for example, more than USD 3 million that European institutions had already reported as spent on “narcotics control” in 2022 – including more than USD 300,000 to “purchase laboratory equipment for the fight against drugs” in Peru<sup>72</sup> – as well as over USD 1.8 million already reported as budgeted for such activities in 2023. In addition to government departments, several UN agencies are on the IATI Publishers List – but UNODC is not.<sup>73</sup>

Challenges in tracking spending on drug-related activities, more broadly, have also been noted including by the Council of Europe. “Limited data availability is often a challenge when conducting drug-related public expenditure analysis,” stated its above-mentioned 2017 report, in which it explained:

“Many countries do not have separate budgets for drug-related expenditures, as they are embedded in broader budget categories. Often, more than one sector is involved and expenditures may be found at different administrative levels (central, regional, local).” Many parts of the state may be involved, or may include drug-related costs within others. “For instance, it is common that prisons do not have a separate budget for drug-law offenders”.<sup>74</sup>

69 OECD CRS ID: 2014003615

70 “Aid Transparency Index,” Publish What You Fund (2022) <https://www.publishwhatyoufund.org/the-index/2022/>

71 Custom data download of IATI standard data, [https://countrydata.iatistandard.org/data/custom/?drilldowns=activity\\_iati\\_identifier%3Bactivity.title%3Breporting\\_organisation%3Byear.year%3Brecipient\\_country\\_or\\_region%3Bactivity.description&filters=sector%3A16063%3Bsector\\_category%3A160%3Btransaction\\_type%3A3.4.budget%3Byear%3A2022,2023](https://countrydata.iatistandard.org/data/custom/?drilldowns=activity_iati_identifier%3Bactivity.title%3Breporting_organisation%3Byear.year%3Brecipient_country_or_region%3Bactivity.description&filters=sector%3A16063%3Bsector_category%3A160%3Btransaction_type%3A3.4.budget%3Byear%3A2022,2023)

72 IATI Identifier: XI-IATI-EC\_INTPA-2021/426-025

73 IATI Publishers’ List, IATI Registry, <https://www.iatiregistry.org/publisher>

74 “Costs and unintended consequences of drug policy control: Report by the expert group on possible adverse effects and associated costs of drug control policies,” Council of Europe (November 2017) <https://rm.coe.int/costs-and-unintended-consequences-of-drug-control-policies/16807701a9>

In contrast to this limited transparency and data is the vast amount of evidence that prohibitive and punitive drug control regimes undermine global development goals, including those on public health, as well as international human rights commitments and “do no harm” principles that should guide aid spending.



# 3. UNDERMINING DEVELOPMENT GOALS

Punitive drug control regimes have failed to reduce drug use but have succeeded in perpetuating human rights abuses and impeding public health responses, with poor, marginalised, and racialised communities disproportionately negatively affected. These are increasingly acknowledged facts. A World Bank report also called the war on drugs “a strategy that has repeatedly failed” and described how wealthier countries “have imposed harmful policies” related to drugs on developing countries, with “dire consequences”.<sup>75</sup> Such approaches thus threaten international development, health, and human rights commitments; international aid money that has supported such approaches has further undermined principles to ‘do no harm’ with this spending.

## Health at risk

In regions such as Eastern Europe and Central Asia, people who inject drugs represent more than 30% of new HIV infections.<sup>76</sup> HIV is also prevalent among people who inject drugs in countries including Afghanistan, Pakistan, and the Philippines, countries that are among the top 20 recipients of “narcotics control” aid.<sup>77</sup>

People who use drugs experience multiple, intersecting vulnerabilities which are made worse and compounded by punitive drug controls. A systematic review found that 58% of people who inject drugs globally have experience of incarceration, and 25% have experienced recent homelessness or unstable housing.<sup>78</sup> Reaching these populations with services can be challenging, particularly in contexts of criminalisation, discrimination, and underfunded or non-existent harm reduction. Though it won’t be possible to meet global health targets without them.

