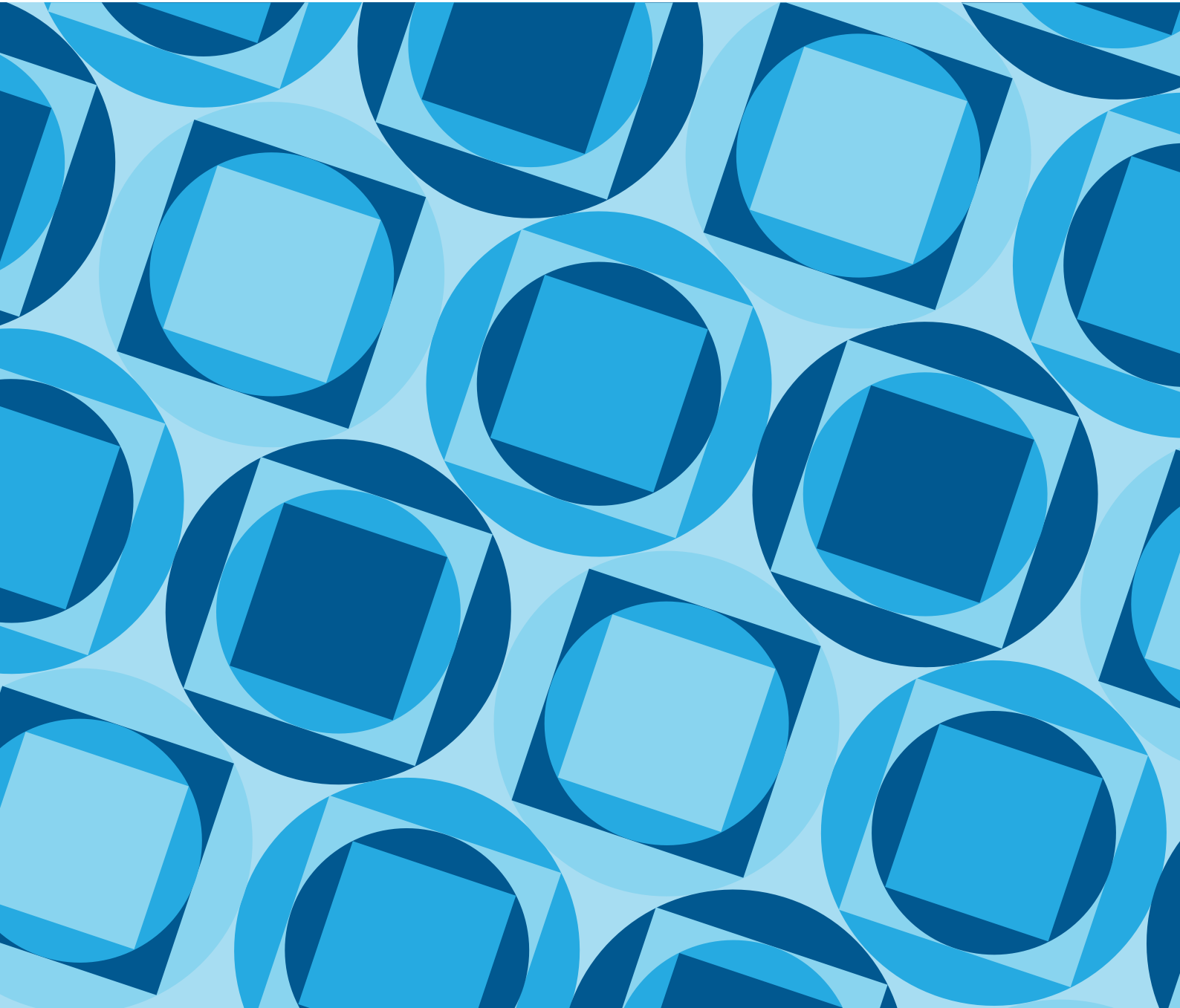
