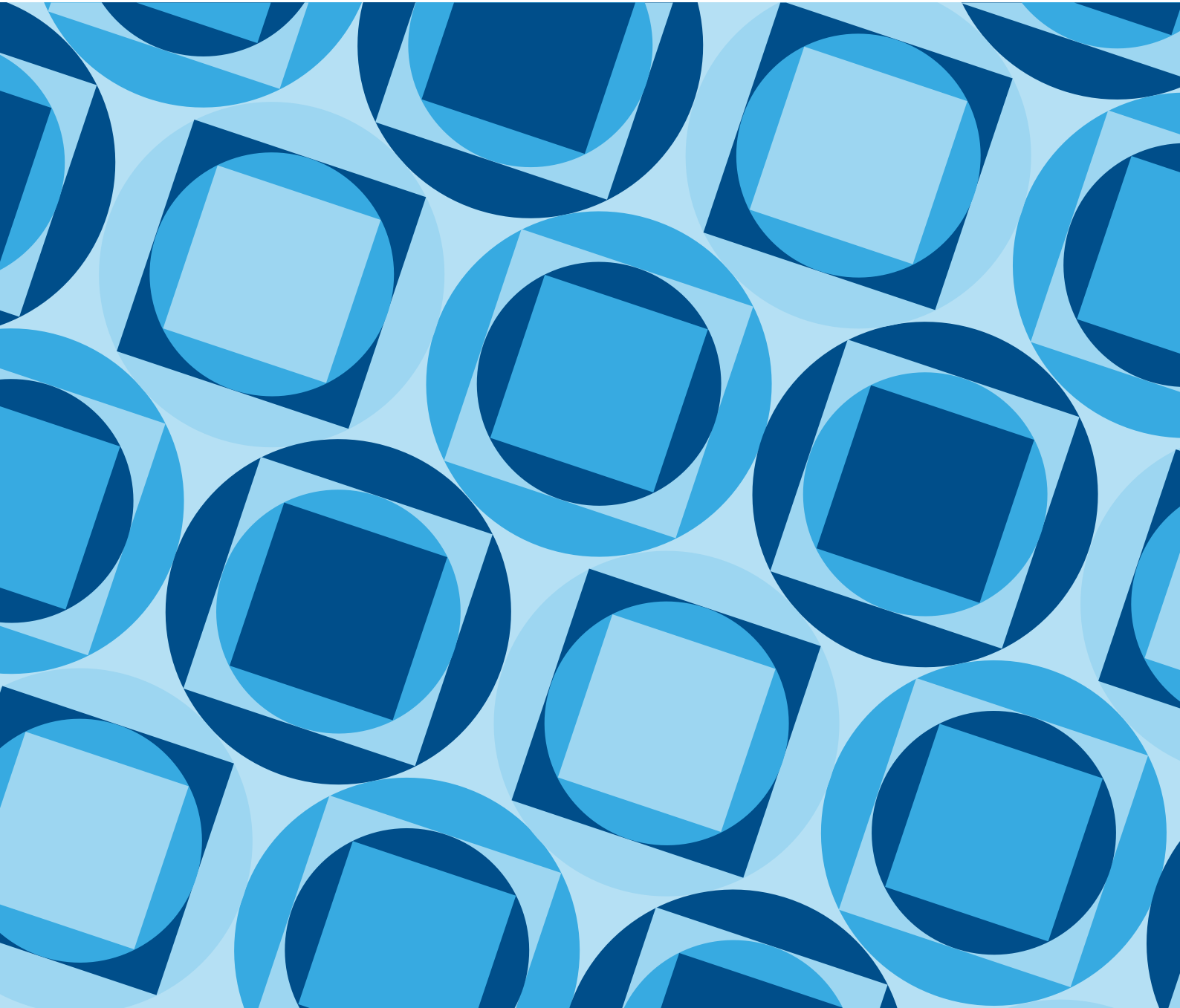
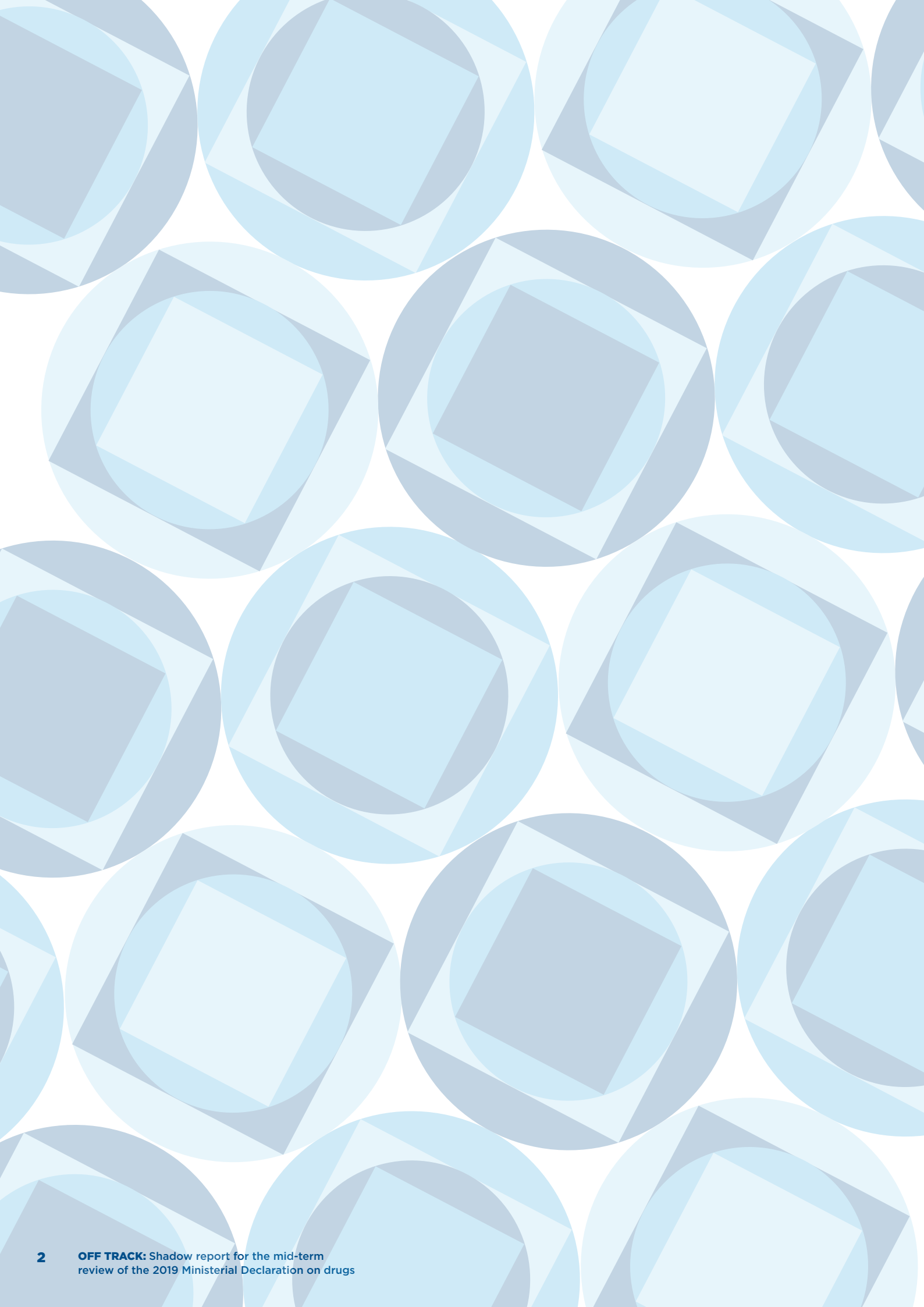


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SHADOW REPORT FOR THE MID-TERM REVIEW OF THE 2019 MINISTERIAL DECLARATION ON DRUGS

DECEMBER 2023





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Foreword

There is a growing recognition that the so-called ‘war on drugs’ has entirely failed to achieve a drug-free world, and to reduce the size and reach of illegal drug markets. Instead, punitive drug policies have directly contributed to countless human rights violations, harmed the health of millions of people, and undermined the security, economy, and social fabric of our communities.

The global punitive paradigm has also unnecessarily restricted the availability of controlled medicines that are essential for pain relief, while preventing access to the most basic health services for people who use drugs. The Global Commission on Drug Policy, which I am proud to be part of, has highlighted the widespread harms of the current repressive and unrealistic approach to drugs. Which has also completely failed to eliminate, or even reduce, the production, flow and consumption of illegal drugs.

Throughout my career as a lawyer, judge, minister, and human rights expert, I have seen first-hand how in Latin American countries and around the world highly punitive drug control efforts have been a key driver of violence and mass incarceration, especially for women, racial and ethnic minorities, and people living in poverty. I have also witnessed how the so called “war on drugs” has undermined traditional, cultural and ancestral rights of Indigenous Peoples, especially in coca cultivation areas in countries like Bolivia, Colombia and Peru.

For decades, civil society and the communities most affected by punitive drug policies have played a unique and essential role in highlighting these harms, holding governments accountable for their failed drug policies, and calling for meaningful reforms.

This is why I warmly welcome this Shadow Report by the International Drug Policy Consortium. Drawing on a broad range of evidence. It provides us with a compelling - and deeply troubling - systematic review of the lack of progress made in addressing the key challenges and commitments identified by the international community in the 2019 Ministerial Declaration on drugs, while highlighting the gaps and blind spots in that document.



Diego García Sayán

Credit: Global Commission on Drug Policy

Critically, this Report also provides recommendations for transformative change in the international community’s approach to drugs. It is encouraging to see that such calls are now growing amongst Member States and within the UN itself, including most recently by the UN High Commissioner for Human Rights, and by a broad range of UN human rights mechanisms.

But we are still a long way from achieving a profound change. The first challenge is to ensure that the mid-term review of the 2019 Ministerial Declaration, which will take place at the UN Commission on Narcotic Drugs in March 2024, allows for an honest discussion on the failures of the international approach to drugs, and integrates the recent positive developments that are happening across the world and within the UN system itself.

I am convinced that this report will be a driving force to this end. I urge Member States and UN bodies to read it with care as they approach the mid-term review, to ensure that evidence on the impacts and failures of drug policy take a central role in their stock-taking process.

The mid-term review - alongside other discussions taking place in Vienna, Geneva and elsewhere - should lay the ground for a process of deep reform that will shed the global punitive paradigm, and protect the health, welfare, and human rights of people everywhere, in line with the Sustainable Development Goals. This Shadow Report provides concrete steps on how this can be made possible.



Diego García-Sayán

Member of the Global Commission on Drug Policy
Former Minister of Justice and Former Minister of Foreign Affairs of Peru

Abbreviations

ARQ	Annual Report Questionnaire
CESCR	UN Committee on Economic, Social and Cultural Rights
CND	Commission on Narcotic Drugs
ECDD	Expert Committee on Drug Dependence
ECOSOC	Economic and Social Council
EMCDDA	European Monitoring Centre on Drugs and Drug Addiction
FATF	Financial Action Task Force
IDPC	International Drug Policy Consortium
IFF	Illicit Financial Flow
INCB	International Narcotics Control Board
LGBTQI+	Lesbian, gay, bisexual, transgender, queer and intersex
NGO	Non-Governmental Organisation
NPS	New psychoactive substances
NSP	Needle and Syringe Programme
NYNGOC	New York NGO Committee on Drugs
OAT	Opioid Agonist Therapy
OHCHR	Office of the United Nations High Commissioner for Human Rights
SDG	Sustainable Development Goal
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
VNGOC	Vienna NGO Committee on Drugs
WHO	World Health Organization

Executive summary

The implementation of the 2019 Ministerial Declaration is off track

The 2019 Ministerial Declaration on drugs laid down the main objectives of the international community in addressing the world drug situation for a 10-year period. Drawing on a broad range of data and evidence, as well as on the experience of civil society and communities, this report shows that by 2023 there has been little, incomplete or no progress in achieving these goals.

There is scant evidence that policies aimed at the prohibition and eradication of drugs have been effective in reducing illegal drug markets, or in tackling their connection with human insecurity, violence, and organised crime. At the same time, there is widespread proof that the punitive paradigm promoted by the global drug control regime has undermined some of the key aims of the 2019 Ministerial Declaration itself and of the broader UN system, including the promotion of health, human rights, and sustainable development.

Review of the challenges identified in the 2019 Ministerial Declaration

Challenge: Tackling an ever-expanding and diversifying drug market. Status: **Off track**

Despite billions spent every year to curb illegal drug demand and supply, all available sources indicate that, in the 2019-2023 period, there has been an increase in scale in the illegal cultivation, production and trafficking of drugs. At the same time, the number of people who use drugs aged 15-64 is estimated to have increased from approximately 271 million to 296 million, with one in 17 people aged 15-64 using drugs in the past year. Synthetic drugs, precursors, and new psychoactive substances have proliferated, in part as an unintended consequence of the expansion of law enforcement efforts which have pushed producers into novel and more compact substances that pose a new, more diverse, and often unknown range of health risks for people who use drugs.

Challenge: Addressing organised crime, violence, and insecurity. Status: **Off track**

The international community has made little progress in developing evidence-based policies to effectively address the connection between illegal drug markets, organised crime, and human insecurity. In a number of countries, illegal drug economies continue to fuel acute violence and conflict, particularly in producing and transit countries in the Global South. The example of Mexico – where the homicide rate was 62.6% higher in 2022 than in 2015 – illustrates how militarised responses fuel, rather than curb, this trend. The perceived levels of violence associated with illegal drug markets have also risen across the world, including in consumer countries. Illicit financial flows have a critical role in connecting drug trafficking, organised crime and corruption, but there is a dearth of updated and comprehensive data on the scale of the phenomenon. There is also no sign that it has been effectively tackled, including due to the lack of cooperation by jurisdictions that host major financial institutions and tax havens.

Challenge: Addressing the links between digital technologies and illegal drug markets. Status: **Off track**

Just as in the legal economy, in the last four years digital technologies have become increasingly important in illegal drug markets. This has happened throughout different segments of the supply chain and through many different technologies, including social media, messaging platforms and the dark web. The UNODC has highlighted that tools to measure the role of digital technologies in illegal drug markets are ‘complex’ and ‘challenging’, and reliable data is lacking. Market volatility, exit scams and successful law enforcement might have slowed the growth of darknet markets in 2021 and 2022, but drug transactions appear to have moved to, and expanded in, other digital avenues which are opaquer, and where harm reduction and educational messaging is harder to disseminate.

Challenge: Protecting the health of people who use drugs. Status: **Off track**

There has been no global data on drug-related deaths since 2019, when 494,000 deaths were reported

worldwide. However, available regional and national indicators point to an alarming evolution, in particular in relation to the increased use in synthetic opioids, mostly in North America, in spite of huge investment in interdiction and drug control. In the USA, overdose deaths have increased from 70,630 in 2019 to an estimated 109,940 in the year ending in February 2023. People who use drugs continue to face heightened risks of contracting blood-borne diseases compared to the general population. 12% of people who inject drugs are living with HIV, and 6.6 million people who use drugs live with Hepatitis C – an 18% increase from 2019. While the number of countries with some form of harm reduction intervention has increased slightly, coverage and availability remain very limited, particularly for oppressed and marginalised people. It is estimated that only one in five people who are drug dependent receive treatment, with large disparities across regions and within countries. Quality also remains a major issue, with widespread reports of ‘treatment’ not being based on evidence, and relying instead on practices that are tantamount to torture or ill-treatment.

Challenge: Ensuring improved access to controlled medicines for pain relief and palliative care. Status: Off track

Shocking disparity in access to controlled medicines worldwide continues. Over 82% of the global population has access to less than 17% of the world’s morphine-based medicines, and there is a 40-fold difference in the availability of opioids for pain management and palliative care between high-income and low- and middle-income countries, in part due to the strict controls introduced by the UN drug conventions. On a more positive note, since 2019 at least 18 countries have adopted laws or policies facilitating access to cannabis-based medicines, while in 2020 cannabis was removed from Schedule IV of the 1961 Single convention on drugs, thus recognising its therapeutic value. In addition, there are over 450 clinical medical trials worldwide on the use of psychedelics to treat mental illnesses.

Challenge: Reforming drug policies that violate human rights. Status: Off track

The last four years have witnessed an unprecedented acceleration in the recognition of the human

rights impacts of drug control, with a growing body of commitments, findings and recommendations emerging from UN human rights bodies. However, the alignment of national drug policies with these recommendations has been unequal and insufficient. The documented number of people executed for drug offences rose from 91 in 2019 to 285 in 2022. Militarisation and ‘war on drugs’ campaigns drive serious and systematic human rights abuses – including hundreds of extrajudicial killings every year. The stigmatisation of people who use drugs remains a central element of government policies across the world, with downstream impacts on the enjoyment of all human rights, including a whole range of economic, social, and cultural rights. Many governments continue to criminalise traditional and Indigenous uses of drugs. People marginalised on the basis of their race, gender, class or age are disproportionately impacted by these violations across all contexts, in all countries. Whilst UN human rights bodies have grown more vocal these abuses, the UNODC still refuses to condemn the most flagrant human rights violations connected to drug control.

Challenge: Reducing the overuse of prison and punishment. Status: Off track

The total number of people deprived of liberty worldwide has continued to grow over the past four years, from an estimated 10.74 million in 2018 to 11.5 million in 2023. Over one in five people currently in prison are incarcerated for a drug offence, with no clear improvement since 2019. Furthermore, between 440,000 and 500,000 people are estimated to be subjected to compulsory drug detention, and thousands more are detained against their will in private ‘rehabilitation’ centres. In addition, the vast majority of countries continue to impose criminal and other sanctions on people who use drugs. Nonetheless, since 2019 six countries and 9 federal jurisdictions have adopted some form of decriminalisation of drug use and possession for personal use, bringing the total number of decriminalised jurisdictions to 66, in 40 countries. Countries such as Canada, Colombia, Costa Rica and Kenya have reformed their drug laws to introduce some elements of proportionality and alternatives to incarceration, and many other proposals are being debated in parliaments.

Challenge. The legal regulation of substances under international control. Status: Off track

Today, Canada, Jamaica, Luxemburg, Malta, Thailand, Uruguay, as well as 23 US States, three US territories and Washington D.C. have adopted regulations concerning the cultivation, possession, use and sale of cannabis for non-medical use – in addition to Bolivia which established regulated markets for coca in 2011. Two other countries – Mexico and South Africa – are yet to implement court mandates to create regulated frameworks. The number of people living in jurisdictions with some form of legal regulation has increased from approximately 123 million to 294 million between 2019 and 2023. This figure is poised to grow, as governments and political parties continue to introduce new proposals. Pilots for the legal regulation of other substances, particularly psychedelics and cocaine, are also starting to emerge. In September 2023, the OHCHR became the first UN agency to break the taboo on legal regulation by encouraging Member States to consider it as part of a human rights-based approach to drugs. However, legal regulation has become one of the centres of division at the CND, with the INCB and several Member States taking a vociferous – and often politically motivated – position against it.

Challenge: Addressing the development dimension of illegal drug markets and drug policy. Status: Off track

Traditionally, development considerations in drug policy have been restricted to the narrow concept of ‘alternative development’, with the end goal being eradication rather than a commitment to ensuring sustainable development. This is a major concern because illegal crop cultivation remains concentrated in some of the most impoverished, remote, and conflict-torn areas in the world. The yearly CND resolution on alternative development has tried to push beyond this eradication-focused approach, but progress on the ground remains very limited, and the principle of ‘adequate sequencing’ – namely, that alternative livelihoods should be secured before eradicating crops – is rarely followed. The situation is particularly concerning for women involved in illegal crop cultivation. In a positive development, an increasing number of countries and donors are trying to leverage the legal cultivation of

internationally controlled plants to secure livelihoods for rural communities, including through the cultivation of cannabis for medical and industrial purposes.