75 FH Cardoso. “Foreword”, in Philip Keefer and Norman Loayza, editors, *Innocent Bystanders: Developing Countries and the War on Drugs*, The World Bank (2010) <https://documents1.worldbank.org/curated/en/144831468154466729/pdf/536410PUB0Inno101Official0Use0Only1.pdf>

76 “In Danger: UNAIDS Global AIDS Update”. UNAIDS, 2022. [https://www.unaids.org/sites/default/files/media\\_asset/2022-global-aids-update\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf)

77 Country Slides 2022 for Afghanistan, Pakistan, and the Philippines, AIDS Data Hub (2022) <https://www.aidsdatahub.org/resource/afghanistan-country-slides> | <https://www.aidsdatahub.org/resource/pakistan-country-slides> | <https://www.aidsdatahub.org/resource/philippines-country-slides>

78 L Degenhardt, P Webb, S Colledge-Frisby, J Ireland, A Wheeler, S Ottaviano, et al. (under review), ‘A global systematic review of the epidemiology of people who inject drugs: Prevalence, sociodemographic characteristics, risk environments and injecting-related harm’, *Lancet Global Health*

## **“Countries that have spread and strengthened punitive drug control regimes have responsibilities to redress their harms.”**

In 2015, new Sustainable Development Goals (SDGs) were agreed at the UN to guide international aid and development efforts over the next fifteen years. They include a stand-alone goal on health (number 3) to “ensure healthy lives and promote well-being for all at all ages”, under which there are various specific targets.<sup>79</sup> Among this goal’s targets are those to end AIDS and tuberculosis, combat hepatitis, and achieve universal health coverage by 2030. These important objectives are undermined by prohibitionist and punitive drug regimes that prevent or dissuade people from accessing services. This is also well-documented. Another systematic review of 106 research studies, published in *The Lancet* in 2017, found “criminalisation of drug use has a negative effect on HIV prevention and treatment”.<sup>80</sup>

The next year, through the UN System Common Position on Drug Policy, 30 UN agencies committed to supporting member states in implementing evidence-based, development-oriented responses to drugs, including “alternatives to conviction and punishment and... shifting to a non-punitive, regulatory framework that prioritises public health, equity, and social justice in drug control. This includes the decriminalisation of drug possession for personal use.”<sup>81</sup> UNAIDS’ 2021-2026 Global AIDS Strategy also includes an emphasis on decriminalisation, with targets to repeal punitive laws and policies and implement new ones that combat stigma, discrimination, and gender-based violence, and “scale up comprehensive harm reduction”.<sup>82</sup> This strategy, plus the World Health Organization’s Global Health Sector Strategies,<sup>83</sup> and the UN General Assembly’s 2021 Political Declaration on HIV and AIDS<sup>84</sup> – signed on to by governments globally – emphasise the urgent need to scale up HIV prevention among “key populations”, including people who use drugs.

79 “Goal 3: Ensure healthy lives and promote well-being for all at all ages”, United Nations website, Sustainable Development Goals <https://www.un.org/sustainabledevelopment/health/>

80 K DeBeck, T Cheng, JS Montaner, C Beyrer, R Elliot, S Sherman, et al. “HIV and the criminalisation of drug use among people who inject drugs: a systematic review,” *The Lancet* (2017) [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(17\)30073-5/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30073-5/fulltext)

81 C Daniels et al. “Decolonizing drug policy,” *Harm Reduction Journal* 18:120 (2021) <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00564-7>

82 Global Aids Strategy 2021-2026, UNAIDS <https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026>

83 “World Health Organization Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030”, World Health Organization (July 2018) <https://www.who.int/publications/item/9789240053779>

84 “Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030”, UN General Assembly political declaration, (June 2021) [https://www.unaids.org/en/resources/documents/2021/2021\\_political-declaration-on-hiv-and-aids](https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids)

## Human rights at risk

As of 2022, the global prison population is at an all-time high of 11.5 million people, according to latest estimates, with at least 1 in 5 (2.2 million) held for drug offences (including almost half a million detained for drug possession for personal use).<sup>85</sup> Punitive drug control regimes have fuelled mass incarceration, discriminatory policing, extrajudicial killings, torture, and the use of the death penalty in some countries. In the Philippines – which in February 2023 was refusing to cooperate with an International Criminal Court investigation into that country’s war on drugs – tens of thousands of people have been killed by police and vigilantes.<sup>86</sup>