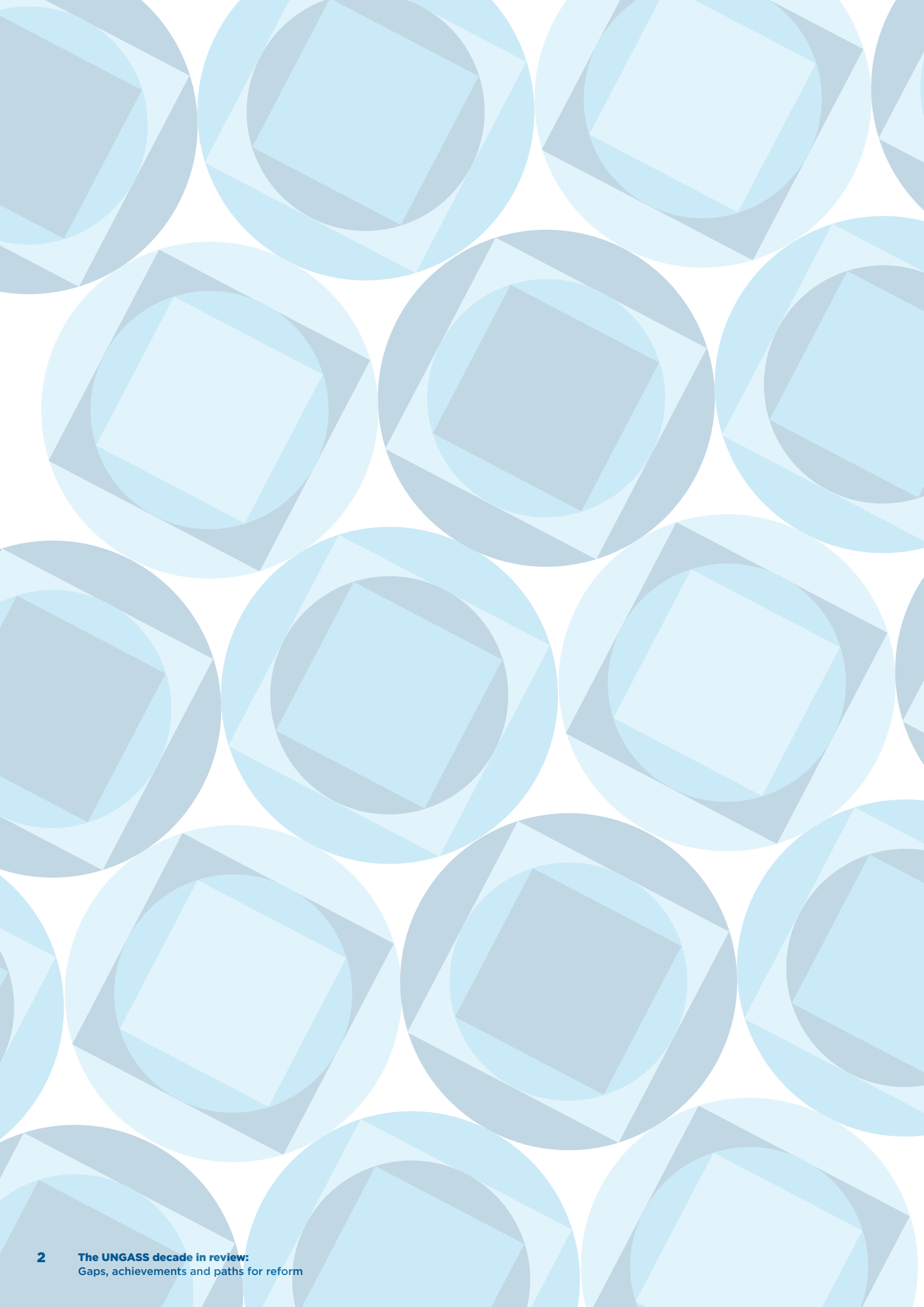