Challenge: Ensuring meaningful civil society participation. Status: Some progress made

Civil society, including affected communities such as people who use drugs, play a key role in the design, implementation, monitoring and evaluation of drug policies and programmes. At UN level, recent years have witnessed significant progress in ensuring civil society participation in drug debates; the 2023 decision to start screening the proceedings of the CND in UNWebTV constitutes a positive example. However, the role of civil society remains a point of contention in CND resolutions, including in the negotiations for the mid-term review of the 2019 Ministerial Declaration. At national level the picture is concerning, with the space for civil society shrinking due to authoritarian regimes, highly punitive drug policies, foreign agent laws, funding restrictions and more, resulting in civil society harassment and high levels of stigma against people working on drug policy reform.

Challenge: Improving data collection and analysis. Status: Off track

The lack of reliable, recent and comparable data remains a major obstacle to assessing the evolution and impacts of global drug policy. Traditionally, drug control bodies have measured progress in terms of market flows and scale, thus rendering invisible the health, human rights, and development dimensions of the world drug situation. The Annual Report Questionnaire, which is used to prepare the World Drug Report, was reviewed in 2020 with some improvements in terms of data disaggregation, but the final version failed to reconsider the overall objectives of drug control. Stepping into this void, civil society organisations have ramped up their efforts to collate and systematise data on key aspects of drug policy such as gender and incarceration, the availability of harm reduction services, or the alignment of national drug policies with UN human rights guidance.

Blind spots of the 2019 Ministerial Declaration

In this report, IDPC has identified seven ‘blind spots’, or topics that were not reflected in the ‘challenges’

identified in the 2019 Ministerial Declaration. While some of these topics are new, others were simply omitted in 2019. The urgency of these blind spots – and the need to better align drug policies with the 2030 Agenda for Sustainable Development and human rights – requires that the international community recognises them as priority drug policy areas for the years to come:

- Blind spot 1: Recognising the potential of legal regulation as a tool to break the linkage between drug markets and organised crime
- Blind spot 2: Acknowledging the growing role of surveillance technologies in drug responses, and the need for international standards based on evidence and human rights
- Blind Spot 3: Breaking the taboo on harm reduction amidst a global public health crisis
- Blind spot 4: Placing racial justice and the principles of equality and non-discrimination at the centre of drug policy-making
- Blind spot 5: Decolonising the drug control regime by addressing the tensions between the drug conventions and Indigenous Peoples' rights
- Blind spot 6: Remedying the lack of UN guidance and recommendations on the legal regulation of drugs in line with health, human rights, and development
- Blind spot 7: Recognising the environmental damage associated with drug policy.

Recommendations for the 2024 mid-term review

The Shadow Report concludes with a range of recommendations that seek to leverage the mid-term review of the 2019 Ministerial Declaration on drugs as an opportunity for transformative change for the UN drug control regime:

- The debates and outcome document of the 2024 mid-term review should integrate the normative developments that have taken place at the CND, the UN General Assembly and the Human Rights Council since 2019, including explicit support for harm reduction, the rescheduling of cannabis, new language on racial discrimination in drug control, and the principle of adequate sequencing in alternative development.

- Following the recommendations of the OHCHR, the outcome document of the mid-term review should recognise the protection of health, human rights, equality and non-discrimination as overarching objectives for the system, and not reiterate the drug eradication goals.
- The outcome document should update the list of challenges included in the 'Stocktaking' section of the 2019 Ministerial Declaration to incorporate the new developments that have emerged since 2019, listed in the 'blind spot' section above. The workplan of intersessional meetings during the 2024-2029 period should also reflect these new challenges.
- During the mid-term review, we encourage Member States to acknowledge the existence of legally regulated markets for the non-medical use of internationally controlled drugs, and to call for monitoring, reporting and guidance on such markets by UN entities.
- While Member States should aim for an outcome document adopted by consensus, they should not shy away from calling for a vote on the final text to ensure the adoption of an outcome document that truly calls for transformative change, rather than being a simple ticking-the-box exercise.

Recommendations for the structural reform of the global drug control regime

Member States and UN actors that seek to move away from the punitive paradigm that has characterised the international drug control regime, and transform it into a system genuinely grounded on health, human rights and development, should consider the following longer-term recommendations:

- Member States should establish a multi-stakeholder mechanism with participation from civil society, academia and relevant UN entities responsible for exploring options to review the UN drug conventions in order to update and rebalance the text. This should include: (a) enshrining the centrality of a health, development and human rights in drug policy; (b) allowing countries to consider the legal regulation of drugs under international control; and (c) repealing

existing commitments banning traditional uses of scheduled plants.

- UN bodies with relevant mandates including the WHO, the United Nations Development Programme and the OHCHR, should elaborate evidence-based guidance and recommendations on how to implement the legal regulation of drugs in



line with existing standards and best practices on health, human rights, and development.

- Relevant UN agencies and academia, in partnership with civil society, should update international standards on human rights and drug policy to reflect the latest evidence and guidance from the UN system, as well as include guidance on the legal regulation of drugs.

PART 1:

Introduction



1.1 Background

2024 will be a pivotal year for global drug policy, as Member States have agreed to conduct a mid-term review of the 2019 Ministerial Declaration on drugs¹ that will culminate in a two-day high-level segment ahead of the 67th session of the UN Commission on Narcotic Drugs (CND) in March 2024.² The 2019 Ministerial Declaration is the latest in a series of high-level political documents agreed by UN Member States on the overall direction of global drug policy for the period 2019 to 2029. The outcome of this mid-term review will be critical to shape the next five years of global drug policy and beyond, as well as to align drug policy with the achievement of the 2030 Agenda for Sustainable Development.³ To leverage this important moment, the international community must reflect on progress made since 2019, in order to pave the way towards an international drug policy approach that can better promote health, human rights and development – in line with the UN Charter⁴ and the UN System Common Position on drugs.⁵

CND Resolution 66/1, which outlines the modalities for the mid-term review,⁶ encourages UN entities, regional and international organisations, Member States and civil society ‘to make available relevant information to the Commission in order to facilitate its work’ and ‘foster an in-depth exchange of information and expertise on efforts, achievements, challenges

and good practices’ on global drug policy. It is in response to this request, and in an effort to inform and support the mid-term review, that this IDPC Shadow Report⁷ undertakes an evaluation of progress made in global drug policy since 2019.

Part 2 of the Report reviews each of the ‘persistent and emerging challenges related to the world drug problem’ that were identified within the ‘Stocktaking’ section (paragraph 3) of the Ministerial Declaration, as well as some of the goals included in the Preamble of the Declaration, in particular in relation to alternatives to coercion and punishment, civil society participation, and development. To facilitate the reading, the challenges are organised under overarching themes. Throughout our analysis, we indicate whether and how policies that address each ‘challenge’ or goal also contribute to the 2030 Agenda for Sustainable Development.

Part 3 offers concrete recommendations for the way forward. This section provides guidance on how to ensure that future drug policies align with human rights and the Sustainable Development Goals (SDGs), while guaranteeing the meaningful participation of civil society and affected communities in drug policy design, implementation, monitoring and evaluation.

1.2 Methodology

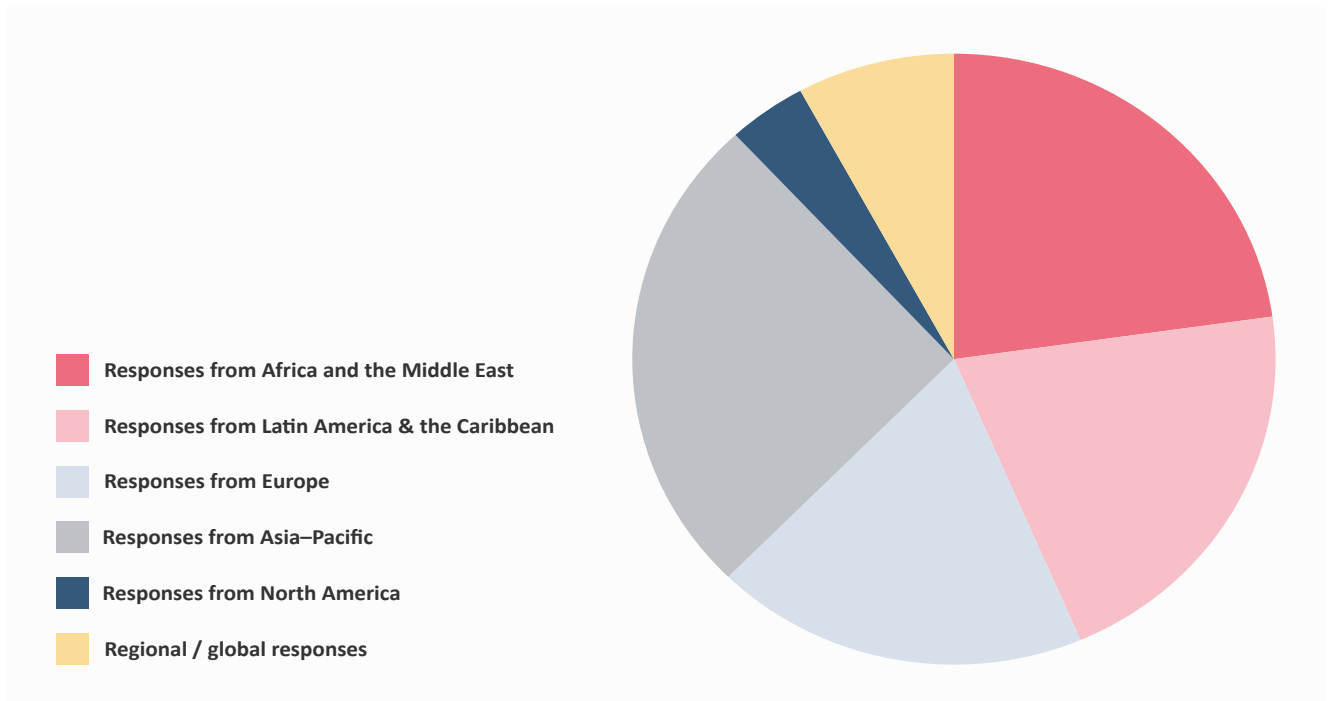
This Report aims to present the latest data and evidence to evaluate each of the 11 ‘challenges’ and other goals identified in the 2019 Ministerial Declaration, highlighting progress, setbacks and ongoing challenges. For each ‘challenge’ and goal, we provide comparable data (between 2019 and 2023), or when such comparisons are not possible, describe the latest state of play as of 2023 using the most recent available data and information (both quantitative and qualitative) at our disposal.

It is important to note here that there is a paucity of recent, reliable and comparable data on many of the drug policies assessed in this Report ([see below](#) for more details). The Report uses the best data and research available to draw the most accurate picture of the situation and how it has evolved in the past four years. Throughout the analysis, we outline where the data comes from, either within the text or in endnotes.

Our Report draws on official government and UN data, including the UNODC World Drug Reports published since 2019, as well as reports from other UN entities such as the International Narcotics Control Board (INCB), World Health Organization (WHO), UNAIDS, the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the UN Working Group on Arbitrary Detention, among others. The Report also relies heavily on research published by civil society and academic experts.

To complement existing research, IDPC launched a Civil Society Survey in the summer of 2023 among our global network of members and partners (see Annex 1 to read the Survey questions). The Survey received responses from 54 participants representing 51 NGOs from 33 countries (see Annex 2): Argentina, Australia, Benin, Brazil, Burkina Faso, Cambodia, Canada, Chile, Colombia, Côte d’Ivoire, France, Georgia, Germany, Ghana, Hungary, India, Indonesia, Ireland, Jamaica,

Figure 1. IDPC’s Civil Society Survey: Proportion of respondents per region



Credit: Juan Fernández Ochoa

Kenya, Lebanon, Malaysia, Mexico, Morocco, Myanmar, Nepal, the Netherlands, Nigeria, Poland, Spain, Switzerland, Thailand and Zimbabwe. Data from the Survey are used throughout the Shadow Report.

Importantly, the Report also features snapshots of stories from people directly impacted by drug policy, including people who use drugs and people

involved in the cultivation of crops, who reflected on the changes that have taken place since 2019.

The Report was peer reviewed by 27 drug policy and human rights experts to ensure its validity and robustness (see [Acknowledgements](#) section for more details).

PART 2:

**Evaluating progress made in
addressing the ‘persistent and
emerging challenges related to the
world drug problem’**



2.1 An ever-expanding and diversifying market

In the Preamble of the 2019 Ministerial Declaration, Member States committed to ‘prevent, significantly reduce and work towards the elimination of illicit crop cultivation and the production and manufacture of, trafficking in and abuse of narcotic drugs and psychotropic substances, including synthetic drugs and new psychoactive substances.’ It should be noted here that **none of the 17 SDGs** call on Member States to eradicate illegal drug demand and supply. These so-called ‘eradication’ goals are a remnant of previous political declarations on drugs dating back to the 1990s – having permeated the UN drug control regime for decades – and are strongly embedded in the 2009 Political Declaration on drugs.⁸ As the 2019 Ministerial Declaration reiterates ‘all commitments’ made since 2009, those goals were also reflected, despite clear evidence that no reduction in the scale of the illegal drug market had materialised at the time of the adoption of the Ministerial Declaration:⁹ In that regard, the challenges identified in the 2019 Ministerial Declaration are the following:

‘Both the range of drugs and drug markets are expanding and diversifying’

‘The abuse, illicit cultivation and production and manufacture of narcotic drugs and psychotropic substances, as well as the illicit trafficking in those substances and in precursors, have reached record levels, and that the illicit demand for and the domestic diversion of precursor chemicals are on the rise’

As explained in the [Methodology](#), there continues to be a worldwide dearth of data on drugs. Because illegal markets are, by definition, outside the control of authorities, available data on the quantity of drugs that are illegally cultivated, produced, and trafficked is incomplete, based on extrapolations, and often disputed,¹⁰ leading to major difficulties for

those wishing to compare numbers and trends over time. Despite these difficulties, the information at our disposal shows little to no progress made towards addressing the ‘challenges’ discussed here.

In this section, we will compare data presented to Member States in the World Drug Report published on the year of adoption of the 2019 Ministerial Declaration (bearing in mind that most of these data date back to 2017-2018) with the latest World Drug Report published in 2023 (which mainly features data from 2021-2022).

An increase in the scale of illegal cultivation, production and trafficking

Data from the World Drug Reports for 2019 and 2023 show that while estimates for the cultivation of opium poppy decreased by 9% from 346,000 ha¹¹ to 315,800 ha,¹² coca bush cultivation is estimated to have increased by 35% to reach 315,200 ha.¹³ Meanwhile, the production of pure cocaine reached a record high of 2,304 tons¹⁴ compared to the 1,976 tons reported in the 2019 World Drug Report.¹⁵ This increase was explained by a ‘combination of market dynamics in Western Europe... and higher efficiency in the production of cocaine at the source’.

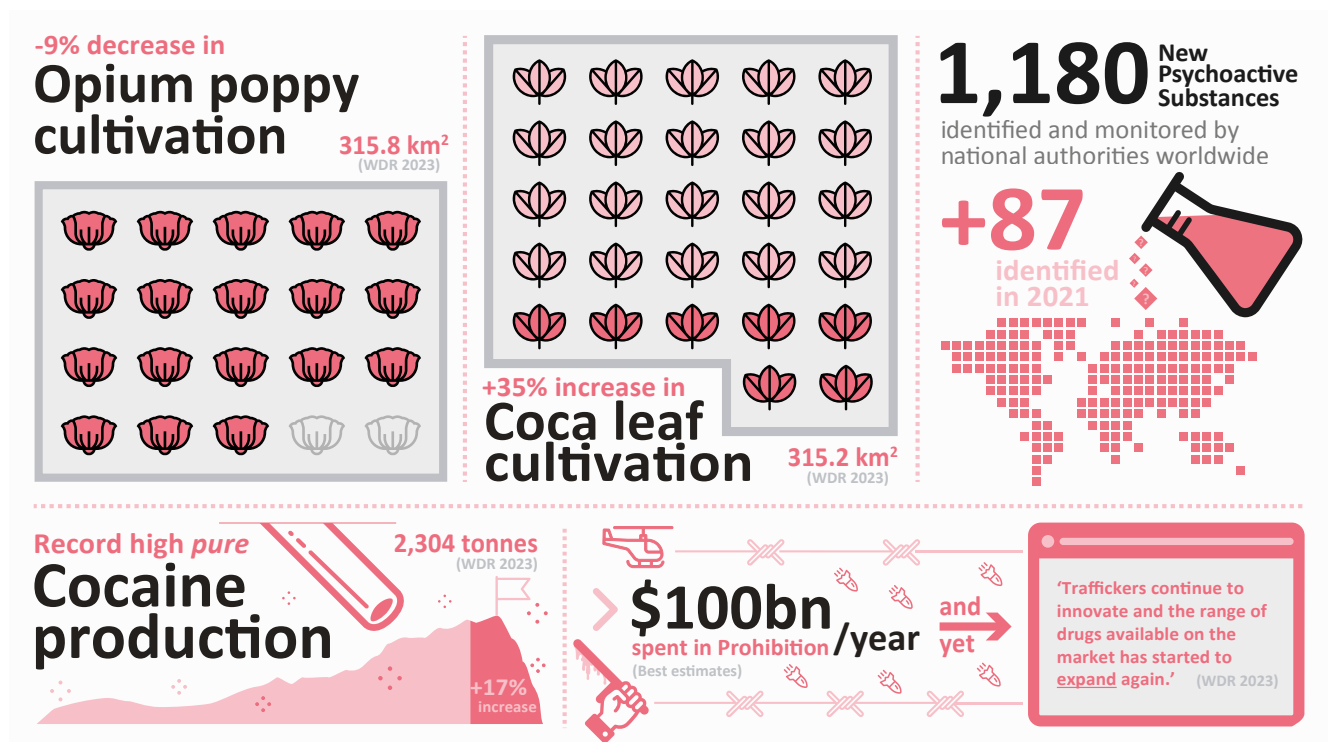
Regarding opium, global production was estimated at 7,800 tons as of 2022,¹⁶ a slight increase from the 7,790 tons estimated in 2018.¹⁷ Until recently, this was driven by high production levels in Afghanistan.¹⁸ However, the ban on poppy cultivation imposed by the Taliban in 2022 is reported to have succeeded in reducing cultivation to numbers unseen since 2001.¹⁹ If sustained over the mid-term, this ban might have serious consequences for the livelihoods of farming communities who depend on opium cultivation to survive,²⁰ and may facilitate the entry of synthetic drugs into European markets that have historically been supplied by heroin of Afghan origin.²¹

The 2023 World Drug Report also highlights the large number of new psychoactive substances (NPS) that are continuously entering the market, with over 1,180 NPS now being monitored by national authorities worldwide, 87 of which were identified in 2021.²² The UNODC defines NPS as psychoactive substances that ‘pose a threat to public health’ but are not subject to international control, though they are often under a patchwork of national-level bans.²³ Although the health risks associated with NPS vary from substance to substance, their proliferation can make the whole market more diverse and potentially more harmful for the health of people who use drugs.

With regards to drug trafficking, the UNODC concluded in its 2023 Report that ‘Traffickers continue to innovate and the range of drugs available on the market has started to expand again’.²⁴ This is despite the billions of US dollars spent each year by governments worldwide to curb demand and supply. The increasingly present and ever-expanding synthetic drug market has also presented major challenges for drug control efforts, with the 2023 World Drug Report concluding that: ‘As synthetic drugs are not tied to geographically fixed crops, using instead a wide array of precursors, supply can be relocated closer to consumer markets, and *seized products can be quickly replaced, defeating drug law enforcement efforts*’ (emphasis added).²⁵ Attempts to contain or reduce

the flow of drugs being trafficked within and across borders therefore seem to be increasingly futile. In fact, experts have made the case that the proliferation of new and more harmful synthetic drugs and precursors has been precisely driven by drug control efforts, with producers developing new and more compact products in order to avoid detection by law enforcement²⁶ – a process often called ‘the iron law of prohibition’.²⁷

In July 2023, a large group of countries led by the USA launched a ‘Global Coalition to Address Synthetic Drug Threats’.²⁸ As of September 2023, the Coalition is structured in three working groups focusing on health, criminal justice, and monitoring. The Coalition is committed to placing synthetic drugs at the forefront of international drug debates, including through a new resolution tabled for negotiation at the 78th session of the UN General Assembly. Whether the policies promoted by the Global Coalition will simply reiterate the punitive responses currently in force – which have so far been ineffective in tackling the synthetic drug market – or will propose genuine innovations in quality or scale, remains unclear. In any case, the new focus on synthetic drugs should not encourage ongoing efforts to subject synthetic substances such as tramadol²⁹ or ketamine³⁰ to international control – a move that has been opposed by the WHO’s Expert Committee on Drug Dependence



Credit: Juan Fernandez Ochoa

(ECDD) as it would restrict the availability of these substances for medical purposes. It is also critical that the Global Coalition involves civil society as a key stakeholder in these discussions (see [Section 2.10](#) for more details).