A 2022 statement from the UN’s expert Working Group on Arbitrary Detention described the war on drugs as a failure with “far-reaching negative implications for the widest range of human rights,” including “the right to personal liberty, freedom from forced labour, from ill-treatment and torture, fair trial rights, the rights to health, including palliative treatment and care, right to adequate housing, freedom from discrimination, right to clean and healthy environment, right to culture and freedoms of expression, religion, assembly and association and the right to equal treatment.”<sup>87</sup>

In a major study released by this working group the year before, it found that the war on drugs had resulted in various human rights violations including racial profiling, excessive pretrial detention, disproportionate sentencing, unlawful imprisonment, and the trial of children and adolescents as “adults”, as well as torture and ill-treatment and an “abusive use of the death penalty”.<sup>88</sup>

Beyond police, court, and prison systems, human rights violations have also been reported at compulsory drug detention and rehabilitation centres, while people who use drugs often face stigma and discrimination that can limit their equal rights of access to services. “Everyone without exception has the right to life-saving harm reduction interventions. However, the coverage of harm reduction services remains very low, even though they are essential to protect the people who use drugs and guarantee their right to physical and mental health”, these UN experts also stressed.<sup>89</sup>

85 “Global Prison Trends 2022,” Penal Reform International and the Thailand Institute of Justice (May 2022) <https://cdn.penalreform.org/wp-content/uploads/2022/05/GPT2022.pdf>, p.4

86 “Philippines defiant, says won’t cooperate with ICC investigation,” Reuters (27 January 2023) <https://www.reuters.com/world/asia-pacific/icc-prosecutor-authorized-reopen-philippines-drug-war-investigation-2023-01-26/>

87 “End ‘war on drugs’ and promote policies rooted in human rights: UN experts,” UN Office of the High Commissioner for Human Rights (24 June 2022) <https://www.ohchr.org/en/statements/2022/06/end-war-drugs-and-promote-policies-rooted-human-rights-un-experts>

88 Ibid.

89 Ibid.

## Disproportionate harm to people of colour

Around the world, people of colour have been disproportionately affected by the war on drugs. In the US, racial disparities in drug arrests and incarceration are stark and well-documented – a product of law enforcement’s focus on low-income and urban areas and policing practices that target minorities. In the UK too, a controversial ‘stop and search’ mode of policing which has increasingly focused on drug offences has disproportionately affected Black and Asian people.<sup>90</sup> In London during the COVID-19 pandemic, police stopped and searched young people of colour over 20,000 times, the equivalent of over one-quarter of all Black people aged 15-24 years old living in the city.<sup>91</sup>

In South Africa, meanwhile, drug control and policing have functioned as an “insidious form of de facto apartheid”, according to academics in that country who looked at how resources once used to enforce apartheid, such as paramilitary policing, have been repurposed in the name of drug control.<sup>92</sup> In Brazil, other academics have described a “systematic process of dehumanisation” and “the reiteration of a practice of extermination” in its war on drugs, which has included large-scale militarised operations in urban favelas and the world’s highest rates of killings by police, again disproportionately affecting Black people.<sup>93</sup> Most of the country’s prisoners are also Black, with a majority incarcerated for drug offences.<sup>94</sup>

Such patterns worldwide have been recognised by another UN Working Group of Experts on People of African Descent, which said in a statement: “The war on drugs has operated more effectively as a system of racial control than as a mechanism for combating the use and trafficking of narcotics. ... [It] has disproportionately targeted people of African descent and disregarded the massive costs to the dignity, humanity and freedom of individuals.”