THE UNGASS DECADE IN REVIEW: GAPS, ACHIEVEMENTS AND PATHS FOR REFORM

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Executive summary

The 2016 UN General Assembly Special Session (UNGASS) on drugs was a watershed moment in drug policy. It brought about a rare opportunity to reconsider the global paradigm on drugs and to chart a new direction. The process was notable for the unprecedented involvement of civil society, communities, UN entities, and human rights experts. The Special Session placed public health, human rights, and communities closer to the centre of drug policy making. It also paved the way for a better alignment of the UN drug control regime with the rest of the UN system, and created valuable momentum for new debates and advocacy at national level. However, the UNGASS fell short of introducing genuine reform of the norms and institutions of the international drug control system.

This report examines the progress that has been made as a result of the 2016 UNGASS, to determine the role of the global drug control regime in shaping such change. To do so, it draws on UN data and reporting, research by academia, civil society and community organisations, and a civil society survey amongst IDPC members and partners.

The report concludes with four forward-looking conclusions:

- **Civil society and community organisations play a critical role in drug policy, but continue to be sidelined, underfunded, and face increasing threats and attacks.**
- **The UN drug control treaties need urgent modernisation to adapt to new realities and remain fit for purpose.**
- **A rights, health and development-oriented UN drug control system requires a thorough reconfiguration of the drug control architecture with strong and systematic inter-agency cooperation.**
- **There is a clear need for regular discussions on drug policy at the UN, but the CND's agenda and working method must change.**

1. Evolving realities, trends and emerging and persistent challenges

The UNGASS Outcome Document chapter on 'Evolving realities, trends and emerging and persistent challenges and threats' mainly focused on the emergence of new psychoactive substances (NPS) and other synthetic drugs, and the increasing use of the Internet. Ten years on, no progress has been made in addressing these challenges, while new ones have emerged.

In the past ten years, illegal drug markets have become more complex and dangerous, with a growing availability of synthetic stimulants and opioids such as fentanyl and nitazenes. The increasing volatility of an unregulated, unpredictable and toxic drug supply has led to an explosion in the number of overdose deaths in North America. Punitive drug control measures have often fuelled these shifts, pushing markets toward new and riskier substances. Drug control efforts have been similarly unable to tackle digital markets. Drug sales now thrive through social media, dark web platforms and delivery apps. At the same time, there are growing human rights concerns regarding the use of surveillance technologies in drug policy.

These challenges have taken place amidst geopolitical upheaval. Decision making by consensus – which had been the norm in international drug policy debates for decades – broke at the CND in 2024. With this shift came significant change: the first-ever CND resolution explicitly supporting harm reduction in 2024, and the creation of an independent panel of experts in 2025 to review the UN drug control system.

2. Improving coherence in a UN system in crisis

The 2016 UNGASS was a turning point in bringing together a broad range of UN entities to discuss the health, rights and development dimensions of drug policy. Notable progress has ensued in the decade

since. In 2018, the UN System Common Position on drugs was adopted, mandating all UN agencies to support evidence-based, human rights-centred, and development-oriented approaches, including harm reduction, decriminalisation, and meaningful civil society participation. A UN Task Team was established to implement the Common Position, but its impact has been limited, largely due to the half-hearted coordination role of the United Nations Office on Drugs and Crime (UNODC).

The UNODC's track record on harm reduction and decriminalisation has remained poor, as has its willingness to fully integrate a human rights-based approach into its work. The International Narcotics Control Board (INCB) has adopted clearer positions on the conventions' flexibility in allowing decriminalisation, medical cannabis and various harm reduction interventions, but has been reluctant to engage constructively on legal regulation or the rights of Indigenous Peoples.

The most significant progress of the past 10 years has come from the UN human rights system. The Human Rights Council (HRC) has adopted progressively stronger resolutions on drug policy, embedding the topic as a central part of its mandate, and of the work of the Office of the UN High Commissioner for Human Rights (OHCHR). In parallel, human rights treaty bodies have provided dozens of recommendations related to drug policy in country reviews, while special procedure mandates have consistently called for an end to punitive drug policies. However, the national implementation of these standards has been limited, and Vienna-based entities remain reluctant to recognise these developments.

3. Health responses to drug use

The 2016 UNGASS was an opportunity to recognise public health as a key component of global drug policy. Since then, the expansion of harm reduction and evidence-based treatment for people who use drugs has been limited. Criminalisation, stigma, chronic underfunding, lack of political will and low prioritisation in health responses persist, with little improvement in health outcomes.

An estimated 316 million people aged 15-64 used drugs in 2023 – representing a 28% increase compared to data reported in 2016. People who inject drugs continue to be more vulnerable to HIV, hepatitis B and C. Between 2016 and 2021, over 2,678,000 deaths were attributed to drug use.

In the USA alone, a staggering 772,700 people died from overdose between 2016 and 2024, largely driven by synthetic opioids.

The availability of harm reduction interventions has improved since 2016, along with stronger support for harm reduction across UN agencies and human rights bodies. However, coverage remains far below the scale necessary to significantly impact health outcomes. Harm reduction for drug use other than through injection of opioids also remains limited. The UNODC estimates that only one in 12 people dependent on drugs receive some form of drug dependence treatment.

Women, LGBTQI+ people, young people, Indigenous Peoples and ethnic minorities remain particularly underserved. Funding for harm reduction – historically very low – is now facing a major crisis as international donors, notably the USA, have withdrawn their financial support.