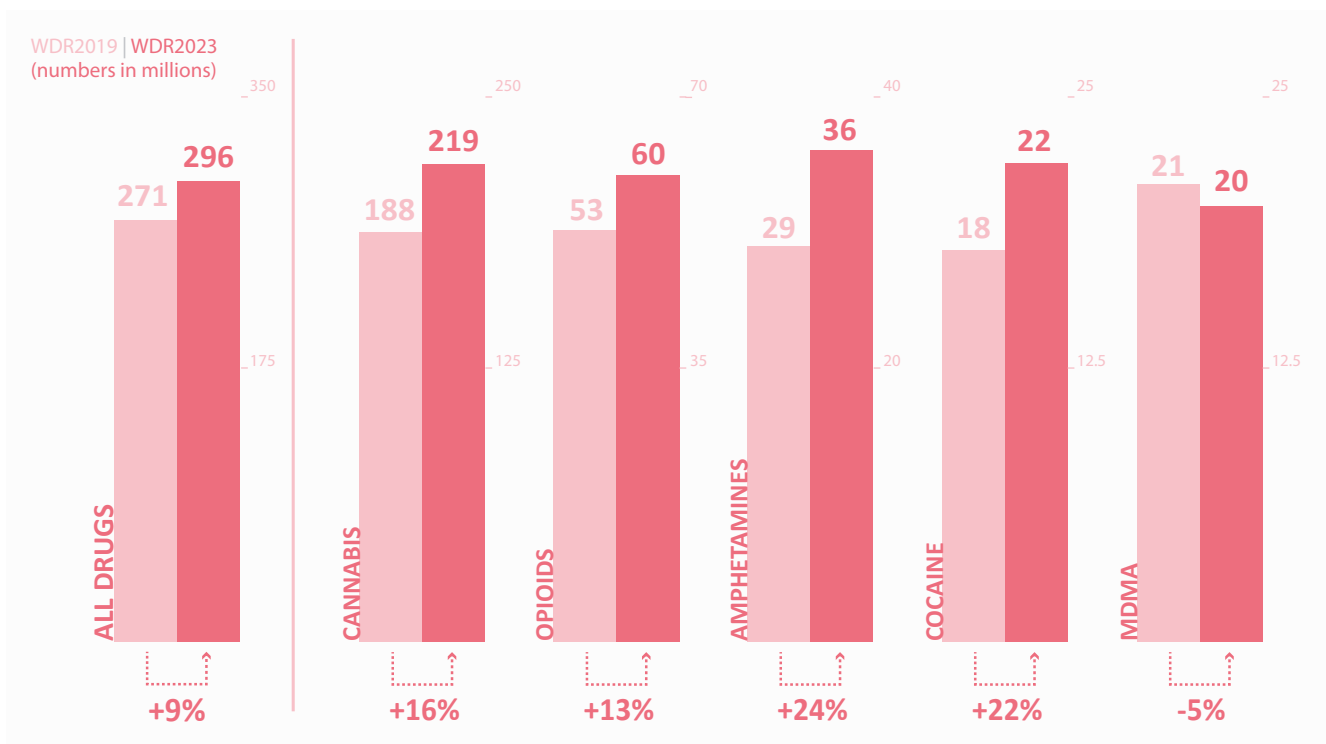
A surge in the number of people who use drugs

Data from the World Drug Reports for 2019 and 2023 show that the number of people who use drugs aged 15-64 is estimated to have increased from approximately 271 million to 296 million, with one in 17 people aged 15-64 using drugs in the past year. Although part of the increase is due to new estimates and population growth, this still represents 5.8% of the global population aged 15-64 (compared to the 5.5% reported in 2019).³¹ Of those, 13.2 million people currently inject drugs, representing an 18%

increase from 2020 (although part of this increase can be explained by new estimates in various countries).³² Although comparisons over time remain difficult at global level due to methodological differences, improvement in data collection, or newly available data in various countries, these numbers indicate that no 'progress' has been made towards reducing the scale of illegal demand.

In 2023, the UNODC noted that 'Illegal drug markets are transforming rapidly and, in some regions, radically, with synthetic drugs becoming increasingly dominant', also noting the risks to consumers due to unknown pharmacology and harms, lack of adequate treatment, and increasingly dangerous combinations of drugs in retail markets.³³ Similarly, in the EU the EMCDDA reported a more diverse synthetic drug market, associated with 'risks to both physical and mental health'.³⁴

Figure 2. Comparison in the number of past-year users of specific drugs (data from the 2019 and 2023 World Drug Reports)



Credit: Juan Fernández Ochoa

2.2 Addressing organised crime, violence and insecurity

The 2019 Ministerial Declaration recognised the fact that illegal drug markets may be associated with organised crime, violence and human insecurity by giving priority to two emerging challenges:

‘that increasing links between drug trafficking, corruption and other forms of organized crime, including trafficking in persons, trafficking in firearms, cybercrime and money-laundering and, in some cases, terrorism, including money-laundering in connection with the financing of terrorism, are observed’

‘that the value of confiscated proceeds of crime related to money-laundering arising from drug trafficking at the global level remains low’

Various SDGs aim to address issues related to organised crime, corruption and other forms of crime that are relevant to these challenges. These include **SDG 16.4** aiming to reduce illicit financial and arms flows, strengthen recovery and return of stolen assets and combat all forms of organised crime; **SDG 16.5** which seeks to substantially reduce corruption and bribery in all their forms; and **SDG 16.a** which aims to strengthen national institutions, including through international cooperation, to prevent violence and combat terrorism and crime. Importantly, **SDG 16.1** also calls for a significant reduction in all forms of violence and related death rates everywhere, an issue which we will address below in detail.

Four years after the adoption of the 2019 Ministerial Declaration, the international community has made little to no progress in developing evidence-based policies to effectively address the connection between illegal drug markets, organised crime and human insecurity. In a number of countries, illegal drug economies continue to fuel acute violence and conflict.

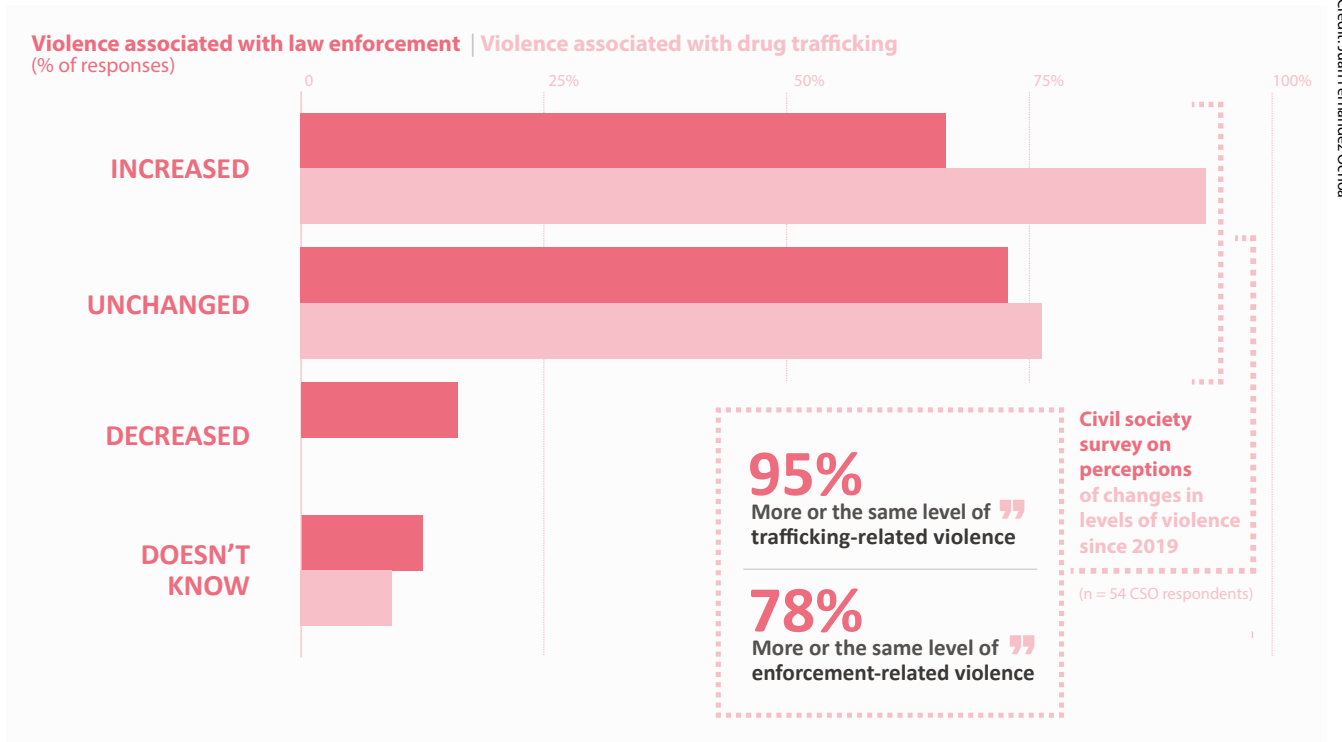
The IDPC Civil Society Survey confirms this stagnation. Across the globe, 78% of the Survey respondents found that levels of violence associated with drug law enforcement had either increased or remained unchanged since 2019; this figure rose to 95% when organisations were asked about the levels of violence associated with drug trafficking. Of all the regions, violence related to drug trafficking was reported to be the highest in Latin America and the Caribbean, which is also the region that has witnessed the most negative change since 2019, with 9 out of 13 respondents noting an increase in violence during that period. This is confirmed by recent UN data pointing out that in 2021 the global number of intentional homicides reached a 20-year high, in part due to ‘the escalation of gang-related and sociopolitical violence.’³⁵

Despite this lack of progress, alternative forms of managing drug markets that do not rely primarily on law enforcement are rarely discussed in international debates. The 2024 mid-term review is an opportunity to address this [blind spot](#) by exploring evidence on the effectiveness of managed drug markets – including through legal regulation – as a means to tackle organised crime and insecurity, as well as to contribute to conflict resolution, demilitarisation and peace processes.

The connection between illegal drug markets, violence and conflict

In a limited number of countries, illegal drug economies can fuel armed conflict or serious breakdowns of the rule of law. Historically, this has taken place in regions where drugs are illegally produced or trafficked, although several respondents to the IDPC Civil Society Survey also noted that they had perceived an increase in violence in consumer countries. Since 2019, the international drug control regime has not made clear progress in addressing this linkage.

Figure 3. Civil society perceptions of change in violence linked to drug law enforcement and drug trafficking, between 2019 and 2023 (results from the IDPC Civil Society Survey)



Credit: Juan Fernandez Ochoa

In Colombia, although the number of deaths is significantly lower than at the peak of the conflict in the 1990s and the 2000s,³⁶ violence has risen again due to the emergence of dozens of new armed factions and organised crime groups after the 2016 Peace Agreement between the government and the FARC.³⁷ Concerningly, the social leaders who sought to transition from coca cultivation to other crops have been a primary target for armed groups; in 2022 alone, 144 local leaders were murdered.³⁸ There is a clear link between coca cultivation and these murders, as seven out of the 10 municipalities that have witnessed most violence against leaders depend on the coca economy.³⁹

With the advent of the Petro Administration in 2022, the Colombian government has sought a different approach that emphasises the voluntary substitution of crops, reviewing punitive drug laws, and potentially legally regulating cannabis and the coca leaf, all of which has culminated in the adoption of the National Drug Policy 2023-2033.⁴⁰ Some experts, including Colombia's Truth Commission,⁴¹ have noted that it will be impossible to disband armed groups unless

proceeds from the illegal coca market are effectively reduced.⁴² With decades of failure to achieve this through law enforcement, they have argued that this will only be possible with the creation of a globally regulated market. Frustration with the lack of progress achieved through supply reduction and its severe human costs was reflected in recent calls by the Colombian government to end the 'war on drugs'.⁴³

In other parts of Latin America, drug trafficking organisations continue to fuel extremely serious levels of violence, especially in Mexico, El Salvador and Ecuador. In Mexico, there have been over 30,000 homicides each year since 2018. The homicide rate was 62.6% higher in 2022 than in 2015.⁴⁴ According to the Uppsala Conflict Data Program, nine out of the 10 largest conflicts between non-state actors in 2022 took place in Mexico, driven by the conflict between drug trafficking organisations.⁴⁵ In 2022, the country reached the sombre record of 100,000 officially recognised disappearances.⁴⁶ As a Mexican member of the IDPC network noted in response to our Civil Society Survey, 'We have normalized a state of violence that is unacceptable(...). Impunity reigns'



In El Salvador, populist President Bukele recently launched a war on gangs (well-known to be closely involved in cocaine trafficking)⁴⁷, resulting in more than 70,000 people imprisoned in the span of a year, dramatically slashing the murder rates. This, however, came at a huge cost for democracy and human rights. Thousands of innocent people are believed to have been arrested since the offensive began, while over 100 people have already died behind bars. Furthermore, since taking power in 2019, Bukele has been criticised by human rights groups for systematically dismantling the country's democratic institutions and the rule of law, in particular with the declaration of an anti-gang state of emergency in 2022 which effectively suspended basic civil liberties and due process. There is profound scepticism over the durability of El Salvador's reduction in gang activities and violence, and over the long-term implications for democracy in the country.⁴⁸

Similarly, in Ecuador a dramatic increase in the number of homicides in prison and in the community⁴⁹ led to the declaration of a state of emergency in several provinces in 2022. These homicides are driven by drug trafficking organisations exploring new transit routes from Colombia to the Global North. In May 2023, the President of Ecuador decided to militarise the response, labelling drug trafficking as 'terrorism' and hence authorising the use of lethal force against

certain drug trafficking organisations.⁵⁰ A few months later, Fernando Villavicencio, a candidate for the Presidential elections who was particularly vocal in denouncing the linkages between the political elites and drug cartels, was assassinated.⁵¹ All of this has raised serious concerns given the disastrous record of human rights violations associated with previous attempts to militarise drug policies across Latin America,⁵² as well as in other regions, as shown in the example of Sri Lanka.⁵³

The linkage between illegal drug economies and conflict is less clear in the case of Afghanistan. In recent years, the media have repeatedly pointed to the taxation of opium poppy as a major source of funding for the Taliban insurgency before it took over the government in 2022. However, experts using satellite data and in-country research have questioned this narrative and estimated the total drug-related income of the Taliban insurgents at about 40 million dollars per year, which while a considerable amount, might be less than what they made on the taxation of legal goods.⁵⁴

In the World Drug Report 2023, the UNODC collates examples of the different ways in which drug trafficking is impacted by conflicts in Ukraine and the Sahel.⁵⁵ In Ukraine, the Russian invasion seems to have disrupted the heroin market, while the NPS

markets continue to develop. In the Sahel, armed groups are believed to be involved with, and funded by, for-profit trafficking organisations – to some extent. But the UNODC makes it clear that drug seizures in the region are an extremely poor indicator of the actual trends and volume of trafficking. Furthermore, ‘very few case studies seem to reveal real evidence of the direct involvement of such [terrorist] groups in drug trafficking’.⁵⁶

In general, the connection between the illegal drug trade and terrorism remains unclear, and is compounded by porous and often politically motivated definitions of ‘terrorism’. In 2019, the EMCDDA concluded that ‘there are no inherent, automatic, or ubiquitous crossovers between terrorists and the drug trade’.⁵⁷ In other parts of the world, reporting on the Middle East has often associated terrorism with the production and consumption of captagon, a synthetic amphetamine-type stimulant predominantly used in the region. However, there is no evidence of people using that substance in preparation of terrorist acts, and as of today captagon production is connected to a broad range of State and non-State actors in the region, including the Syrian government.⁵⁸

Tackling illicit financial flows and money laundering related to drug trafficking

illicit financial flows (IFFs) are both an enabler and an outcome of illegal drug economies, and they drive the connection between drug trafficking, organised crime, and corruption. The INCB has recognised that ‘measuring the size and scale of illicit financial flows related to drug trafficking is a formidable challenge’.⁵⁹ It is therefore unsurprising that there is such a paucity of recent data on IFFs, with even less information available on successful attempts at confiscating the proceeds of crime derived from drug trafficking.

The most recent global data at our disposal, published in the 2017 World Drug Report, dates back to 2014. At the time, the UNODC estimated that the amount of money laundered globally in one year amounted to 2-5% of global GDP, representing USD 800 billion to 2 trillion.⁶⁰ Proceeds from drug trafficking account for more than a quarter of overall revenues of transnational organised crime groups worldwide, constituting one of the largest sources of

illicit funds in need of money laundering.⁶¹ According to UN data, in Colombia cocaine trafficking is estimated to have generated inward IFFs of between USD 1.2 and 8.6 billion between 2015 and 2019, whilst illegal opiate trafficking is estimated to have generated total inward IFFs of between USD 5.8 and 9.8 billion in the three largest producing countries: Afghanistan, Mexico and Myanmar.⁶² However, the wide range of these estimates and the lack of recent figures call for caution. Although the 2030 Agenda for Sustainable Development identifies the reduction of IFFs as a priority area, and SDG Indicator **16.4.1** is meant to capture the value of inward and outwards IFFs, data for this indicator is available for only nine countries.⁶³

On a positive note, the UN Conference on Trade and Development and the UNODC have crafted a Conceptual Framework for the Statistical Measurement of Illicit Financial Flows that was piloted with 22 countries in the 2018-2022 period, with nine additional countries joining in 2023.⁶⁴ Remarkably, none of the countries that are major hubs for the finance industry or host tax havens are part of this test.

Even more problematic is the fact that, according to the intergovernmental organisation Financial Action Task Force, ‘countries intercept and recover less than one percent of global illicit financial flows’ since ‘stolen assets are often moved out of countries quickly and channelled to or through multiple countries, rendering the process of asset recovery complex and requiring lengthy international cooperation’.⁶⁵ The Annual Report of the INCB for 2021 highlighted a broad range of mechanisms through which IFFs take place, including money laundering through financial institutions, free trade zones, crypto currencies, and traditional remittance systems such as the hawala.⁶⁶ While some of these mechanisms are alien to government structures, others rely on the same legal frameworks that aim to combat drug trafficking. IFFs from the Global South often end up being diverted to banks in the Global North and to tax havens.⁶⁷ According to the Tax Justice Network’s Financial Secrecy Index, some of the world’s wealthiest and most powerful countries are the main suppliers of the financial secrecy services used to hide wealth from the rule of law.⁶⁸ The gap between the number of people estimated to be incarcerated for drug offences in Latin America (more than 128,000) and those in prison for

money laundering (approximately 1,800)⁶⁹ is a clear example of the prioritisation of drug enforcement over effectively tackling IFFs.