Other research documented how Indigenous communities have been harmed by the war on drugs, including through the militarisation of their communities and consequent human rights abuses, and the termination of farming activities they depend on.<sup>95</sup> In Colombia, a prominent and controversial aspect of its internationally supported counter-narcotics regime is crop eradication.<sup>96</sup> Already marginalised coca farmers who try to defend their livelihoods face anti-

90 M Shiner, Z Carre, R Delsol, N Eastwood. “The colour of injustice: ‘Race’, drugs and law enforcement in England and Wales”. Stop Watch (2018) <https://www.stop-watch.org/what-we-do/research/the-colour-of-injustice-race-drugs-and-law-enforcement-in-england-and-wales/>

91 J Grierson. “Met carried out 22,000 searches on young black men during lockdown,” The Guardian (8 July 2020) <https://www.theguardian.com/law/2020/jul/08/one-in-10-of-londons-young-black-males-stopped-by-police-in-may>

92 S Shelly and S Howell. “Perpetuating apartheid: South African drug policy”. In: K Koram, editor. The War on Drugs and the Global Colour Line. London: Pluto Press (2019). p. 156-176.

93 EP Duarte and FS Freitas. “Racism and drug policy: criminal control and the management of Black bodies by the Brazilian State.” In: K Koram, editor. The War on Drugs and the Global Colour Line. London: Pluto Press (2019). p. 66-102.

94 C Daniels et al. “Decolonizing drug policy,” Harm Reduction Journal 18:120 (2021) <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00564-7>

95 J Burger and M Kapron. “Drug Policy and Indigenous Peoples”. Health Hum Rights, 19:1 (June 2017), p. 269–278. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473056/>

96 Deeply rooted: Coca eradication and violence in Colombia. International Crisis Group report no. 87 (26 February 2021) <https://www.crisisgroup.org/latin-america-caribbean/andes/colombia/87-deeply-rooted-coca-eradication-and-violence-colombia>

narcotics police and soldiers who attack them with gases and firearms.<sup>97</sup>

## Additional obligations

“The do no harm principle, derived from medical ethics, requires humanitarian and development actors to strive to minimise the harm they may do,” explains the International Federation of Red Cross and Red Crescent Societies (IFRC).<sup>98</sup> A paper from the OECD on applying the principle in situations of fragility and conflict, says: “Donors must ensure that they ‘do no harm’ and consider both the intended and unintended consequences of their interventions.” That same paper takes as an example donors’ activities against illicit drugs and says they should “ensure that livelihoods are protected and to create, where possible, new sites of [tax] revenue collection for the state.” In particular, it says donors should consider “international measures to legalise and regulate some commodities (especially drugs)”.<sup>99</sup>

As mentioned above, the OECD’s DAC defines ODA as “government aid that promotes and specifically targets the economic development and welfare of developing countries.”<sup>100</sup> Donors may have additional definitions and guidelines for this spending. The UK’s 2002 International Development Act, for instance, says the provision of development assistance from that country is contingent on the responsible minister being “satisfied that the provision of the assistance is likely to contribute to a reduction of poverty.”<sup>101</sup> Amendments in 2014 specified “the desirability of providing development assistance that is likely to contribute to reducing poverty in a way which is likely to contribute to reducing inequality between persons of different gender.”<sup>102</sup>

Stopping aid spending for “narcotics control” is not enough, particularly when there is no guarantee that it won’t resume later. Countries that have spread and strengthened punitive drug control regimes have responsibility to redress their harms. This was also among the conclusions of UN human rights experts in 2022, who stated that the international community has a “historical responsibility to reverse the devastation brought about by decades of a global ‘war on drugs’”.<sup>103</sup> Others have argued that the US, given its prominent role in this ‘war’, has a particular “moral and political responsibility to proactively promote drug policies that are

97 FG Sanin. “Eradication in the time of Covid: The case of Colombia.” *Int J Drug Policy*, 83:102902 (September 2020) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7427521/>

98 “Applying Better Programming Initiative – Do No Harm, in a changing context,” International Federation of Red Cross and Red Crescent Societies (2016) [https://www.ifrc.org/sites/default/files/2021-08/2016\\_ApplyingBPI-DoNoHarm.pdf](https://www.ifrc.org/sites/default/files/2021-08/2016_ApplyingBPI-DoNoHarm.pdf)