4. Access to controlled medicines

An entire chapter of the UNGASS Outcome Document was dedicated to improving adequate access to controlled medicines. A decade later, the problem remains unresolved. More than 150 countries – home to 80% of the world's population – report underconsumption of essential opioid-based medicines. Only 14% of the global supply of medical morphine reaches low- and middle-income countries. The chronic under-provision of opioid agonist therapy (OAT) is also a major cause of concern.

The international drug control regime has contributed to overly restrictive national regulations, with an over-emphasis on the fear of diversion, strict bureaucratic and logistical regulations, and a focus on protecting the interests of the pharmaceutical industry located in the Global North. This has resulted in high prices, substance bans, lack of trained professionals, cultural bias, and very limited coverage, particularly outside urban areas. Increased attention to this problem by the CND and the INCB has not resulted in significant change.

On a more positive note, 45 countries have adopted laws and policies to improve access to medicinal cannabis since 2016, bringing the global total to 63. In 2020, the CND also voted to reschedule cannabis, acknowledging its therapeutic use. However, national frameworks are often criticised for excessive regulation, heavy administrative requirements

and high costs, which continue to push many patients toward the illegal market.

In recent years there has been a marked expansion of the use of psychedelics for the treatment of depression, PTSD, other mental health issues and drug dependence. Nonetheless, these remain mostly limited to clinical trials or small-scale initiatives in high-income countries.

5. Human rights

The commitment to address the world drug situation ‘with full respect’ for human rights is a mainstay of international drug policy documents, including the UNGASS Outcome Document. However, despite the proliferation of normative guidance by the UN human rights system, progress on the human rights dimension of drug policy on the ground has been scarce. Of the 59 responses to the IDPC civil society survey, only five reported an improvement in the national human rights situation related to drugs.

In the past decade, several countries launched national anti-drug campaigns that led to the killing of hundreds of persons suspected of using or being involved with drugs. A small group of Member States continue to impose the death penalty for drug offences, which represent 40% of all known executions worldwide. Draconian drug laws continue to drive high incarceration rates. Drug control is still linked to reports of torture, ill-treatment, and exclusion from social, economic, and cultural rights. New technologies have expanded the State’s capacity for surveillance by digital and physical means. The disproportionate impact of drug laws on marginalised and oppressed populations on the basis of race, class, gender and sexual orientation, as well as on children and youth, is now well documented.

On a more positive note, initiatives to decriminalise and legally regulate cannabis can result in dramatic declines in arrests for drug possession. These reforms demonstrate that drug policy can be used to protect human dignity and health. These innovations have taken place despite the global drug control regime, rather than because of it.

6. Human security

The protection of human security through the prevention of drug-related crime and violence is one of the core objectives of the UNGASS Outcome Document. The last ten years have seen a trend

towards the securitisation of narratives, policies and budgets in drug policy, which have often led to the deprioritisation of health approaches. Extremely harsh security policies against drug trafficking and ‘gangs’ have also gained support despite their severe impact on human rights. States of emergency and militarised interventions have further threatened human security, whilst violating international human rights law.

Despite the political and financial resources allocated to supply reduction, these efforts have failed to shrink illegal drug operations. Booming markets, such as that of cocaine, generate billions in income each year for organised crime. At the same time, profits generated by illegal drug production continue to fund armed conflicts in countries like Colombia, Myanmar or Syria.

Mounting evidence shows that law enforcement strategies aimed at disrupting trafficking organisations have often been counterproductive. Instead of reducing supply, they have fragmented criminal groups, creating more dynamic and violent competition over illegal markets. Regrettably, the negative security consequences of these failed strategies have only been used as further argument for militarisation and securitisation, rather than to encourage an evidence-based reassessment of drug strategies.

7. Legal regulation

The most significant shift in global drug policy since 2016 has been the emergence of legal regulation as a credible approach to drugs. Over 380 million people now live in jurisdictions where recreational cannabis is legal, with markets having been created in Africa, Asia, Europe, and the Americas. The renewed interest in psychedelics may soon drive a new wave of regulatory innovation.

Regulatory frameworks differ across jurisdictions, and their success in promoting health, safety, and human rights depends largely on how they are designed. While legal regulation may increase the prevalence of adult use of cannabis, it can also improve health outcomes through tighter regulations, evidence-based information sharing, and improved access to health and treatment services. Some models of regulation have been effective at replacing the illegal market, thus shrinking the income of organised crime. Legal regulation has also successfully reduced the number of arrests for cannabis possession, and has resulted in the mass erasure of criminal records for

cannabis-related offences, with positive impacts on the lives of thousands. Importantly, several jurisdictions have included equity elements in legal frameworks.