The links between drug trafficking and other forms of organised crime

The 2019 Ministerial Declaration draws the attention of the international community to the connection between drug trafficking and the illegal trade in firearms, a topic that was the focus of Resolution 65/2 at the CND in 2022.⁷⁰ In 2017, the Global Arms Survey estimated that there were 857 million firearms in civilian hands, only 12% of them registered.⁷¹ Experts have pointed out that the Firearms Protocol of the UN Convention Against Transnational Organized Crime is the least ratified protocol of that convention, and its implementation requires improvement.⁷² Due to the expiration of the US federal assault weapons ban in 2004, there has been a significant increase in illegal firearms in Latin America, which has been associated with an increase in homicides.⁷³ From 2015 to 2020, an average of 69% of all guns seized in Mexico had

been manufactured in, or imported from, the USA.⁷⁴ The government of Mexico filed a lawsuit against the firearms industry in the USA arguing that manufacturers were allowing the diversion of their products to organised crime, but a judge dismissed the claims on account of a special legal shield enjoyed by the gun industry.⁷⁵

There is evidence of a direct connection between drug trafficking and human trafficking. In some cases, survivors of human trafficking are forced to be part of drug supply activities, for which they can be further criminalised by drug control authorities. In a particularly concerning case, Filipino citizen Mary Jane Veloso was sentenced to capital punishment in Indonesia for drug trafficking, while the Philippines authorities labelled her case as human trafficking.⁷⁶ There are also reports of human trafficking survivors being forced to work in illegal cannabis farms in the UK and the USA, for which they have been criminalised.⁷⁷ This led to a condemnatory sentence against the UK by the European Court of Human Rights.⁷⁸

Blind spot 1: Managed markets as a response to organised crime

In various countries, the connection between illegal drug markets, organised crime and human insecurity has had extremely serious consequences. For decades, the international community has approached these connections by prioritising interdiction through law enforcement and sometimes militarisation. With the scale of illegal markets reaching historical records, there is little evidence that this approach has been effective in reducing the power of organised crime – and whilst counterintuitive, a compelling case can now be made that the opposite is true: organised crime groups have, in fact, been the beneficiaries of prohibition.

The failure to discuss alternative approaches to tackling the links between illegal drug markets and organised crime, including through the legal regulation of drugs, is a major blind spot in international drug policy debates. However, several governments are

starting to point in this direction, as shown in the 2023 CND statements by Colombia and the Czech Republic.⁷⁹ In its 2023 contribution to the mid-term review, the UN High Commissioner for Human Rights also recommended that countries ‘take control of illegal drug markets through responsible regulation, to eliminate profits from illegal trafficking, criminality and violence’.⁸⁰

To remain relevant to national drug policy developments, international bodies should be able to debate and generate evidence on the effectiveness of market management in tackling organised crime and insecurity. The 2024 mid-term review is an opportunity to discuss how legal regulation might be able to better manage the drug market, and how the tensions between legal regulation and the obligations contained in the UN drug control treaties should be addressed.

2.3 Addressing the links between digital technologies and drug markets

In the Ministerial Declaration, Member States identified, as an emerging challenge, the fact that:

‘the criminal misuse of information and communications technologies for illicit drug-related activities is increasing’

Just as in the legal economy, in the last four years, digital technologies have become increasingly important in illegal drug markets. This has happened throughout different segments of the supply chain and through many different technologies, including both the open Internet and the dark web.⁸¹ It is likely that the physical distancing and restrictions imposed during COVID-19 may have contributed to the increased use of online drug markets.

There is no reliable global data on this phenomenon. The UNODC has highlighted that tools to measure the role of digital technologies in drug markets are ‘complex’ and ‘challenging.’⁸² The World Drug Report 2023 summarises the most recent evidence on the use of digital technologies. According to some surveys, up to 10% of people who use drugs had bought substances on the dark web in the past 12 months.⁸³ The UNODC highlights that this data should be interpreted ‘with caution’, as it is only sourced from a few countries in the Global North, and not comprehensive. Market volatility, exit scams, and successful law enforcement might have slowed the growth of darknet markets in the years 2021 and 2022, although they still ‘show resilience’, and there may have been a shift from retailing to end users, to wholesale deals.⁸⁴ This deceleration may also be driven by the technical difficulty of accessing darknet markets, and the delay in delivering the products.⁸⁵ As for the role of drug law enforcement in impacting the growth of darknet markets, this remains unclear. For instance, the dismantling of the encrypted communications tool EncroChat, which was widely used by organised crime groups, led to over 6,000 arrests worldwide and close to EUR 900 million in criminal funds being seized or

frozen.⁸⁶ However, there is still no clear evidence of the impact of this operation on the drug market or on the health indicators relating to availability or use.

Experts have pointed out that, thanks to features such as buyer reviews, darknet markets have elements of transparency, trust, and seller accountability that could be useful in managing the toxicity of unregulated substances.⁸⁷ User forums in darknet markets have also been effective in disseminating critical harm reduction information. Experts have argued that policies aimed at a blanket takedown of these markets would only force sellers to use other technologies, driving people away from these relatively open and transparent platforms to encrypted apps or peer-to-peer platforms that are more opaque and more difficult to monitor. The increase in sales on social media, which are already likely to hold a larger market share than the darknet,⁸⁸ gives credence to those warnings.

The volume of drug-related content taken down by social media platforms might be an indicator of how much these technologies are now used as selling points. Since the outset of the COVID-19 pandemic, drug-related takedowns on Facebook quickly grew from 2.3 million in the second quarter of 2021 to 5.4 million in the fourth quarter of 2022, but then dropped to 3.1 million the following quarter.⁸⁹ Takedowns on Instagram have steadily grown from 1 million per quarter in early 2021 to just over 3 million in early 2023.⁹⁰ Research carried out in Denmark and Sweden points to a successful ban of drug-related content on Instagram and Facebook, but also to an abundance of drug sales points on other platforms like Snapchat or Reddit.⁹¹ The same research shows that Discord or Reddit forums are used to share information on the quality of products and the reliability of suppliers, gesturing towards the emergence of online harm reduction practices. The US DEA has warned that social media platforms are not taking the enforcement of their terms and conditions

seriously enough, particularly in relation to drug dealing.⁹² However, private companies can be overzealous in banning online content, and there are already

examples of social media platforms taking down legal harm reduction and educational content.⁹³

Blind spot 2: The growing role of surveillance technologies in drug responses and the need for international guidance

The growing and increasingly diverse use of surveillance technologies in drug policy, and their impacts on human rights, is a clear gap in the 2019 Ministerial Declaration on drugs. We draw on two examples of this intersection – namely the use of drones in drug control and the growing use of biotechnology and wearable devices in health responses – to show that international guidance on this issue is increasingly necessary.

The widespread use of drones to monitor trafficking routes and assist interdiction operations takes place in different continents,⁹⁴ sometimes amidst serious controversy and with potential impacts on the environment and human rights – including the rights to privacy and to life.⁹⁵ And yet, international bodies have failed to come forward with evidence-based guidance to ensure that these devices are used in compliance with international law. In March 2023, Kazakhstan and Kyrgyzstan submitted the first draft resolution on the topic to the CND, but the proposal could not gain consensus due to a perceived lack of balance and human rights language. It seems clear that a better and more nuanced

understanding of the security and human rights implications of these practices is necessary.

Biotechnology has also become increasingly important in drug responses. New developments include wearable devices that can detect the intake of certain substances through sweat sampling,⁹⁶ subcutaneous implants for long-term release of opioid agonists,⁹⁷ or medicines that block opioid receptors in the brain.⁹⁸ In countries such as the UK or Finland, some of these technologies are being proposed by public bodies as key instruments to tackle drug overdoses. Whilst the use of these tools with informed consent can be positive, they raise significant privacy and human dignity concerns, particularly in contexts of compulsory or coerced imposition.⁹⁹ In China, for instance, facial recognition is used to track the location and activities of people who have a record of drug use, in direct contravention of their right to privacy.¹⁰⁰ As with the case of drones, evidence and human rights-based guidance at international level would be a welcome input for national policy makers and civil society alike.

2.4 Protecting the health of people who use drugs

No less than four challenges were identified within the 2019 Ministerial Declaration in relation to the health of people who use drugs:

‘that drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased’

‘that the rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high’

‘that the adverse health consequences of and risks associated with new psychoactive substances have reached alarming levels’

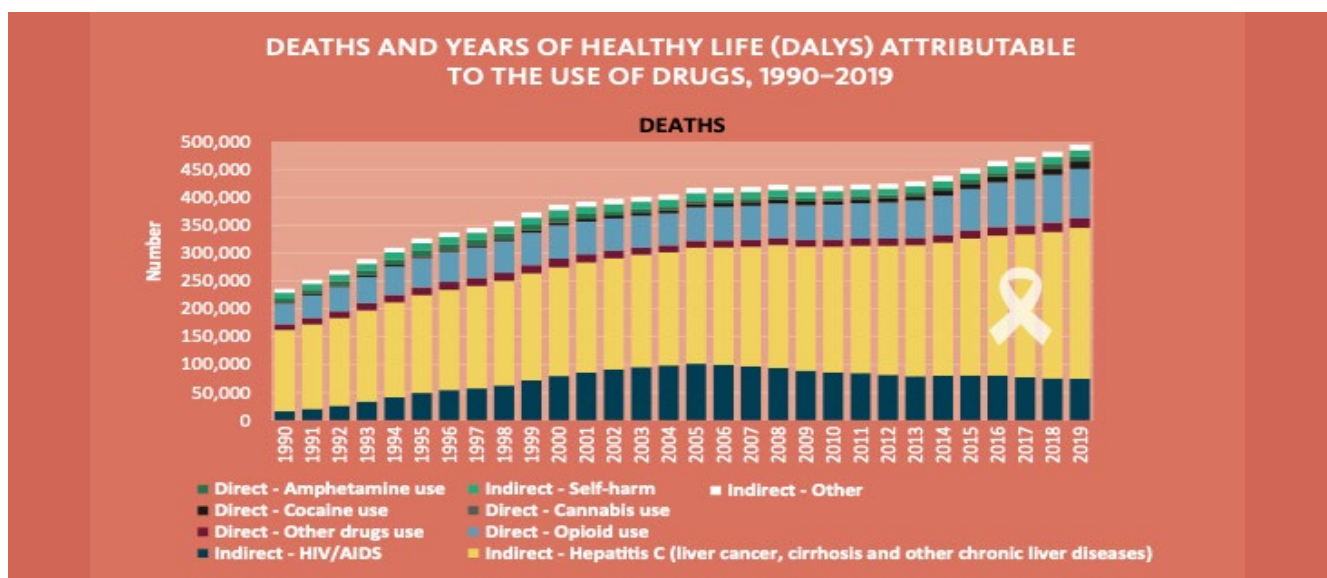
‘that synthetic opioids and the non-medical use of prescription drugs pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances’

The right to health is also prominent in the 2030 Agenda for Sustainable Development, with **SDG 3** aiming to ensure healthy lives and promote well-being for all at all ages. Two SDG Targets are particularly relevant for the ‘challenges’ identified in the Ministerial Declaration: **SDG 3.3** to end the epidemic of AIDS and combat hepatitis, and **SDG 3.5** on drug prevention and treatment (the only one specifically mentioning drugs).

Alarming levels of harms and deaths

The 2023 World Drug Report draws a bleak picture of the ongoing risks and harms faced by people who use drugs worldwide: an estimated 494,000 drug use-related deaths were recorded in 2019 alone, a number that has increased every year since 1990 (see Figure 4). Although most deaths continue to be attributed to hepatitis C – a curable disease – there has also been a noticeable increase in overdose deaths, mainly associated with synthetic opioids, particularly fentanyl and its analogues.¹⁰¹ It should be noted that the latest available global data on drug-related deaths dates back to 2019 – showcasing once again the urgent need for updated data on such a critical matter.

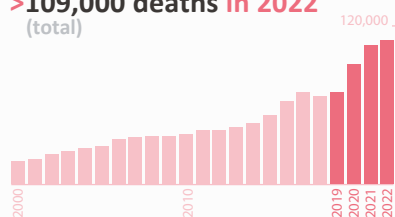
Figure 4. Deaths attributable to drug use, 1990-2019 (from the 2023 World Drug Report)¹⁰²



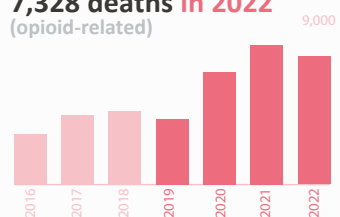
Credit: Taken from 2023 World Drug Report

North America's Drug deaths catastrophe

United states:
>109,000 deaths in 2022
(total)



Canada:
7,328 deaths in 2022
(opioid-related)



Heightened risks to Blood-borne viruses



Global prevalence among people who inject drugs

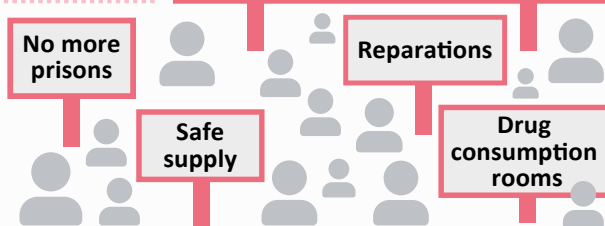
People who use drugs living with:
Hepatitis C: 6.6 million (+14%)
HIV: 1.6 million (+17%)

(WDR 2023 | % increase from WDR2019 data)

Unmet agreements

International norms & guidance

Housing, food, clothing, care...	~Universal HR Declaration
Decriminalisation	~UNGASS2016
Harm reduction	~HR & DP Guidelines
Treatment	~UN Common Position on Drugs
Community leadership	~WHO 'Comprehensive package'
Traditional medicines	~OHCHR reports
+ etc!	~Global AIDS Strategy
	~UNDRIP



Clear demands

from communities, civil society, academia

More recent data are available at the national level, in particular in relation to the shocking number of drug overdose deaths in North America. In the USA, overdose deaths increased from 70,630 in 2019¹⁰³ to 109,940 predicted overdose deaths in the 12-month period ending in February 2023.¹⁰⁴ This represents more than 300 deaths a day between February 2022 and February 2023. Most deaths were associated with synthetic drugs, primarily fentanyl and methamphetamine.¹⁰⁵ Similarly in Canada, the number of deaths dramatically increased from 3,713 to 7,328 between 2019 and 2022, reaching an alarming total of 25,480 deaths across the territory over that period.¹⁰⁶ In the North of Mexico, although there is a lack of data on drug use-related deaths, local research in Mexicali has shown that 20 to 30% of deaths associated with drug use involved fentanyl.¹⁰⁷ This has led various drug policy reform advocates and government authorities, especially in Canada and the USA, to push for safer supply programmes – namely, programmes that provide prescribed medications as a safer alternative to the toxic illegal drug supply as a harm reduction measure.¹⁰⁸

People who use drugs also face heightened risks of contracting blood-borne diseases compared to the general population.¹⁰⁹ Today, 12% of people who inject drugs (one in eight) are living with HIV, representing 1.6 million people (compared to the 1.4 million reported in the World Drug Report for 2019). Some regions are particularly affected, including the Middle East and Eastern Europe where this percentage rises to 29.3% and 25.4% respectively.¹¹⁰ With regards to hepatitis C, 23% of new transmissions are attributable to lack of access to sterile injecting equipment, with one in two people who inject drugs living with hepatitis C. This represents 6.6 million people who use drugs,¹¹¹ an 18% increase from the 5.6 million reported in the 2019 World Drug Report.¹¹² It is important to reiterate that hepatitis C is a curable disease, but medications are not accessible in most countries. Regarding hepatitis B, in its 2022 World Drug Report, the UNODC estimated that 7.9% of people who inject drugs were living with active hepatitis B infection, representing 900,000 people.¹¹³

Testimony: The urgent need to address the drug poisoning crisis in Canada

I became involved in drug policy reform after our son Danny tragically died from drug poisoning in 2014. He was one of the early victims of Fentanyl, emerging after a crack-down on prescription drugs. I never expected it to get this bad. Canada started keeping national records in 2016 and since then almost 40,000 people have died. While drug poisoning deaths can affect anyone in every part of the country, Indigenous people are seven times more likely to die.

After Danny's death I needed to know why. I learned about flawed drug policies and connected with my fellow co-founders of Moms Stop The Harm.¹¹⁴ Together we build a network of Canadian families impacted by substance use. We advocate for the change of failed drug policies, and provide peer support to families through Holding Hope¹¹⁵ and Healing Heart¹¹⁶ groups.

Moms Stop The Harm works closely with our allies in the harm reduction movement. Our combined efforts resulted in Naloxone becoming available over the counter and free

of charge, an expansion of consumption services and other harm reduction supports. In 2019, we saw numbers go down for the first time. All of this changed with COVID-19. With borders closed and social isolation, the death rates increased sharply and now 21 Canadians die from drug poisoning every day. During the pandemic, safe regulated alternatives to toxic street drugs became a reality in some provinces. The positive effect of safe supply is documented in emerging research, but it is already under threat by a political ideology that falsely blames safe supply for the continuing crisis.

Looking into the future, I see legally regulated substances with a public health focus as the only possible alternative. The war on drugs has failed many, and there are too many casualties, including our youngest child. Not a day goes by where I don't think where he might be and what he might do if he was still with us.

Petra Schulz, Co-founder of Moms Stop The Harm

Limited progress in ensuring access to life-saving harm reduction interventions

Between 2018 and 2022,¹¹⁷ there was a slight increase in the number of countries providing at least one instance of needle and syringe programmes (NSP), opioid agonist therapy (OAT), drug consumption rooms and naloxone peer distribution programmes (see Table 2). However, governments continue to lag behind in the provision of harm reduction services in prison, despite the fact that services such as NSPs, OAT, naloxone distribution and many others are included in the latest guidance from the UNODC and WHO on recommended interventions for people in prisons.¹¹⁸

Today, 105 countries have recognised harm reduction in their national laws or policies, compared to 85 in 2018. This also means that a majority of UN Member States do now officially recognise harm reduction as an essential component of their drug policies,¹¹⁹ although the CND refuses to use the words ‘harm reduction’ in its resolutions. In addition, the continued criminalisation of people who use drugs, the use of fines and other administrative punishments, social

stigma and discrimination create significant obstacles for adequate access to services.¹²⁰

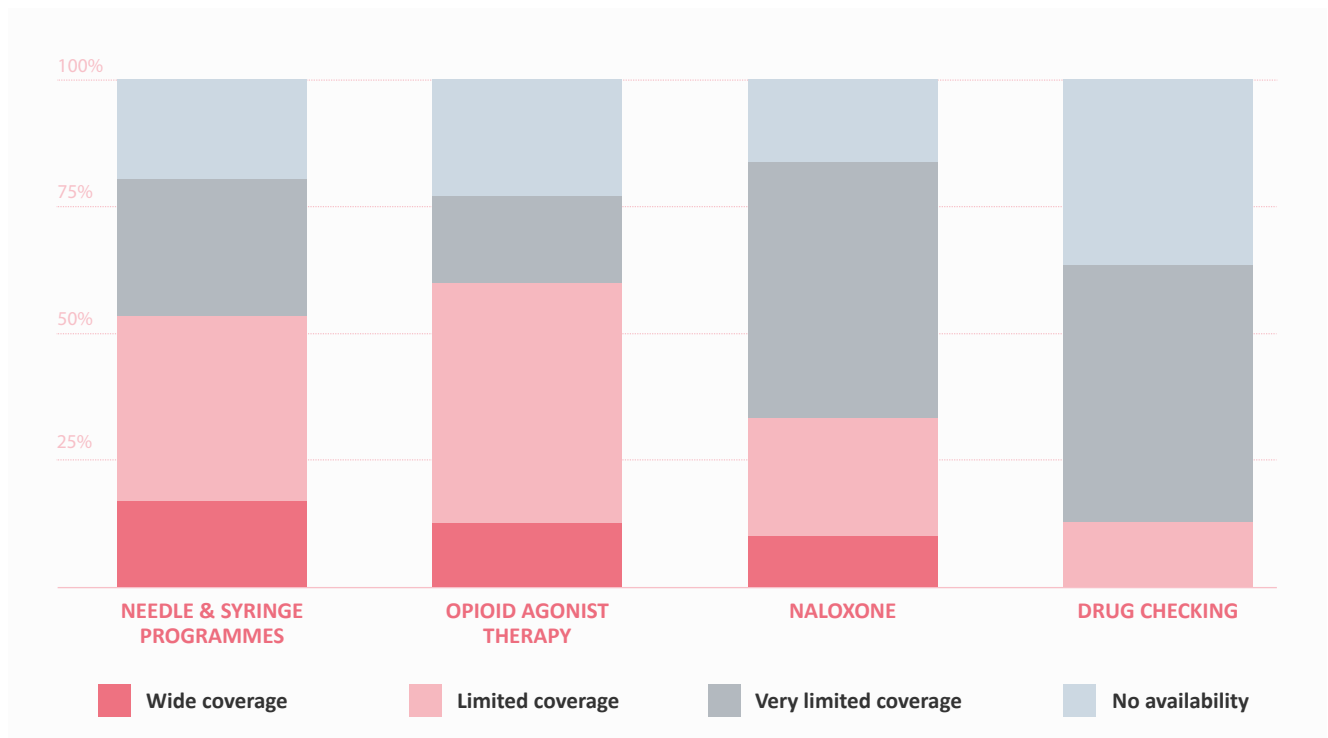
IDPC’s Civil Society Survey shows that out of 33 countries, an improvement in access to harm reduction services since 2019 was reported in almost half (16 countries). Such improvements include: the scaling up of harm reduction services (including in Australia, Burkina Faso, Canada, Côte d’Ivoire, Kenya, Lebanon, Nigeria and others); the inclusion of services in the healthcare system, making them more affordable (e.g., in Australia); the development of street and peer outreach and the provision of legal aid services (e.g., in Canada and Kenya); and the decriminalisation of the possession of drug paraphernalia (e.g., in Kenya).¹²¹