99 “Do No Harm: International Support for Statebuilding,” OECD (2010) <https://www.oecd.org/dac/conflict-fragility-resilience/docs/do%20no%20harm.pdf>

100 “Official Development Assistance (ODA)”, OECD (April 2021) <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/What-is-ODA.pdf>

101 “International Development Act 2002,” UK government website, <https://www.legislation.gov.uk/ukpga/2002/1/2022-07-01>

102 “International Development Act (Gender Equality) 2014,” UK government website, <https://www.legislation.gov.uk/ukpga/2014/9/contents/enacted/data.htm>

103 “End ‘war on drugs’ and promote policies rooted in human rights: UN experts,” UN Office of the High Commissioner for Human Rights (24 June 2022) <https://www.ohchr.org/en/statements/2022/06/end-war-drugs-and-promote-policies-rooted-human-rights-un-experts>

grounded in health and social justice, and above all in human rights.”<sup>104</sup>

A potentially concerning trend is the inclusion of “narcotics control” activities and expenditures in studies on aid for “global public goods” (GPGs) and new measurements of development spending. In 2004, an OECD working paper described “narcotics control” as an important GPG alongside global peace.<sup>105</sup> More recently, “narcotics control” was included in studies on aid to GPGs from Development Initiatives (2016)<sup>106</sup>; described as part of donors’ support for “social justice” by a development institute at the Sciences Po University in Paris (2017)<sup>107</sup>; and cited as a category to include in new development statistics, in a paper from the Total Official Support for Sustainable Development (TOSSD) Task Force (2020).<sup>108</sup> Rather than further integrating “narcotics control” spending into the international development infrastructure, donors and others should be looking critically at these funding flows, and at under-funded, public health- and rights-based alternatives.

104 A Fordham. “How the United States fueled a global drug war, and why it must end” Open Society Foundations website (29 June 2021) <https://www.opensocietyfoundations.org/voices/how-the-united-states-fueled-a-global-drug-war-and-why-it-must-end>

105 H Reisen et al. “Financing Global and Regional Public Goods Through ODA: Analysis and Evidence From The OECD Creditor Reporting System,” OECD Development Centre working paper no. 232 (January 2004) <https://www.oecd.org/development/pgd/24482500.pdf>

106 “Measuring aid to global public goods (GPGs)”, Development Initiatives discussion paper (July 2016) <https://devinit.org/wp-content/uploads/2016/07/Measuring-aid-to-global-public-goods-GPGs-Discussion-paper-July-2016.pdf>

107 T Voituriez et al. “What rationales for international development aid? Main donors’ objectives and implications for France,” IDDRI working paper (17 April 2017) [https://www.iddri.org/sites/default/files/import/publications/wp0117\\_apd-narratives\\_en.pdf](https://www.iddri.org/sites/default/files/import/publications/wp0117_apd-narratives_en.pdf)

108 “Complementing the TOSSD classifications” TOSSD Task Force issue paper (2020) <https://www.tossid.org/docs/Item%204.%20TOSSD%20classifications%20FINAL.pdf>



# 4. UNDERFUNDED ALTERNATIVES

Evidence from around the world has shown the significant health and welfare impacts of harm reduction initiatives. These initiatives, which seek to mitigate negative health, social, and economic consequences of using drugs (without necessarily ending drug use), include opioid agonist therapy; needle and syringe programmes; condoms and pre-exposure prophylaxis (PrEP); drug consumption rooms (also known as overdose prevention centres); and programmes to prevent and manage overdoses, ensure the non-discriminatory provision of services, and keep people who use or engage with drugs out of prison. Despite their benefits, they remain woefully under-funded worldwide.<sup>109</sup>

## Harm reduction results

Evidence shows that implementing such harm reduction interventions can help reduce rates of HIV as well as hepatitis C, tuberculosis, and drug-related deaths.<sup>110</sup> Relatively small amounts of money can go a long way – and harm reduction interventions are cost-effective and cost-saving in the long term. UNAIDS estimated that the annual cost of a needle and syringe programme (NSP) is USD 23-71 per person. Compared to the cost of treating blood-borne infections – or providing antiretroviral treatment for HIV, estimated to cost between USD 1,000-2,000 per person per year<sup>111</sup> – they’re among the most cost-effective public health interventions ever developed.<sup>112</sup>