Instead of facilitating constructive space for discussion on the tensions between legal regulation and the UN drug control framework, the INCB has consistently opposed this shift, whilst debates at the CND have been highly politicised, and removed from the evidence. This resistance has slowed or blocked reforms in some regions, but it has not stopped the global spread of legal regulation. At the same time, responsible regulation is now explicitly supported by the OHCHR, the UN development Programme (UNDP) and the UN Special Rapporteur on the right to health.

8. Development

An estimated 800,000 households – concentrated in the world’s most impoverished regions – are involved in the cultivation of crops destined to illegal markets. The UNGASS Outcome Document dedicated a whole section to development, and recognised that socio-economic issues are a main driver for the involvement of these communities in the illegal market. Since 2016, CND resolutions on alternative development have become increasingly ambitious and nuanced.

However, these normative improvements have coincided with the continuation of top-down practices at national level, with alternative development programmes prioritising crop substitution having been largely ineffective at improving livelihoods for rural communities. They have lacked community participation and legitimacy, and have been mired with flaws in design and implementation.

A growing number of countries in Africa, the Caribbean and Latin America have now regulated the production of cannabis for medical and industrial purposes, primarily with the goal of exporting it to the Global North. However, stringent technical standards and high production costs create significant barriers to entry, effectively excluding traditional small-scale growers from the legal market. To seize legal regulation as an opportunity for sustainable development, civil society has proposed alternative models based on the principles of the fair-trade movement and the concept of just transition.

The UNGASS Outcome Document was the first high-level declaration on drugs to mention Indigenous Peoples. Indigenous advocacy has become

increasingly visible at the CND. Advocates have also drawn attention to the impact of drug control on religious and cultural practices central to Indigenous Peoples. However, aside from Bolivia’s important decision to trigger a critical review of the coca leaf, there has been no broader effort by the UN or Member States to examine the conflicts between the global drug control regime and Indigenous rights, or to consider the reforms needed to bring them into alignment.

9. Environment and climate

The global drug control system has paid growing attention to the implications of illegal drug markets for the environment and climate change. While the overall scale of these impacts is difficult to measure – and UNODC figures are disputed – it is clear that in certain contexts, such as the Amazon basin, drug production and trafficking contribute to serious problems such as deforestation, land grabbing and biodiversity loss.

Several Member States have taken the lead in raising this issue in Vienna, funding UNODC research and proposing the first-ever resolution on drugs and the environment in 2025. These initiatives emphasise the links between organised crime and environmental damage, often proposing intensified supply reduction efforts as the main solution.

This approach, however, may be counterproductive. Research indicates that law enforcement actions worsen environmental damage by displacing illegal drug activities into new, remote, and more environmentally fragile areas – as is the case in Central America and the Amazon basin. At the same time, supply reduction operations have a troubling track record of harming ecosystems, for instance through the use of toxic herbicides. There is an urgent need to explore alternative strategies that prioritise communities’ right to a clean, healthy and sustainable environment, and that promote environmentally responsible regulation.

10. Meaningful civil society engagement

In 2016, the UNGASS on drugs created a momentum to broaden the drug policy reform movement by bringing civil society and community organisations from related fields into the discussion. Since then, the movement has become stronger and more coordinated, with growing participation from Indigenous Peoples and organisations focused on

racial justice, environmental protection and digital rights. Campaigns like 'Support Don't Punish' have played a major role in uniting these efforts.

However, this progress has taken place amid a global trend of shrinking civic space. According to IDPC's civil society survey, only 30% of respondents reported improvements in civic space within their countries. 'War on drugs' narratives and policies have often resulted in civil society and community-led organisations being targeted by law enforcement, excluded from policy making, or attacked through smear campaigns – a trend that is particularly clear in Eastern Europe and Central Asia. The rise of authoritarian and far-right politics has

further restricted civil society space. Even where civil society is formally consulted, its ability to meaningfully influence drug policy remains limited.

On a positive note, over the past decade civil society participation in UN drug policy debates has improved, including at the CND. The COVID-19 pandemic opened new doors for accessibility, with hybrid CND meetings and, since 2023, full broadcasts and recordings on UN Web TV. That said, recent funding cuts to both the UN system and civil society threaten participation. Protecting this space is essential to ensure informed, inclusive debate at this critical moment for global drug policy.