However, even where harm reduction interventions exist, the coverage remains direly inadequate. Only 1% of people who inject drugs live in countries with the UN-recommended levels of coverage of needles, syringes, and OAT.¹²² Similarly, the Global Drug Policy Index highlighted the ‘alarming lack of availability and coverage of harm reduction interventions’, with 80% of the countries evaluated failing to reach 50/100 in this sub-dimension of the Index (see Figure 5).¹²³ Various civil society organisations reported a lack

Table 1. Comparison in the provision of harm reduction services between 2018 and 2022 (data from the Global State of Harm Reduction 2018 and 2022)¹²⁴

Number of countries with...	2018	2022	+/- Nb % increase
At least 1 NSP	86	92	+6 7% ↗
At least 1 NSP in prison	10	9	-1 10% ↘
At least 1 OAT	86	87	+1 1% ↗
At least 1 OAT in prison	54	59	+5 9% ↗
At least 1 drug consumption room	11	16	+5 45% ↗
At least 1 naloxone peer distribution programme	12	21	+9 75% ↗
At least 1 safer smoking kit distribution programme	-	19	-
Stimulant prescription available	-	2	-

Figure 5. Availability and coverage of harm reduction services in 30 countries (data from the Global Drug Policy Index 2021)¹²⁵



Credit: Juan Fernandez Ochoa

of availability of harm reduction services in rural or remote areas.¹²⁶ The quality of services also remains an issue. In some contexts, OAT provision is limited to methadone, while the psychosocial support that is recommended by the WHO, UNODC and UNAIDS is absent or underfunded. Similarly, existing NSPs can be overly rigid, thus failing to respond to clients' needs and patterns of drug use.¹²⁷

The basic understanding and indicators for harm reduction often remain narrowly focused on responses to injecting drug use, such as NSPs or OAT, to the detriment of the policies necessary to address other forms of drug use. In Indonesia for instance,¹²⁸ the Ministry of Health Regulation Number 23 Year 2022 only allows for services targeted at people who inject drugs, leaving people who use drugs without injecting non-eligible for harm reduction services. This creates a barrier to the development of other harm reduction practices such as safer smoking kits, while creating the false assumption that the only objective of harm reduction is to prevent HIV infection, rather than the health and dignity of people

who use drugs as a whole. It is therefore unsurprising that safer smoking kit distribution and stimulant prescription programmes remain severely limited. Interestingly, drug checking services (whether State sanctioned or not), while by no means widely accessible, are now available in an increasing number of countries¹²⁹ and are gaining traction at the UN as a key harm reduction intervention.¹³⁰

Finally, the COVID-19 pandemic has resulted in major setbacks to service provision. According to the UNODC, of 46 countries reporting on treatment delivery aggregates before and after the pandemic, 40% registered a decline in the number of people in treatment between 2018 and 2021.¹³¹ Nonetheless, the pandemic has also enabled service providers to innovate and provide more flexible services to the community of people who use drugs, including via mobile, online and peer-led outreach programmes, telehealth services, greater flexibility in dispensing take-home naloxone and OAT and 24h needle and syringe and crack pipe dispensaries.¹³²

Blind spot 3: Recognising the importance of harm reduction amidst a global public health crisis

Although a majority of countries support harm reduction in their national drug strategies and most countries provide some form of harm reduction interventions, harm reduction has historically been a controversial topic in UN drug control fora. As a result, the 2019 Ministerial Declaration – as all previous UN political document on drugs – refrains from explicitly endorsing ‘harm reduction’, using instead the opaque and qualified wording: ‘initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse’, and only once in the whole text. It should also be noted that the number of CND resolutions covering different aspects of harm reduction has drastically reduced since 2019.

As a result of this politicisation, harm reduction interventions have not received appropriate support from some UN entities, particularly the UNODC. A clear example of this is the current lack of international guidance on drug consumption rooms. Drug consumption rooms – also called ‘overdose prevention sites’ or ‘supervised consumption facilities’ – are sites where drugs can be used safely, often under monitoring by trained staff or peers. Drug consumption rooms aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths, and connect people who use drugs at higher risk with treatment,

harm reduction, health and social services.¹³³ While a growing number of countries have green-lighted the opening of drug consumption rooms – with the recent addition of the USA and Scotland – their coverage remains extremely limited, particularly taking into consideration the historic records in overdose-related deaths. More clear and explicit international guidance and support on this matter is urgent.

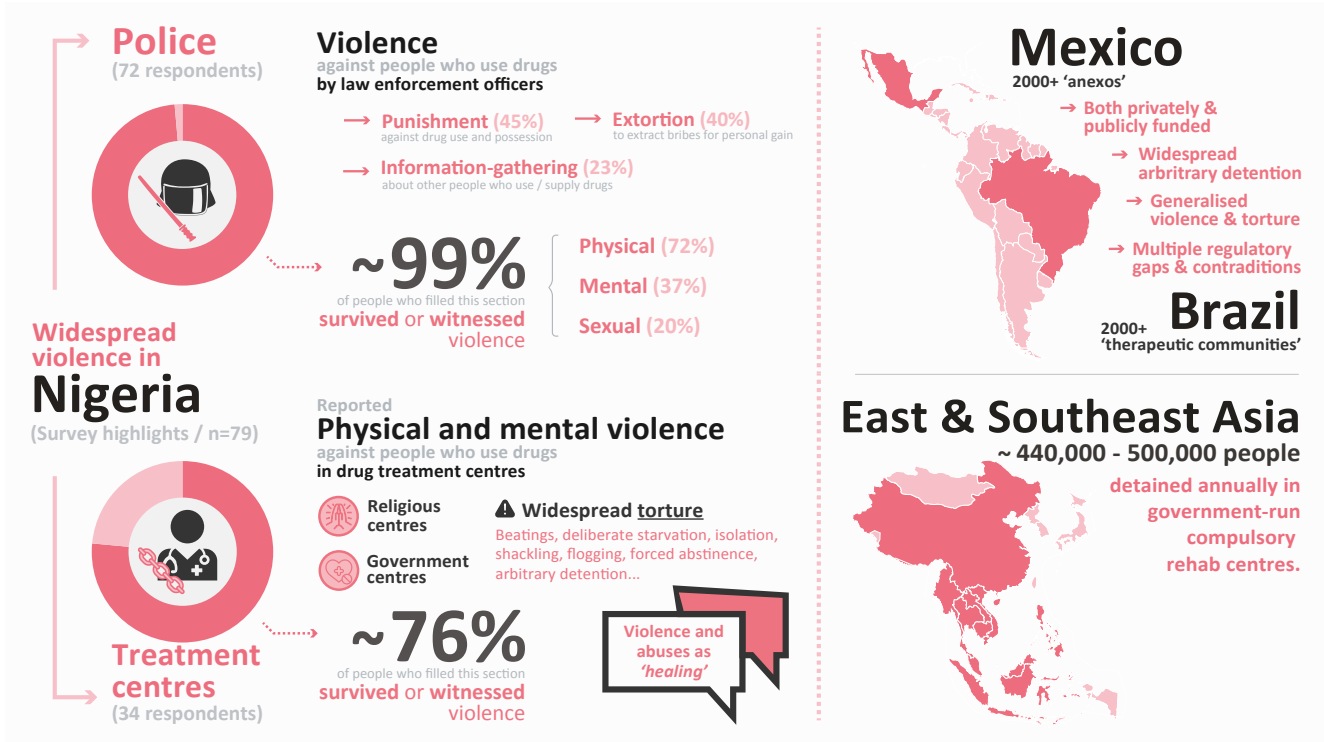
The political taboo on harm reduction has also contributed to the harmful persistence of a too-narrow understanding of harm reduction interventions, which is still linked to responses for drug injection practices developed in the Global North since the 1970s, such as NSPs and OAT. As noted above, this has been to the detriment of supporting and investing in harm reduction interventions aimed at other forms of drug use, such as smoking, inhaling or ingesting, which are predominant in Global South countries.

In April 2023, the UN Human Rights Council was the first UN body to include explicit support for harm reduction in a resolution on drugs.¹³⁴ The General Assembly and the Human Rights Council had already mentioned harm reduction in prior documents on HIV/AIDS.¹³⁵ The mid-term review constitutes an opportunity to break the taboo on harm reduction and include, for the first time, these words in a document negotiated in Vienna.

Ongoing human rights concerns in drug dependence treatment centres

It is estimated that only one in five people who are drug dependent receive treatment globally, with large disparities across regions and within countries,¹³⁶ and long waiting times when services are available.¹³⁷ The type and quality of treatment received also vary greatly, and there are no indicators or

consistent reporting on it. Many forms of ‘treatment’ have been strongly criticised for failing to align with available evidence,¹³⁸ and for relying on practices that may be tantamount to torture or other cruel, inhuman and degrading treatment or punishment.¹³⁹ In Nigeria, for instance, research by IDPC and AfriLaw uncovered widespread cases of forced internment, humiliation, harassment and verbal abuse, beatings, starvation, shackling, hard labour and detention in



isolation in state-run, private and religious drug 'rehabilitation' centres.¹⁴⁰ Similar reports of involuntary enrolment, abuse, mistreatment and other forms of violence were reported in countries like Brazil,¹⁴¹ Mexico,¹⁴² as well as many Asian countries¹⁴³ where it is estimated that at least 440,000 to 500,000 people are detained annually in government-run compulsory rehab facilities.¹⁴⁴ This has led 13 UN entities to issue a joint statement calling on Member States in Asia and the Pacific to urgently close down compulsory drug detention and rehabilitation centres in the region, in particular in the context of the COVID-19 pandemic.¹⁴⁵ Unfortunately, little progress has been made to date.

Intersecting vulnerabilities resulting in poor access to services

In its 2023 Global AIDS Update, UNAIDS concluded that 'intersecting discrimination and vulnerability lead to certain groups within key populations to face even higher levels of exclusion', with severe impacts on their health. Research from the Global Drug Policy Index, covering 30 countries across all continents, also underscored that in most countries people from specific ethnic groups, women and LGBTQI+ people, young people and people living in poverty face heightened obstacles in accessing drug services.¹⁴⁶

According to UNAIDS, while the median HIV prevalence among men who inject drugs is 9%, it reaches 15% among women who inject drugs.¹⁴⁷ Sex workers, in particular young sex workers, who use drugs are also more vulnerable to violence, including State violence, and have higher chances of contracting sexually transmitted infections and HIV or suffering overdoses.¹⁴⁸ This is because women who use drugs tend to experience heightened obstacles in seeking support, including criminalising laws, harassment and violence from the police, harmful gender norms that perpetuate gender-based discrimination and violence, severe social stigma and discrimination by healthcare staff, as well as fear of having their children removed from their care.¹⁴⁹ Women also have less access to harm reduction and drug dependence treatment services compared to men, due to factors such as stigma and discrimination, self-stigma,¹⁵⁰ and the lack of practical accommodations for women with caretaking responsibilities.¹⁵¹ While one in three people who use drugs are women, only one in five in treatment globally are women, with wide disparities from region to region. While women represent 37% of those accessing drug dependence treatment in Oceania and 34% in America, they only represent 17% of those in treatment in Europe, 9% in Africa, and only 3% in Asia.¹⁵² IDPC's Civil Society Survey also

underscores that the availability of services for women and LGBTQI+ people was perceived as being low in most countries, having remained unchanged in 55% of countries evaluated,¹⁵³ with decreased access in 21% of countries¹⁵⁴ and improvements reported in only 24% of them.¹⁵⁵

Men who have sex with men and who engage in chemsex may also face heightened health vulnerabilities which, according to UNAIDS, 'require a comprehensive, nonjudgemental, person-centred approach'. And yet, they continue to be left behind in the harm reduction response.¹⁵⁶

So are young people who use drugs. While there has been a reported uptake in service availability in 36% of the countries covered within the IDPC Civil Society Survey,¹⁵⁷ NGOs in half of the countries reported no improvement on the already low levels of access for young people between 2019 and 2023.¹⁵⁸ Research by the Paradigma Youth Coalition also shows how stigma, discrimination and privacy concerns constitute major barriers for young people who use drugs to access harm reduction and treatment services.¹⁵⁹

The Russian invasion of Ukraine has also shed light on the dire situation faced by people who use drugs in humanitarian settings, as they tend to experience significant structural, language, cultural and other barriers in accessing harm reduction and treatment services. These barriers include sudden shortages in medicines and paraphernalia, criminalisation and stigmatisation that hamper service provision, lack of knowledge and awareness of drug use-related issues by humanitarian organisations, among many others.¹⁶⁰ This is in addition to coping with the trauma associated with war, violence and forced displacement.¹⁶¹ In the case of Ukraine, territories occupied by Russia no longer provide OAT and other harm reduction programmes, and arrests and detention of patients caught in possession of OAT have been reported.¹⁶² Similar situations associated with war and conflict were also reported in countries, including in Asia. Repressive regimes and internal conflicts have created major obstacles hampering access to harm reduction and treatment services, as well as increased criminalisation of youth and people who use drugs.¹⁶³



Credit: Juan Fernández Ochoa

Testimony: Accessing harm reduction services at times of war in Ukraine

I use opioids and have been a participant in an OAT programme since 2008. Since April 2019, I have been living in Sievierodonetsk, Luhansk region. At that time, OAT had already switched to State funding and there was a problem with the low quality of OAT drugs. In 2020, the COVID-19 period and related lockdowns began. In the Luhansk region, the checkpoints between Ukraine's occupied and controlled territories closed down and OAT patients from the occupied territories were deprived of access to essential medicines. Due to restrictions or bans on movement outside the region, the amount of street drugs decreased, people stayed at home, did not work, and used psychoactive substances, which led to an increase in demand for psychoactive substances and higher prices. Street drugs were being diluted, and within three months, many people with a drug dependence had a decreased level of tolerance. This led to a wave of overdoses, when new batches of high-quality street drugs arrived after a three-month break.

On 24 February 2022, Russia's full-scale military aggression against Ukraine began. Our city was constantly under shelling, there was no communication, electricity, water supply, heating or petrol. It was almost impossible to buy street drugs, many people found themselves in a situation where it was life-threatening to get to the OAT site, they had to get through checkpoints, in their own transport or on foot, there were cases when a person walked 30 km one way.

It's very difficult when there is a war around. When you are surrounded by darkness, cold, explosions, broken windows, when you don't know what to do. When you have a wife and two children, aged 3 and 8, who walk around the house dressed because it's as cold as

outside you have a constant desire to use something to distract yourself from this horror. A person who uses drugs during the war faces the problem of how to provide themselves with substances in a war when everything around them is falling apart. In such conditions, some people start to unite to help each other, while others, on the contrary, seclude themselves. If you are at risk of experiencing withdrawal, you will not pay attention to the threat to your life or health, you will go through minefields under fire to get what you need.

Since January 2022, we have been constantly demanding that OAT drugs be distributed for up to 30 days – on 4 March 2023, the Ministry of Healthcare of Ukraine adopted Order No. 409, which provided for this possibility. Thanks to this Order, we were able to save people from interrupting their OAT treatment, especially those who evacuated abroad and faced the unpreparedness of the healthcare system to provide access to life-saving medications. We, the NGO Resource Centre 'VOLNA-Donbas', helped to ensure the operation of OAT rooms until 30 May 2022, when the last distribution was made in the Luhansk region. I transported patients from their homes to the OAT room in my car under fire, and thanks to this, dozens of people got access to their medication. As a peer counsellor, I continued to advise OAT patients from Luhansk Oblast who had evacuated to the western regions of Ukraine from the hotspots on various issues: where to get humanitarian aid, OST and antiretroviral medications, where temporary shelters were available, how to get clothing and food.

At the same time, I evacuated myself, moved between different cities in Ukraine, while my wife and children lived in Vilnius for some

time, receiving support from EHRA [the Eurasian Harm Reduction Association] and local organisations. With the financial support of EHRA, ENPUD [the Eurasian Network of People Who Use Drugs], and the Alliance for Public Health, we continue to provide assistance to key communities: we provided people with heaters, warm clothes, bed linen, and warm blankets, food and hygiene products, we help pay for hepatitis C testing so that

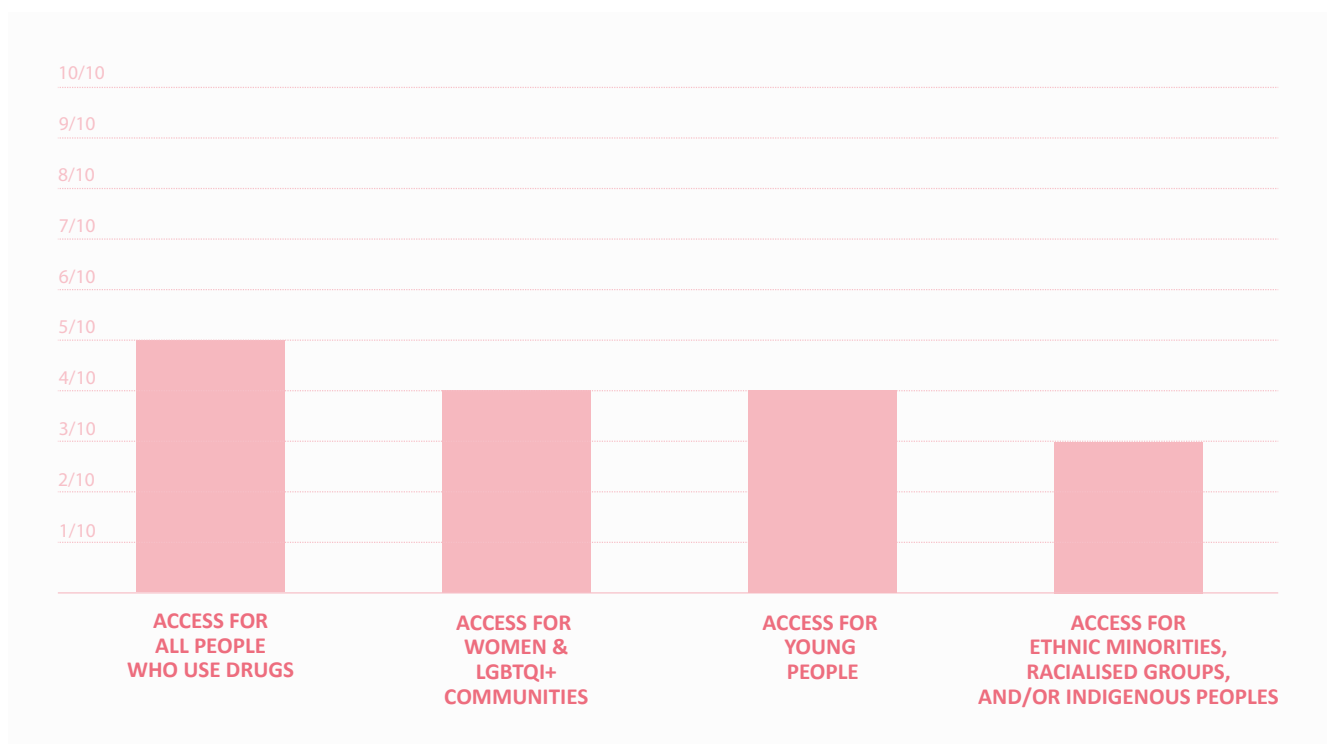
people can receive treatment, and we help treat ulcers. The organisation has opened a community centre and an 'Unbreakable Point' for key communities in Kramatorsk, Donetsk Oblast, where people can get laundry and drying services, hairdressing services, and drink delicious coffee and tea with cookies during meetings of the community initiative group.