There are various projects demonstrating such benefits in major cities in the US and Europe. In New York City, Overdose Prevention Centres have enabled people to use drugs in safe and hygienic settings with trained staff who can test drugs, provide sterile supplies, and inform people about how to protect themselves from infections, including hepatitis and HIV. In the

109 L Serebryakova et al. Failure to Fund, Harm Reduction International report (2021) <https://hri.global/wp-content/uploads/2022/10/HRI-FAILURE-TO-FUND-REPORT-LOWRES.pdf>

110 J Chang et al. “Peer driven or driven peers? A rapid review of peer involvement of people who use drugs in HIV and harm reduction services in low- and middle-income countries.” Harm Reduction Journal, 18:1 (2021), p. 15. <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00461-z>

111 D Wilson et al. “The cost-effectiveness of harm reduction,” International Journal of Drug Policy, 26, (February 2015), p.S5–11. <https://pubmed.ncbi.nlm.nih.gov/25727260/>

112 “Making the investment case: Cost-effectiveness evidence for harm reduction.” Harm Reduction International advocacy briefing (2020) <https://hri.global/wp-content/uploads/2020/04/HRI-BRIEFING-APRIL-2020-NOV21-LOWRES.pdf>

first three weeks after they opened in December 2021, two of these sites prevented at least 63 overdoses.<sup>113</sup>

In Europe, Portugal has often been cited as a case of “best practice” on harm reduction, including by a 2016 report commissioned by the European Parliament’s Policy Department for Citizens’ Rights and Constitutional Affairs. It describes how the “health and welfare of citizens are at the centre” and “decriminalisation of drug use related offences contributed to reducing drug users’ stigmatisation” and increasing demand for harm reduction services.<sup>114</sup> The above-mentioned World Bank report also pointed to the example of Portugal. Since 2001, the country “had a model based on prevention, health care, and rehabilitation, critics strongly believed that drug consumption would explode. This was not the case. Instead, Portugal had a reduction in use, especially among young people aged 15 to 19 years.”<sup>115</sup>

## Harm reduction needs

In stark contrast to the potential benefits and cost-savings of harm reduction initiatives, is their continued under-funding. The total number of international donors investing in harm reduction remains small, and the total amount of money they’re investing appears to be shrinking. In 2022, at least ninety-two countries were implementing at least one NSP, and 87 had at least one opioid agonist treatment programme, but such services remain limited in many places globally.<sup>116</sup>

Overall, only USD 131 million of harm reduction funding was identified for 2019 – one-third lower than the total amount of such funding that was identified for 2016. Considering these funding levels in the context of UNAIDS’ resource needs estimates, harm reduction programmes in low- and middle-income (LMI) countries are funded at just 5% of the USD 2.7 billion required annually by 2025. Current funding also varies considerably between and within regions, and is not fully aligned to different needs for services. For example, while Eastern Europe and Central Asia is home to 38% of people who inject drugs in LMI countries, it accounts for only 27% of funding for harm reduction, from both domestic and donor sources.<sup>117</sup>

113 “Evidence submitted by Health Poverty Action to the Home Affairs Select Committee Inquiry on UK Drug Policy,” (March 2022) <https://committees.parliament.uk/writtenevidence/107742/pdf/>

114 M Gutheil et al. “A review and assessment of EU drug policy” European Parliament Directorate-General for Internal Policies, study for the LIBE committee (2016) [https://www.europarl.europa.eu/RegData/etudes/STUD/2016/571400/IPOL\\_STU\(2016\)571400\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2016/571400/IPOL_STU(2016)571400_EN.pdf)

115 FH Cardoso. “Foreword”, in Philip Keefer and Norman Loayza, editors, *Innocent Bystanders: Developing Countries and the War on Drugs*, The World Bank (2010) <https://documents1.worldbank.org/curated/en/144831468154466729/pdf/536410PUB0Inno101Official0Use0Only1.pdf>

116 Global State of Harm Reduction 2022. Harm Reduction International report (2022) [https://hri.global/wp-content/uploads/2022/11/HRI\\_GSHR-2022\\_Full-Report\\_Final-1.pdf](https://hri.global/wp-content/uploads/2022/11/HRI_GSHR-2022_Full-Report_Final-1.pdf)

117 L Serebryakova et al. Failure to Fund, Harm Reduction International report (2021) <https://hri.global/wp-content/uploads/2022/10/HRI-FAILURE-TO-FUND-REPORT-LOWRES.pdf>



# 5. CONCLUSION

Despite overwhelming evidence in favour of following a health- and human rights-based approach to drug policy, and clear international standards, vast amounts of international funding – including from aid budgets that are supposed to help poor and marginalised communities around the world – have gone to punitive and damaging anti-drug regimes instead.

It is possible for drug policies and laws to contribute to healthier, safer societies. This requires changes in how resources are currently allocated. Drug policy and associated international funding flows must be decolonised. The harms caused by countries spreading punitive drug policies must be redressed; communities destroyed must be rebuilt.

Governments and donors must divest from unjust punitive drug responses and invest in community, health, and justice. They must invest in harm reduction.

**Governments and donors must divest from unjust punitive drug responses and invest in community, health, and justice. They must invest in harm reduction.**

# ANNEXES: DATA TABLES

All figures in US dollars. Based on data extracted from the OECD's Creditor Reporting System (covering disbursements from all official donors, in 2020 USD constant prices).

**Table 1: Top 20 donors of ODA for “narcotics control” (2012-2021)**

Donor	10 year total (2012-2021)	5 year total (2017-2021)
All donors	974,564,000	594,687,000
United States	550,034,000	392,884,000
EU Institutions	281,582,000	140,115,000
Japan	78,340,000	39,040,000
United Kingdom	22,376,000	4,258,000
Germany	12,202,000	4,977,000
Finland	9,087,000	5,818,000
Korea	7,546,000	4,218,000
Denmark	3,217,000	0
France	2,061,000	235,000
Spain	1,392,000	375,000
Norway	996,000	0
Italy	829,000	829,000
Australia	762,000	94,000
Canada	745,000	0
Portugal	737,000	361,000
Luxembourg	731,000	471,000
Kazakhstan	650,000	480,000
Switzerland	414,000	414,000
Netherlands	292,000	0
Czech Republic	142,000	69,000

**Table 2: Top 20 recipients of ODA for “narcotics control” (2012-2021)**

Recipient country*	Total (2012-2021)
<b>All recipients</b>	<b>974,564,000</b>
Developing countries, unspecified	250,443,000
Colombia	111,666,000
Afghanistan	98,448,000
Bolivia	87,684,000
Peru	76,787,000
Nigeria	44,134,000
Pakistan	25,914,000
Mexico	21,703,000
Iraq	20,025,000
Philippines	18,908,000
Guatemala	10,620,000
Panama	10,362,000
Nicaragua	10,042,000
Myanmar	6,048,000
Uzbekistan	5,413,000
Costa Rica	4,857,000
Ghana	4,777,000
Honduras	4,760,000
Ecuador	4,542,000
El Salvador	4,515,000

\* Excluding spending categorised under regional programmes

**Table 3: ODA for “narcotics control” vs other selected sectors (2012-2021)**

Sector	Total (2012-2021)
Social mitigation of HIV/AIDS	1,109,099,000
School feeding*	984,309,000
<b>Narcotics control</b>	<b>974,564,000</b>
Labour rights*	601,738,000
Environmental education/training	598,083,000
Non-communicable diseases (NCDs), Total*	556,562,000
Household food security programmes*	418,492,000
Pharmaceutical production	278,526,000
Responsible business conduct*	162,575,000
Child soldiers (prevention and demobilisation)	156,339,000
Food safety and quality*	105,868,000
Promotion of mental health and well-being*	97,125,000
Control of harmful use of alcohol and drugs*	24,867,000

*\* Spending under these categories begins in 2018*