Alexey Kvitkovsky, Ukraine

Finally, the Working Group of Experts on People of African Descent concluded that people of African descent faced ongoing racial disparities in accessing health and drug treatment services, while being disproportionately targeted by the criminal legal system ([see below](#) for more details).¹⁶⁴ This is unfortunately the case for Black, Brown and Indigenous people who use drugs all over the world.¹⁶⁵ As a result, in Canada, hepatitis C incidence is five times higher among

Indigenous people than among the general population, while Aboriginal and Torres Strait Islander people in Australia and the Māori population in New Zealand are particularly affected by drug use-related harms.¹⁶⁶ Worryingly, our Civil Society Survey also shows that in all but two countries assessed, access to harm reduction for ethnic groups, racial groups and/or Indigenous Peoples had either remained unchanged, or had worsened since 2019.¹⁶⁷

Figure 6. Perceived level of access to harm reduction services as of 2023, score out of 10 (1 being low, 10 being high) (results from IDPC Civil Society Survey)



Credit: Juan Fernandez Ochoa

Tackling the funding gap for harm reduction

Countries spend on average 750 times more on drug law enforcement than on harm reduction.¹⁶⁸ In 2023, UNAIDS reported that funding for harm reduction was only 5% of the level required in low- and middle-income countries,¹⁶⁹ while the Global Drug Policy Index showed that out of the 30 countries evaluated, only five had achieved adequate levels of funding.¹⁷⁰ This huge funding gap was exacerbated by the

COVID-19 pandemic, which led many countries to further deprioritise harm reduction over other health issues. According to IDPC's Civil Society Survey, in at least seven countries (Benin, Brazil, Hungary, India, Indonesia, Mexico and Myanmar) the provision of harm reduction services was perceived as having worsened since 2019 due, in part, to reductions in funding.¹⁷¹ At the same time, research has uncovered how development aid has been used to fund highly punitive drug control efforts which have undermined the health and human rights of affected communities.¹⁷²

2.5 Ensuring improved access to controlled medicines for pain relief and palliative care

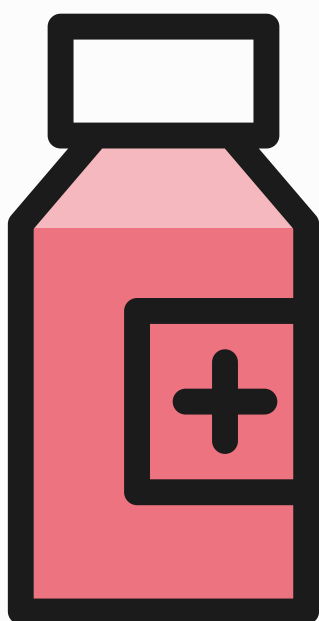
The Ministerial Declaration highlights, as a major challenge of national, regional and international drug policy, the fact that:

‘the availability of internationally controlled substances for medical and scientific purposes, including for the relief of pain and palliative care, remains low to non-existent in many parts of the world’

According to the INCB’s latest data, there remains a huge disparity in access to controlled medicines worldwide, despite the fact that **SDG 3.8** commits Member States to ensure universal health coverage, including access to safe, effective, quality and affordable essential medicines for all. The latest available data show that the consumption of opioid analgesics is relatively high in North America, Western Europe, Australia and New Zealand, and has improved in Russia and some Eastern European countries. However,

the situation remains highly problematic in Africa, the Eastern Mediterranean, Southern and Eastern Europe, Latin America and parts of Asia.¹⁷³ In practical terms, this means that over 82% of the global population has access to less than 17% of the world’s morphine-based medicines.¹⁷⁴ The 40-fold difference in the availability of opioids per capita for pain management and palliative care between high-income and low- and middle-income countries illustrates egregious global inequality.¹⁷⁵

The ongoing inequality between high-income and low- and middle-income countries with regards to access to controlled medicines for pain relief and palliative care can be traced back to the drafting of the UN drug control treaties. These conventions were originally designed by and for industrialised nations, with little regard for the consequences their provisions might have on low- and middle-income countries. The conventions thus imposed various bureaucratic and logistical processes for controlled medicines that



82% of the world uses **less than 17%** of all morphine-based medicines

While 83% of the world’s morphine is used in high-income countries



the authors of the conventions knew would work in industrialised nations with well-established medical supply processes and strong administrative systems. However, all countries are now expected to follow similar rules, and these are often implemented in a very strict and onerous manner at national level. This is coupled with the fact that the conventions also banned the use of controlled substances that had traditionally been used as medicines in the Global South, thus barring Indigenous and traditional practitioners from using them legally. The following decades showed the devastating consequences of this rigid and colonial system on millions of people who continue to be denied access to medication for pain relief and palliative care.¹⁷⁶

IDPC's Civil Society Survey echoes this conclusion. In 42% of the countries evaluated, the availability of controlled medicines was perceived as being unchanged since 2019,¹⁷⁷ and to have worsened in 18% of the countries (mostly in the Global South).¹⁷⁸ This was explained¹⁷⁹ by the lack of access to the medicines themselves, opioid-phobia, little access outside the capital and major cities, the high prices of medicines, or bans on substances like tramadol and codeine.¹⁸⁰ The INCB identified additional impediments, such as lack of training or awareness among health professionals, cultural bias, fear of diversion towards the illegal market, trade control measures,

and fear of prosecution and sanctions. To make matters worse, the COVID-19 pandemic created unprecedented challenges to countries' economies, supply chains and public health systems. While the global supply chain of medicines was adversely affected, logistical challenges arising at the national level, from morbidity, border closures and social distancing policies, prolonged delays from which many countries still have not recovered.¹⁸¹ Despite these concerns, various Member States continue to vocally push for additional pain relief medicines to be scheduled at the CND – including ketamine and tramadol – despite clear recommendations against such moves by the WHO.

More positively, respondents in IDPC's Civil Society Survey reported progress in ensuring access to cannabis-based medicinal products.¹⁸² And indeed, since 2019 at least 18 countries have adopted laws or policies facilitating access to cannabis-based medicines, among them Albania,¹⁸³ Barbados,¹⁸⁴ Brazil,¹⁸⁵ Chile,¹⁸⁶ Costa Rica,¹⁸⁷ Ecuador,¹⁸⁸ Ireland,¹⁸⁹ Lebanon,¹⁹⁰ Mauritius,¹⁹¹ Morocco,¹⁹² Norway,¹⁹³ Panama,¹⁹⁴ Rwanda,¹⁹⁵ South Africa,¹⁹⁶ South Korea,¹⁹⁷ Sweden,¹⁹⁸ the UK,¹⁹⁹ Zambia²⁰⁰ and Zimbabwe.²⁰¹ At the UN, in December 2020 the CND voted in favour of the WHO ECDD's recommendation to remove cannabis from Schedule IV of the 1961 Single Convention,²⁰² a long-overdue recognition of cannabis' potential medical value.²⁰³

Testimony: The tragedy of lack of access to morphine for Mona and her son Hamza

I would like to share the story of our son Hamza. He suffered from Ewing sarcoma [a rare type of cancer that occurs in bones or in the soft tissue around the bones] for three years. The cancer spread throughout his body and the pain was out of control. The only rest he found was in the form of morphine, a painkiller that allowed him to sleep, eat and even breathe.

The most important challenge at that hard time was obtaining morphine, as it was almost impossible to get any kind of morphine from Syria or from Lebanon. And we found ourselves waiting for any donation for

morphine from Balsam Association to get some medicine for our son. Looking for medicine was our daily mission because we understood that any laps in our efforts would mean a hard pain for our beloved son.

Unfortunately, Hamza passed away six months ago. But we are satisfied that we did everything that can be done for him to reduce his pain. I really hope all organisations can provide essential support for all patients in our region to get this critical medicine. Together, we can make a difference and we can offer a ray of hope for those who need it most.

Mona, Syria



In parallel, the therapeutic use of psychedelic substances²⁰⁴ is developing for the treatment of various illnesses, such as depression, anxiety, PTSD and drug dependence, with over 450 clinical trials ongoing worldwide, mainly in high-income countries. When combined with 'conventional psychotherapies', the UNODC underlined the 'early yet promising results on the potential use of psychedelics to treat a range

of mental health disorders'.²⁰⁵ Whilst these developments are very encouraging, several cases of sexual abuse and ethical issues associated with various clinical trials involving psychedelics,²⁰⁶ as well concerns about profit-driven hype and over-promising,²⁰⁷ call for caution when assessing the future contribution of psychedelics in mental health services.

2.6 Reforming drug policies not in conformity with international human rights obligations

One of the most positive aspects of the Ministerial Declaration was its recognition that:

‘responses not in conformity... with applicable international human rights obligations pose a challenge to the implementation of joint commitments’

Historically, the worst impacts of punitive drug policies have been disproportionately concentrated in the Global South, with Global North countries externalising the responsibility of reducing illegal drug supply to producer and transit countries located in the Global South. The ensuing drug wars waged in these countries have resulted in widespread human rights abuses, and escalating cycles of violence and corruption.²⁰⁸

Since 2019, the international community’s effort to address drug responses ‘not in conformity with applicable international human rights obligations’ has been unequal, and largely insufficient. At the same time, the last four years have witnessed an unparalleled acceleration in the understanding of the human rights implications of drug control. Much of these developments have originated in the UN human rights institutions and experts based in Geneva, which have provided a host of new findings and recommendations. The latest to date is a landmark 2023 report by the OHCHR produced as an official contribution to the mid-term review, which provides a comprehensive description of the role of the punitive drug policy paradigm in driving systematic human rights violations.²⁰⁹

In contrast, the UNODC has come under harsh criticism for declining to prioritise the human rights dimension of drug policies in its strategy,²¹⁰ public statements²¹¹ and its yearly World Drug Reports, while the CND has not debated any resolution dedicated to the topic of human rights since 2008.²¹² The incapacity of the global drug policy regime to provide

guidance on a human rights-based approach to drug policy is deeply concerning, and should be addressed at the mid-term review.

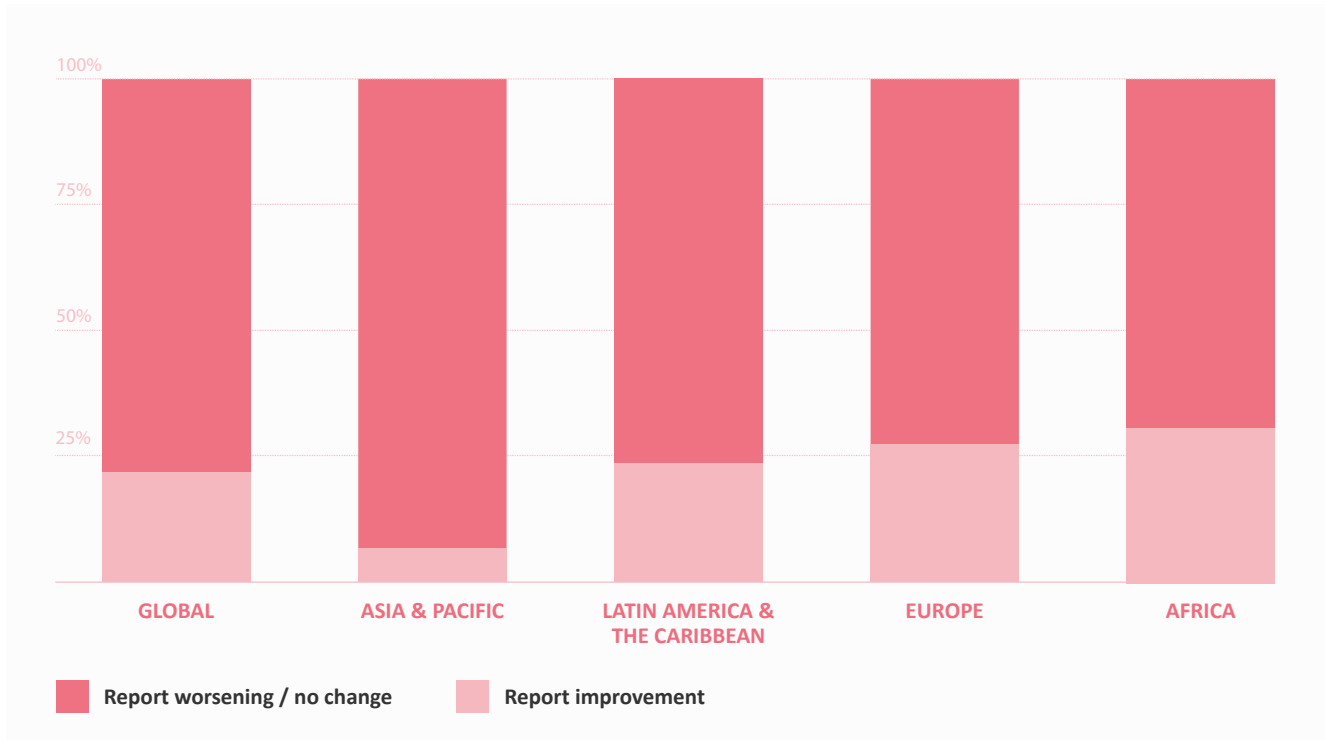
On the ground, responses to the IDPC Civil Society Survey complement desk-based research in showing a fragmented picture. While there are some positive developments towards the alignment of drug policies with human rights, in some regions the trend is clearly negative. Only 21% of the civil society respondents reported that the human rights situation had improved in their country or region, while 43% noted it had worsened, and no change was reported by 34% of the respondents. The trend was most negative in Asia and the Pacific, where only one out of the 14 respondents had seen an improvement since 2019.²¹³ The range of violations is very broad, from the continued use of the death penalty to daily harassment, stops and searches, and discrimination against people who use drugs, even in countries that have decriminalised drug use and possession for personal use.²¹⁴

The right to life

Historically, the UN’s interest in the human rights impacts of drug policies has revolved around the right to life, in particular the death penalty and extrajudicial killings. Whilst these issues still require the full attention of international bodies, it is essential that they are recognised as the tip of the iceberg of a much larger range of drug policy-related human rights violations that require the attention of the international community.

The incompatibility of the death penalty for drug offences with international human rights law is well established. Under article 6.2 of the International Covenant on Civil and Political Rights, capital punishment must be restricted to ‘the most serious crimes’. Both the Human Rights Council²¹⁵ and the Human Rights Committee²¹⁶ have made it clear that ‘the most serious crimes’ must be interpreted only as offences

Figure 7. Civil society perception of change in the human rights situation in the 2019-2023 period (results from the IDPC Civil Society Survey)



Credit: Juan Fernandez Ochoa

involving intentional killing, and have explicitly excluded drug offences from that remit.

Although the list of abolitionist countries is steadily growing, since 2019, not a single retentionist country has dropped the death penalty for drug offences. However, on a very positive note in 2023 Malaysia abolished the mandatory death penalty with retroactive effects, granting judges discretion to impose alternative sentencing.²¹⁷ According to Harm Reduction International, the reported number of people executed for drug offences rose from 91 in 2019²¹⁸ to 285 in 2022²¹⁹ – though figures for China are unknown due to the secrecy that national authorities maintain over capital punishment figures. In November 2021, dozens of civil society organisations and activists,²²⁰ UN human rights experts,²²¹ and the High Commissioner for Human Rights²²² urged the government of Singapore to halt the execution of Nagaenthran a/lk Dharmalingam, a person with intellectual disabilities convicted for importing 42.27 grams of diamorphine into the country. This call was not heeded despite the prohibition under international law of executing people with disabilities. Many of them were in situations of marginalisation and allegedly involved in

very low-level drug activities. In some cases, there were serious claims of breaches in due process. Similarly, in Saudi Arabia, the world’s top executioner, Amnesty International has documented numerous cases in which people accused of drug offences were sentenced to death following unfair trials that fell short of international human rights standards.²²³

The militarisation of drug responses, including through policies or practices that authorise the use of lethal force in drug control, often results in extrajudicial killings and other human rights violations.²²⁴ The period between 2019 and 2023 was no exception including in the Philippines, which has been the most salient example of extrajudicial killings connected to drug policy. Whilst the number of deaths associated with former President Duterte’s anti-drug campaign in 2016 was unparalleled, people suspected of using or selling drugs have continued to be killed in the seven years since, even with the arrival of the Marcos Administration in 2022.²²⁵ According to the Dahas project, there were at least 342 drug-related killings between July 2022 and June 2023, including 115 people killed by State agents.²²⁶

Testimony: Caught in India's war on drugs: Raj's testimony

In the heart of Patna city, in the state of Bihar, India, that has been overshadowed by the relentless war on drugs, I found myself ensnared in a web of injustice. A professional taxi driver and a loving father of two sons, I became an unwitting casualty of the aggressive anti-drug campaigns that swept through our community. One fateful night, a squad of armed officers stopped my taxi, and found a substantial amount of heroin in the possession of the passenger who managed to get freed by paying a huge bribe to the officials. Finding a soft target at the crime site, the cops alleged I was connected to the drug trade without evidence.

Detained without due process, I endured physical abuse and intimidation, my dignity

was stripped away by those meant to protect it. It became painfully clear that the war on drugs was a breeding ground for unchecked power and brutality. Forced to navigate a Kafkaesque legal system, I grappled with the trauma of my ordeal, witnessing firsthand the erosion of justice in the name of an elusive war.

I was released from prison after 8 years, my tale stands as a testament to the human cost of policies that prioritise punitive measures over compassion, leaving shattered lives in the wake of a battle that was supposed to bring security but, instead, left scars on the very fabric of humanity.

Raj, resident of Patna city, state of Bihar, India

The use of lethal force in drug control efforts is not limited to the Philippines. According to the Global Drug Policy Index,²²⁷ extrajudicial killings in the name of drug control were 'regular' occurrences in six out of the 30 countries reviewed (Afghanistan, Colombia, Indonesia, Lebanon, Kenya, and Thailand), whilst killings were regarded as 'widespread' in Mexico, and 'endemic' in Brazil; the latter matches the regular reporting of dozens of deaths in drug control operations across the country.²²⁸ In Colombia, between 2016 and 2020 the organisation *Observatorio de Tierras* reported 95 clashes between armed forces and communities directly due to militarised crop control efforts; 20% involved the use of firearms on the side of the army, and 6% resulted in death.²²⁹ News that in April 2023 Ecuador authorised the use of lethal force against seven drug trafficking organisations is concerning evidence that this practice is not coming to an end.²³⁰

Worryingly, international efforts to counter the ongoing wave of extrajudicial killings in drug control operations have taken place only in the case of the Philippines. In January 2023, the Pre-trial chamber of the International Criminal Court authorised its Prosecutor to resume investigations on possible 'crimes

against humanity' committed during the anti-drug campaign between 2011 and 2019.²³¹ After the ICC launched a preliminary examination of possible crimes committed in the country, the government of the Philippines announced their withdrawal from the Rome Statute and has since refused to cooperate with these investigations.²³² In addition, so far there have been few efforts by the UNODC, the INCB, and Member States to identify and prevent the structural connections between militarisation, punitive drug policies, and the lethal use of force. The UN High Commissioner for Human Rights has pointed to that direction by recommending that drug law enforcement is primarily reserved for civilian law enforcement agencies, while the participation of military forces should be extraordinary, temporary, when strictly necessary in specific circumstances, and subordinated to civilian forces.²³³

The prevention of stigma and promotion of equality and non-discrimination

States' obligation to ensure equality and non-discrimination are a central element of international human rights law.²³⁴ This is also enshrined in the

2030 Agenda for Sustainable Development, with **SDG 5.1** urging Member States to end all forms of discrimination against women and girls, while **SDG 10.3** aims to eliminate discriminatory laws, policies and practices and promote appropriate legislation, policies and action to ensure equal opportunity and reduce inequalities of outcomes.

Discrimination is multifaceted, intersectional, and can be driven by many factors. In the context of drug policy, stigma and discrimination against people who use drugs in the form of negative attitudes, beliefs or behaviours – including self-stigma – are widely recognised as barriers to accessing life-saving health interventions. They are also an impediment to the enjoyment of a broad range of human rights, particularly when they intersect with other forms of discrimination on the basis of race, gender identity, sexual orientation, class or age.²³⁵ The CND has recognised the importance of this topic with a recent resolution concerning ‘people impacted by social marginalisation’,²³⁶ while the theme of the 2023 World Drug Day was ‘People first: stop stigma and discrimination, strengthen prevention’.²³⁷

National practice often fails to follow this international trend. The stigmatisation and demonisation of people who use drugs remain a central element of government narratives and policies across the world. Out of the 54 civil society representatives consulted in the IDPC Civil Society Survey, 63% reported that

since 2019 their government had conducted campaigns that stigmatise people who use drugs – with reports coming from all regions. Respondents pointed to the use of offensive stereotypes in prevention campaigns, scare tactics, messaging that has no basis in evidence, and an emerging practice of blaming people who use drugs for organised crime violence by politicians in France,²³⁸ the Netherlands and the UK, and by the European Commission. In Colombia, stigmatising attitudes towards people who use drugs were part of an effort by the Duque Administration to reverse the ‘right to a minimum dose’ of drugs for personal use.²³⁹ In Mexico, President López Obrador has publicly criticised the use and provision of naloxone, arguing that it does not address the root causes of the problem.²⁴⁰ Authorities in some countries in Eastern Europe and Central Asia have used allegations of drug use to taint or stigmatise political opposition, or have adopted ‘drug propaganda’ laws that seek to ban drug policy and harm reduction advocacy.²⁴¹

According to the civil society organisations surveyed for this report, drug control operations have a disproportionate impact on marginalised communities to a significantly high degree, in all corners of the world. However, only 12 out of the 54 survey respondents (22%) reported government efforts to reduce – directly or indirectly – such disproportionate impacts. If we exclude the African region, where most of these efforts were reported, the percentage drops to 14%.

Blind spot 4: Drug policies and the right to be free from racial discrimination

The International Convention for the Elimination of Racial Discrimination was the first human rights treaty to be ever adopted in 1964, at the initiative of the States emerging from decolonisation. Since then, the right to be free from racial discrimination has been at the heart of the UN and is enshrined in **SDG 16.b** which promotes non-discriminatory laws and policies. This topic gained new salience in the summer of 2020, when the UN human rights system responded to the Black Lives Matter movement with the creation of a new special human rights mandate on racial justice and equality in law enforcement²⁴² – a topic closely connected to drug laws. However, so far racial discrimination has been almost completely absent from the work of the UNODC and the formal agenda of the CND.

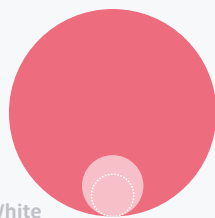
The disproportionate racial impact of policing is not unique to the enforcement of drug laws. However, the criminalisation of drug possession for personal use and of low-level drug

activities is a major enabler of interactions between the police and marginalised groups. Overwhelming evidence shows that people of African descent and racial minorities are disproportionately targeted in all phases of drug law enforcement. According to UK government data,²⁴³ in England and Wales there were 526,024 stop-and-searches between April 2021 and March 2022, 65% of which were for suspicion of carrying drugs. Those identifying as Black were searched at six times the rate of white people, whilst Asian people were searched at a rate 2.1 times higher than white people.²⁴⁴ In the USA, although levels of drug use are similar across people of different ethnicities, Black people comprised '12% of the US adult population but more than twice that share of adult drug arrests in 2019'.²⁴⁵ In the city of Vancouver, Indigenous people make up just 2.5% of the population, yet account for 15.6% of those arrested for cannabis possession. In Ottawa, Indigenous people are arrested at a rate of 20.8 per 10,000, Black people at

The 'war on drugs' fuels racism

England & Wales

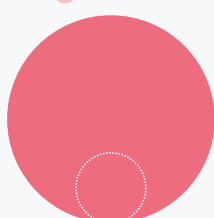
Drug-related stop & search



White
Asian —2.1x more likely
Black —6x more likely

United States

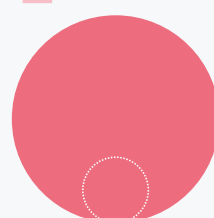
Drug-related arrests



White
Black —2.2x more likely

Brazil

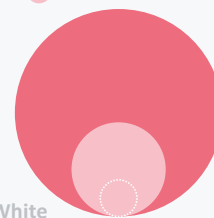
Drug-related prosecutions



White
Black —2.5x more likely

Vancouver, BC

Non-cannabis drug-related arrests



White
Black —6.6x more likely
Indigenous —8x more likely

'Globally, the war on drugs has disregarded the massive costs to the dignity, humanity and freedom of people of African descent, despite compelling evidence that it has succeeded better as a means of racial surveillance and control than as a mechanism to curb the use and sale of narcotics...'

UN Working Group of Experts on People of African Descent

Credit: Juan Fernandez Ochoa

a rate of 26.7 per 10,000, and white people at a rate of 5.4 per 10,000. Out of the 30 countries reviewed in the Global Drug Policy Index, Brazil, Canada, Mexico, Nepal, South Africa and the UK scored particularly low with regards to the disproportionate impact of racial and ethnic minorities in the enforcement of drug laws.²⁴⁶

In 2021, the UN High Commissioner for Human Rights concluded that 'the discriminatory application of criminal law must be tackled at every stage, including by reforming drug-related policies, laws and practices with discriminatory outcomes, in line with international human rights standards'.²⁴⁷ Going a step

further, the High Commissioner recommended that States 'adopt drug policies that explicitly protect against discrimination'.²⁴⁸ The most recent Human Rights Council resolution on human rights and drug policy also 'Urges States to adopt a systemic approach to preventing and eliminating racial discrimination at all stages of the development, implementation, monitoring and evaluation of drug policies and programmes'.²⁴⁹ The CND and the UNODC should heed the call by this broad range of human rights bodies to pay increased attention to racial discrimination in the context of drug policy, and the 2024 mid-term review will be an opportunity to address this important gap.

Testimony: The impacts of racialised drug law enforcement in Brazil

My name is Manoela Andrade. I was imprisoned and psychologically tortured by the police in my home state at the age of 17 for engaging in sex work and using psychoactive substances in the company of a rich white man. He was never held accountable for the illicit substances in his luxury car, but I was held accountable for it, and was deprived of my liberty for a year.

We all know that the war on drugs was never against drugs, but against specific people. But what you may not know is that we, black women, are the most affected by this

genocidal political project of body control. I am a 34-year-old Black woman from the periphery who has felt this control and violence on my own skin.

My life began to change just four years ago, when I got to know harm reduction and realised that much of what I went through was never really my fault, when I finally understood that everything I went through was part of a genocidal project targeting specific people.

Manoela Andrade, Brazil

The rights to be free from arbitrary detention, torture and other ill-treatment

The 2021 study on drug policies by the UN Working Group on Arbitrary Detention revealed the outsized role of drug control in driving arbitrary deprivation of liberty in all regions of the world, including through mass incarceration for drug offences, administrative

detention for drug use, gross violations of the right to a fair trial, and involuntary internment in public and private drug treatment centres.²⁵⁰ In 2022, the UNODC and UNAIDS estimated that between 440,000 and 500,000 people are administratively detained in compulsory drug detention centres in Asia and the Pacific, simply for drug use.²⁵¹ On top of that, it is impossible to know how many people are involuntarily interned in rehab centres, either public or private, but evidence points to a widespread practice globally.²⁵²

There is a close linkage between arbitrary detention and torture. In all detention settings – be it prisons, government-run facilities, or private centres where people who use drugs are held – people are often held in overcrowded and unsanitary spaces, and are subjected to conditions that can be tantamount to torture or other forms of ill-treatment. These include the lack of access to evidence-based drug treatment, the imposition of punishment disguised as discipline and ‘tough love’, and myriad forms of abuse (see [above](#) for more details). Besides places of detention, people who use drugs and who are in situations of vulnerability and marginalisation have reported physical and mental abuse at the hands of law enforcement in the thousands of encounters with the police that take place every day, everywhere, and that go unreported, undocumented and therefore unaddressed.²⁵³

In its 2021 report on drug policies, the Working Group on Arbitrary Detention provided a series of recommendations for policy reform. They include the decriminalisation of drug use and possession for personal use; ensuring that drug treatment is always voluntary, including for people in the criminal legal system; and ensuring that decisions on drug treatment are left to medical practitioners rather than to law enforcement or the judiciary. The reception of these recommendations in Vienna was tinged with controversy, as some Member States sought, and ultimately failed, to prevent the presentation of this report at the CND.²⁵⁴

Emerging issues: Economic, social and cultural rights and Indigenous Peoples’ rights

Together with the right to health, debates around the human rights impacts of drug policies have historically revolved around civil and political rights, such as the right to life or the right to be protected from the arbitrary deprivation of liberty. But developments across the UN system are placing the spotlight on the need to also address the impact of drug policies on a broader range of economic, social and cultural rights. In October 2022, the UN Committee on Economic, Social and Cultural Rights (CESCR) announced that it would start work on a General Comment on the impacts of drug policies on economic, social, and cultural rights.²⁵⁵

In recent years, the CESCR has been the most active human rights treaty body in providing recommendations related to drug policy, most of them concerning different dimensions of the right to health, with a particular emphasis on harm reduction.²⁵⁶ The General Comment is expected to provide guidance on often neglected aspects of human rights in drug policy, such as the right to education, the right to work, the right to an adequate standard of living (including income, food, and housing), the right to a family life, and the right to social security. Research indicates that punitive drug policies can impose significant barriers to the enjoyment of these rights, particularly amongst people who use drugs and those whose livelihood depends on the illegal drug market, which ends up excluding the most marginalised from the formal economy and basic state services, and failing to protect women who use drugs from gender-based and other forms of violence.²⁵⁷ All of this should be reflected at the 2024 mid-term review.

Blind spot 5: Decolonising the global drug control regime: Addressing the tension between the drug conventions and Indigenous Peoples' rights

The international drug scheduling system established by the 1961 Single Convention on Narcotic Drugs is shaped by the racial prejudices of the people that led the negotiations – mainly delegates from Global North countries, led by the USA.²⁵⁸ This resulted in the inclusion of certain parts of the cannabis plant, the opium poppy, and the coca leaf in Schedule I of the Convention, and the adoption of a series of commitments to eradicate traditional forms of opium smoking, the use of cannabis and its extracts, and the chewing of the coca leaf.²⁵⁹ These provisions are in direct contradiction with Indigenous Peoples' right to 'their traditional medicines and to maintain their health practices, including the preservation of their vital medicinal plants', as recognised in the UN Declaration on the Rights of Indigenous Peoples.²⁶⁰ The mid-term review is an opportunity to initiate a discussion on how to ensure that UN drug control bodies can contribute to protecting and preserving these traditional uses, and decolonise the global drug control regime.

The decision by the government of Bolivia to initiate a review of the status of the coca leaf under Schedule I of the 1961 Single Convention has brought Indigenous Peoples' rights to the forefront of international drug policy debates.²⁶¹ The rationale for including the coca leaf in the Convention is mainly rooted in a report by the Economic and Social Council (ECOSOC) Commission of Inquiry on the Coca Leaf from May 1950,²⁶² which has been criticised for its arbitrariness, poor methodology,

lack of precision, racist connotations about the 'Andean Indian', and disregard for traditional practices. The UN Permanent Forum on Indigenous Issues has recommended that the sections of the Single Convention regarding coca leaf chewing that are inconsistent with the rights of Indigenous Peoples to maintain their traditional health and cultural practices 'be amended and/or repealed'.²⁶³

The intersection of drug policies with Indigenous Peoples' rights is also gaining increasing importance in UN drug policy fora. The latest resolutions on drug policy at the UN General Assembly and the Human Rights Council have recalled 'that Indigenous Peoples have the right to their traditional medicines and to maintain their health practices', and that they should be free from discrimination.²⁶⁴ The 2023 CND resolution on alternative development also included for the first time several positive references to Indigenous Peoples' rights.²⁶⁵

Developments on the scheduling of the coca leaf will intersect with the preparation of CESCR General Comment on drug policies, as Article 13 of the International Covenant on Economic, Social and Cultural Rights enshrines the right to take part in cultural life, which has been interpreted as protecting traditional uses of psychoactive substances for cultural, spiritual or religious purposes.²⁶⁶ At the mid-term review, Member States should to pay due attention to this increasingly important human rights dimension of drug policy.

2.7 Reducing the overuse of prison and punishment

The 2019 Ministerial Declaration commits Member States to:

‘promote, consistent with the three international drug control conventions and domestic law, and in accordance with national, constitutional, legal and administrative systems, alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature’

This is unsurprising considering that, of the 3.1 million individuals arrested for drug offences globally, around 61% were arrested for drug possession for personal use. Today, one in five people currently in prison are incarcerated for a drug offence.²⁶⁷ In Latin America and Southeast Asia, highly punitive drug laws have brought excessive pressure on the judicial system and have congested prisons with people who use drugs or who are involved in low-level drug offences such as transporting drugs, with a highly disproportionate impact on women. As such, drug laws constitute a major contributor to the global crisis of prison overcrowding. According to UN data, the total number of people in detention worldwide has grown by 17% over the past two decades, and an estimated increase from 10.74 million in 2018 to 11.5 million in 2023.²⁶⁸ Overcrowding in prisons is reported in half of countries with relevant data, and the share of people deprived of liberty in pretrial detention remains constant at about 30% of the global prison population, although it is growing amongst women.²⁶⁹

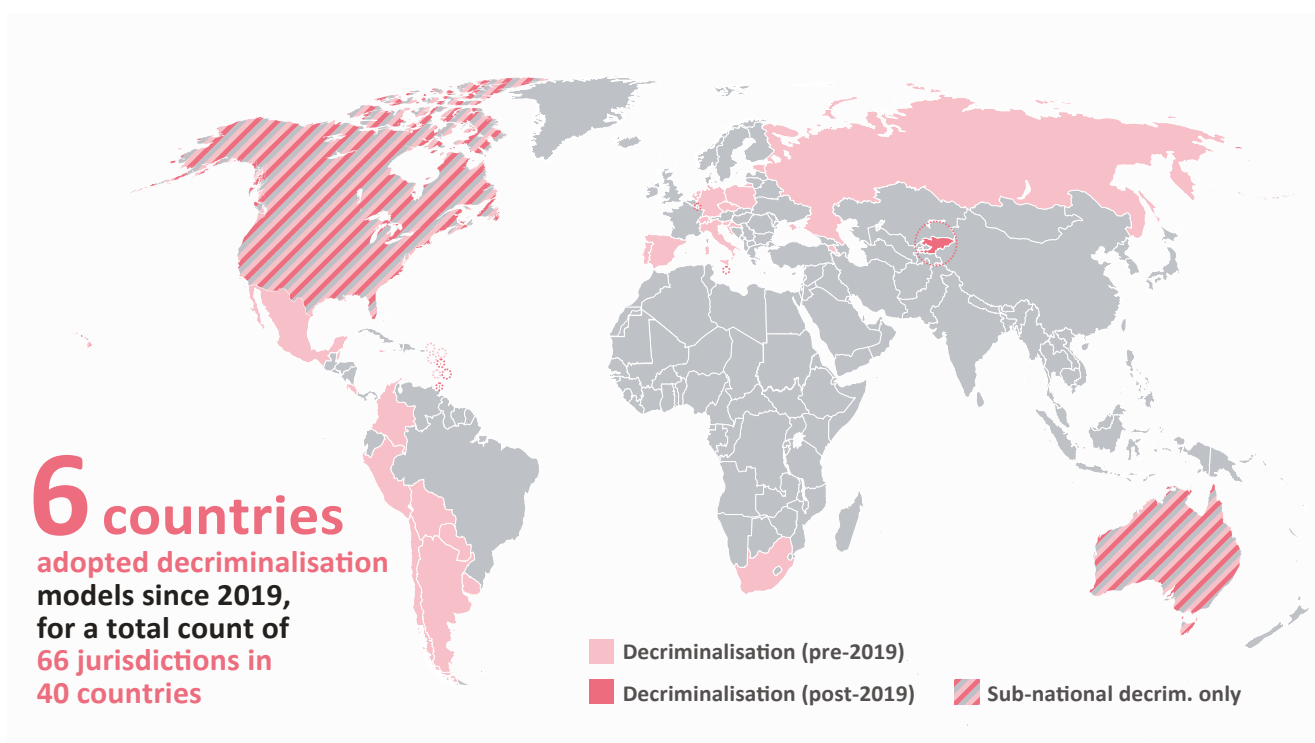
In addition to creating a human rights disaster, the overuse of incarceration for drug offences goes against international human rights law and the SDGs (with **SDG 16.3** promoting the rule of law at national and international levels, as well as equal access to justice for all). This has led many UN and civil society experts to call for urgent reforms in order to reduce the sheer number of people entering the criminal legal system.²⁷⁰ For instance, in a 2023 report on deaths

in prisons the UN Special Rapporteur on extrajudicial, summary, or arbitrary executions recommended that States consider decriminalising low-level drug possession offences in order to address prison overcrowding.²⁷¹

The decriminalisation of drug use and related activities

Both UN System Common Positions on drugs²⁷² and on incarceration²⁷³ recognise the urgent need to decriminalise drug use and possession for personal use, and to reduce the use of prison sentences, while UNAIDS concluded that the ‘decriminalisation of drug use and possession for personal use is associated with greater access to harm reduction services, and reductions in violence, arrest or harassment by law enforcement agencies.’²⁷⁴ A growing number of UN human rights experts and treaty bodies, including the UN High Commissioner for Human Rights, the UN Special Rapporteur on the Right to Health, and the UN Committee on Economic, Social, and Cultural Rights, have also urged countries to adopt decriminalisation to protect the human rights of people who use drugs.²⁷⁵

Positively, since 2019 six countries (Barbados, Dominica, Kyrgyzstan, Luxemburg, Malta and Trinidad and Tobago) have decriminalised drug use and possession for personal use at the domestic level, either for all drugs or for some substances in particular, in addition to nine jurisdictions at federal level. These include the Australian Capital Territory; British Columbia in Canada; and Hawaii, Illinois, New Jersey, New Mexico, New York, Oregon and Virginia in the USA.²⁷⁶ This brings the total count of jurisdictions having adopted some form of decriminalisation to 66, in 40 countries.²⁷⁷ IDPC’s Civil Society Survey also reported Parliamentary debates on decriminalisation taking place in no less than 16 countries.²⁷⁸ In various instances, discussions revolved around government-commissioned reports (e.g. in New South



Wales and Queensland, Australia²⁷⁹ and Scotland in the UK²⁸⁰ or Parliamentary committee studies (as is the case in France²⁸¹ and Ireland²⁸²) in favour of the reform. Nonetheless, this also means that the vast majority of countries continue to criminalise people who use drugs. In addition, many models of decriminalisation remain highly imperfect, with direly low quantity thresholds, or severe administrative sanctions against people who use drugs.²⁸³ Therefore, even in a decriminalised environment, people who use drugs may continue to be harassed, arrested, incarcerated and deterred from accessing the health and social services they may need.

Proportionate sentencing and other alternatives to coercive sanctions

Aside from decriminalisation, Parliamentary debates on alternatives to coercive sanctions for some drug offences are ongoing in a number of countries,²⁸⁴ with reforms having taken place in countries like Canada,²⁸⁵ Colombia,²⁸⁶ Côte d'Ivoire,²⁸⁷ Ghana,²⁸⁸ Indonesia,²⁸⁹ Jordan,²⁹⁰ Mauritius²⁹¹ and Nigeria.²⁹² Various countries other have adopted measures to reduce penalties for certain drug offences.²⁹³ In Canada, Bill C-5 amended the Criminal Code and the Controlled Drugs and Substances Act to remove all mandatory minimum penalties for drug offences and limitations

for the use of conditional prison sentences, and require the prosecutor and the police to refer people to treatment and harm reduction services rather than charging them for simple drug possession.²⁹⁴ In Kenya, the Narcotics Drugs and Psychotropic Substances Act was amended to distinguish between possession for trafficking and for personal use, reduce fines and maximum sentences for cannabis possession, reduce minimum sentencing for possession for personal use, and decriminalise the possession of drug-related paraphernalia.²⁹⁵ The amendment, however, was criticised by civil society for falling short of full decriminalisation and increasing fines for those caught in possession of drugs for personal use.²⁹⁶

Other countries have focused on addressing the surge in the female prison population. While women continue to represent around 7% of the prison population worldwide,²⁹⁷ they are disproportionately affected by drug law enforcement with over one in three women in prison being incarcerated for a drug offence. This percentage can rise to 60 to 80% in various Latin American and Asian countries.²⁹⁸ The socio-economic vulnerabilities faced by women deprived of their liberty for drug offences has been largely documented by the UN²⁹⁹ and civil society.³⁰⁰ Most women in prison for drug offences across Asia and Latin America are single mothers and heads of households, engaging in non-violent activities at the

lowest levels of the supply chain, with limited levels of formal education and scarcely any prospects in the legal economy. Their incarceration only serves to exacerbate their and their families' social and economic marginalisation and perpetuate cycles of poverty. In recognition of the need to address poverty and marginalisation, various countries have recently adopted new laws to reduce the incarceration for women in situations of vulnerability caught in the criminal legal system. Between 2013 and 2019, Costa Rica adopted a number of laws to reduce the incarceration rate and eliminate criminal records for these women.³⁰¹ In 2022, the Colombian President approved a law that allows women heads of household in situations of vulnerability who are sentenced for offences (including drug offences) involving a maximum of 8 years of prison, to opt for community service instead of prison.³⁰² In Mexico, an amnesty law was adopted in 2020, enabling incarcerated women in situation of vulnerability to benefit from social reintegration

measures.³⁰³ Although these examples are limited and their implementation has presented various challenges, they are well worth noting.

While attempts have been made to reduce or remove criminal sanctions for certain drug offences, other countries have instead consolidated their punitive approach towards drugs. The IDPC Civil Society Survey once again sheds light on how this has materialised in at least 10 countries. In most cases, these efforts have thankfully not led to actual legal reforms, for instance in countries like Hungary, the Netherlands and Nigeria. In other contexts, however, this has resulted in harmful reforms, such as in Poland where a legal change now allows for a person found guilty of certain criminal offences (including drug possession) to have to pay a mandatory fee to a 'Justice Fund' in addition to the sentence imposed by the court.³⁰⁴ In France, a 2021 legal reform has resulted in the immediate imposition of criminal fines for people who use drugs.³⁰⁵

2.8 Implementing measures beyond the scope of the treaties: The legal regulation of substances under international control

The 2019 Ministerial Declaration includes, as one of its emerging challenges, the fact that:

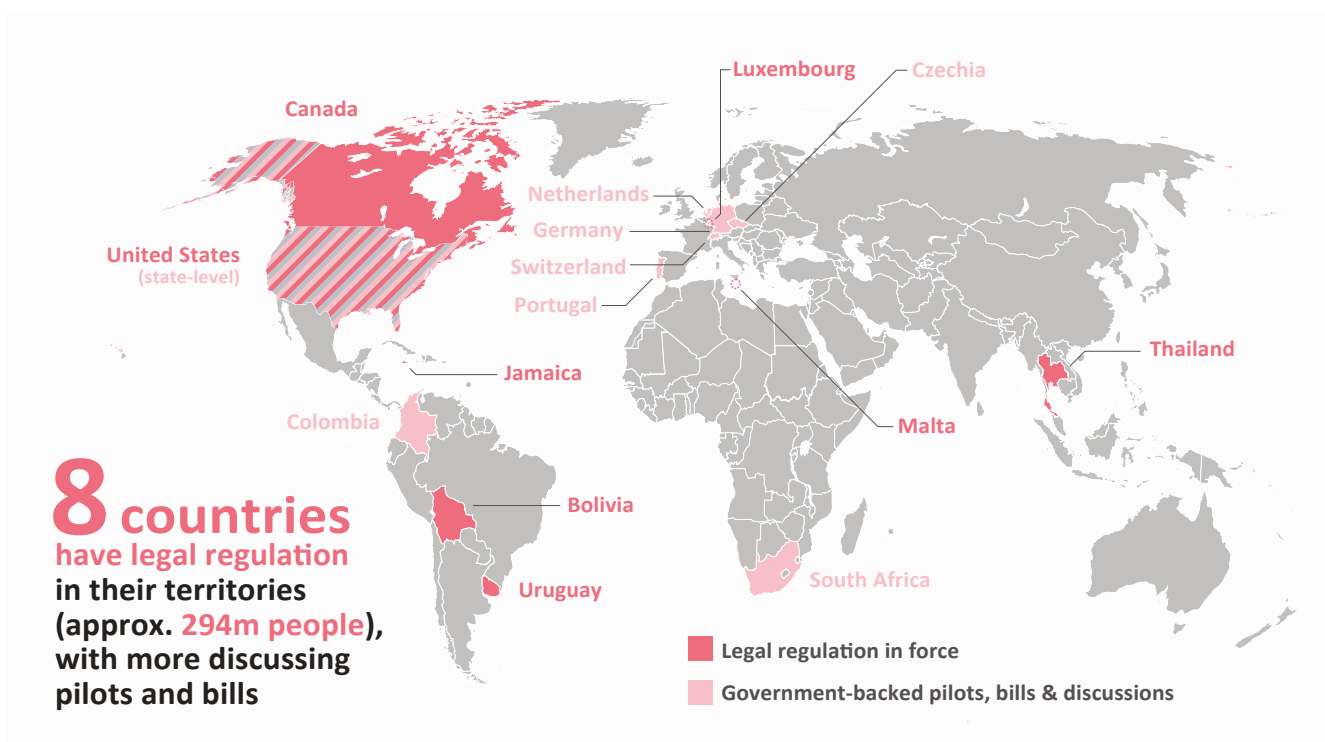
‘responses not in conformity with the three international drug control conventions... pose a challenge to the implementation of joint commitments based on the principle of common and shared responsibility’

The UN drug conventions commit States to a range of policy objectives – ensuring the availability of controlled substances for medical and scientific purposes, preventing their diversion to other ends, improving access to demand reduction interventions, or respecting human rights in drug control, amongst others. In spite of this diversity of objectives, the challenges concerning ‘drug responses not in conformity with the three international drug conventions’ identified in the 2019 Ministerial Declaration have overwhelmingly been equated to the creation of legal markets for the non-medical use of internationally

scheduled substances, particularly cannabis. Whilst this section will focus on that topic, discussions at the mid-term review around responses not in conformity with the international drug conventions should be broadened to include other aspects of the conventions, which are covered in other parts of our Report.

Although the global drug control regime has failed to achieve the stated aspiration of achieving a drug-free world,³⁰⁶ until recently it had successfully gained global adherence to a unified, almost universal system for drug control.³⁰⁷ Recent challenges to this paradigm have revolved around cannabis, which is also by far the most used internationally controlled substance across the world.³⁰⁸

Since the adoption of the 1961 Single Convention on Narcotic Drugs there have been several exceptions to the total prohibition of cannabis, including the decriminalisation of use and possession for personal use, the tolerance model in the Netherlands,



Credit: Juan Fernández Ochoa

the development of cannabis social clubs in countries like Spain, and de facto acceptance of domestic use in cultivating countries with long traditions of cannabis use like in Jamaica.³⁰⁹ Since 2012, a new wave of 'hard defections' from prohibition has occurred, with the explicit creation of a legal framework for cannabis for non-medical or scientific use. By March 2019, Uruguay, Canada, Jamaica³¹⁰ and 10 US states and Washington D.C. had adopted regulations concerning the cultivation, possession, use and sale of cannabis for non-medical use – a clear contravention of the provisions of the 1961 and 1988 Conventions. This comes in addition to the legally regulated market for coca established in Bolivia in 2011. This trend continued in the following four years, with Luxemburg, Malta, Thailand, and 13 additional US States and three US territories³¹¹ joining that group in implementing various forms of legally regulated cannabis markets. Since 2019, the number of people living in jurisdictions with some form of legal regulation has increased from approximately 123 million to 294 million.

The legal regulation of cannabis is being proposed or debated in a growing list of countries. In Mexico and South Africa, apex courts found that the prohibition of cannabis use was unconstitutional and required legislative bodies to create a legal framework for it – a step that is still to materialise in both cases.³¹² Germany and Luxembourg have proposed new legislation to create a legally regulated framework based on home cultivation and social clubs (with a second phase in development for a regulated retail supply in Luxemburg). The Netherlands and Switzerland have commenced pilots for a regulated retail supply, while national authorities in Colombia and the Czech Republic have either tabled or supported proposals in Parliament. IDPC's Civil Society Survey also revealed parliamentary debates on the legal regulation of cannabis in countries as diverse as Australia, France, Mauritius, Nepal, Nigeria and Spain, showing that the legal regulation of cannabis is now a genuine global issue. The legal regulation of other substances, including cocaine and psychedelics, is also emerging in pilot projects and legislative proposals in various jurisdictions, including in Switzerland for cocaine,³¹³ and in Colorado and Oregon (USA) for psychedelics.³¹⁴ Finally, in September 2023 the Office of the UN High Commissioner for Human Rights became the first UN agency to break the taboo on legal regulation by

recommending that Member States 'take control of illegal drug markets through responsible regulation, to eliminate profits from illegal trafficking, criminality and violence'.³¹⁵

Countries that have moved to legally regulate cannabis are often determined to ignore or downplay the evident tensions between their new legislation and the scheduling of cannabis under the UN drug conventions. In general, cannabis regulation is presented as a pragmatic move, in many cases pushed for by the local population that aims to protect the health of young people and human rights, and tackle organised crime – which is in line with the overarching objective of protecting the 'health and welfare of mankind' under the 1961 Single Convention. At the CND, calls from Member States for a reform of the conventions to accommodate the existence of regulated cannabis markets are rare but becoming more common – notably from Colombia and the Czech Republic.³¹⁶

The INCB has stated repeatedly that the legal regulation of cannabis contravenes the conventions. In the thematic chapter of the INCB Annual Report for 2022, the Board repeated this assertion and attempted to present various models of regulated cannabis markets as unmitigated failures in terms of prevalence of drug use amongst youth, suppression of the illegal market, and other public health concerns. Civil society, and various Member States, have criticised this framing for being based on contradictory and biased readings of the – still preliminary and insufficient – data on the impacts of regulated markets.³¹⁷ In a remarkable development, at the 2023 session of the CND, Canada and the Netherlands took the floor to strongly criticise the INCB's analysis.³¹⁸ During the intersessional meeting on responses not in conformity with the drug conventions held in September 2022, the USA and Canada argued that the role of the INCB is not to monitor compliance with the conventions.³¹⁹ This of course is a highly controversial statement considering the INCB's mandate in ensuring the implementation of the drug control treaties.

IDPC's analysis of the latest CND session shows how Member States have used the controversy around legal regulation as a tool for stoking wider geopolitical controversy. For instance, Russia – perhaps the most vocal delegation on this topic – has framed legal

Testimony: What the legal regulation of cannabis means for a person who uses drugs in Malta

The home-growing law adopted in Malta in 2021 has been a huge plus for us. Less dependence from the illegal market and its repercussions on the world, less dependence on importation, and now we get to know what we are consuming. But while the legal carrying of 7 grams is positive, this threshold is not always realistic considering travelling, daily consumption, or the growing yields from home growing (only 50 grams are permitted to be kept at home). And finally, 'only' getting a fine for public consumption is much better than what we had before, but the fines imposed are still too high.

Public consumption is still illegal and stigmatised. If one can smoke tobacco in public, we should be allowed to smoke cannabis too. Police attitudes towards this are not consistent. Some users who were stopped while smoking in public say they have been subject to fair treatment, while others still felt like criminals when approached by the police.

If we are heading towards legalisation of cannabis, we should be treating it as any other substance from the beginning, and give the public an opportunity to exercise their right to a free life as long as it doesn't harm others. But as of today, consumption is still only legal within the confines of our own homes, so the situation did not improve at all when it comes to using in public or in a group setting. This automatically makes cannabis use stigmatised, and is counter-productive to the intent of the bill. So much so that the new – yet to be established – Cannabis Harm Reduction Associations (a sort of cannabis social club) in Malta will not allow on-site consumption, further isolating us, the users. One also needs to consider that any form of sharing (even without any form of remuneration) is still considered illegal. A lot needs to be improved in order to have a regulated model that truly protects our rights.

Christian, Malta

regulation as a 'Western initiative' and as a reason to criticise Canada and the USA, while ignoring the existence of regulated markets in Thailand or Uruguay, and court decisions in Mexico and South Africa.³²⁰ In this context, it is legitimate to ask whether the only way to address the polarisation and politicisation at the CND is to reformulate the international

framework in a way that accommodates regulatory initiatives which are now an entrenched reality that will not go away. Instead of persisting in its current intransigent stance, the INCB could have a constructive role in fostering a debate on how to structure such a revision in a way that takes into consideration all available evidence.

Blind spot 6: The lack of UN guidance on the responsible legal regulation of drugs

During the first half of the 10-year implementation period of the 2019 Ministerial Declaration on drugs, regulated markets have become a reality for millions of people across the world. It is likely that various other jurisdictions will join in the next five years. Whilst these moves have been generally welcomed by civil society and experts, there are growing concerns about the influence of big corporations over the emerging legal markets, and its impact on health, human rights, social and racial justice, climate change and the environment.³²¹

In most of the jurisdictions that have adopted legal frameworks, market shares have been captured by corporate conglomerates, often operating transnationally and representing capital interest in high-income countries,³²² to the detriment of legacy operators and the communities traditionally involved in the illegal drug market and most impacted by punitive drug control. For instance, communities that have been historically involved in the cultivation of cannabis are often excluded from the new legal markets for medical cannabis (see [below](#)),³²³ whilst evidence from the non-medical market in Canada shows that the Black and Indigenous people and women are underrepresented in both ownership and leadership in the cannabis industry.³²⁴ There are also concerns around the undue influence of corporations and the lack of robust regulations to protect the health of the general public (for instance on advertisement, marketing and product specifications³²⁵), and the environment.³²⁶

At the same time, there have been burgeoning good practices such as the non-commercial,

non-for-profit market model in Malta,³²⁷ and a broad range of equity measures in the 2021 Marijuana Regulation and Tax Act in New York State which seek to ensure that the communities most affected by the war on drugs benefit from the legal market.³²⁸

The complexity of these issues can be daunting, particularly for policy makers that seek to create a new framework from scratch. The collection of best practices and development of guidance and recommendations by relevant UN bodies with mandates on health, development and human rights, would prove timely and useful, as they have with WHO guidance on best practice for the regulation of alcohol or tobacco markets under the Framework Convention on Tobacco Control. The INCB could also have a constructive role in facilitating these conversations. However, so far these bodies have been reticent to engage with regulated cannabis markets, most likely due to the politicisation of legal regulation in UN debates.

The mid-term review offers a chance for the UN to acknowledge that legally regulated markets are a reality, and to begin an informed discussion around their implications. The OHCHR has pointed to the right direction by being the first UN body to call on states to 'consider developing a regulatory system for access to all controlled substances'.³²⁹ Like-minded Member States should welcome this move, and call on the relevant UN agencies to monitor and report on the health, human rights, environmental and development dimensions of legal markets, and create standards for the responsible legal regulation of drugs.

2.9 Addressing the development dimension of drug markets and drug policy

The effects of drug policy on development were not underscored in the 'Stocktaking' section of the Ministerial Declaration. Nonetheless, the Declaration's Preamble reiterates Member States' resolve to:

'address drug-related socioeconomic issues related to illicit crop cultivation and the production and manufacture of and trafficking in drugs, including through the implementation of long-term comprehensive and sustainable development-oriented and balanced drug control policies and programmes'

Expanding the scope of alternative development: Successes and failures

Traditionally, development considerations in drug policy have mainly been restricted to the narrow concept of 'alternative development' in illegal crop cultivation areas with the end goal being eradication, rather than a real commitment to ensure sustainable development for impacted communities. This is a major concern considering that illegal crop cultivation remains concentrated in some of the most impoverished, remote, and conflict-torn regions in the world.³³⁰ In those areas, local communities tend to have little access to secure land and water rights, basic infrastructure and public services such as roads, healthcare and education, or employment opportunities in the legal economy.³³¹ They may also be affected by high levels of corruption or violence, especially in countries with long-standing civil conflicts such as Afghanistan, Colombia or Myanmar.³³²

At the UN, various countries (primarily Germany, Peru and Thailand) have attempted to promote a broader definition of 'alternative development', focusing on long-term development strategies to provide sustainable livelihoods, with eradication no longer being considered as the sole, or even an important goal, of the approach. Colombia's new National Drug Policy

2023-2033³³³ also seeks to integrate an expansive understanding of rural development as the cornerstone of the country's new approach to communities involved in the cultivation of crops for the illegal market. This is a positive development, which is aligned with **SDGs 1.1** on the eradication of extreme poverty, as well as **SDG 1.4** which seeks to ensure that all men and women have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, natural resources and financial services.

This has been reflected in the most recent CND resolutions on alternative development. Although these resolutions continue to promote eradication and a 'society free of drug abuse', they do recognise food security, land tenure, environmental protection, gender equality, and more recently the protection of Indigenous Peoples' rights, as key components of alternative development.³³⁴

Although this can certainly be considered an improvement, progress on the ground remains limited. The Global Drug Policy Index reviewed four countries with established 'alternative development' programmes – Afghanistan, Colombia, Jamaica and Thailand. None of them received a score above 48/100 for this drug policy dimension.³³⁵ This is because the alternative development strategies implemented in these countries were perceived as being mostly entrenched in an interdiction and eradication approach, sometimes even relying on the military. This conclusion can easily be extended to other countries such as Mexico and Myanmar.³³⁶

Over the years, alternative development programmes have become associated with additional concerns. First among them is the fact that most fail to abide by the principle of 'adequate sequencing'. International standards and best practices,³³⁷ as well as the recommendations of the OHCHR,³³⁸ make it clear that alternative livelihoods should be secured before

Blind spot 7: Recognising the environmental damage associated with drug policy

Considering the growing concerns over global warming and climate change, it is worrying that the issue of environmental protection was not explicitly featured in the 2019 Ministerial Declaration. This is despite the fact that the 2030 Agenda for Sustainable Development places strong emphasis on this issue, including in **SDG 3.9** aiming to substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination; **SDG 13.2** that seeks to integrate climate change into national policies, strategies and planning; and **SDG 15.3** that commits Member States to combat desertification, restore degraded land and soil.

At the CND, these conversations remain nascent. The UNODC World Drug Reports for 2022 and 2023 give some visibility to the issue via thematic booklets, while the last two CND resolutions on alternative development urge Member States to address this critical issue.³³⁹ But these discussions are relatively new and limited in scope. Positively, various civil society organisations have worked to expand the discussion via key publications and side events.³⁴⁰

Illegal drug cultivation, production and trafficking may have serious effects on environmental degradation, including through the clearance of land and forests for clandestine airstrips or coastal and river landing sites for boats, or the building of roads. This is mostly done in remote areas and Indigenous lands in

order to avoid detection.³⁴¹ Worryingly, discussions in Vienna have so far failed to recognise the harms or unwanted consequences that can be associated with drug control itself. In the Andean region, Afghanistan and parts of Africa, forced eradication via aerial or manual spraying or the burning of crop fields have led to soil erosion and land degradation due to the loss of vegetation and bushes, deforestation, biodiversity loss, as well as the contamination of water and the destruction of food crops, creating income loss and exacerbating poverty for affected communities.³⁴² Furthermore, civil society experts have noted that eradication campaigns will often lead to the displacement of cultivation towards more isolated areas, thus expanding the impacts on the biosphere.

A joint letter by several UN human rights mandates to the government of Colombia when it was considering reintroducing aerial glyphosate spraying touches on all of these risks.³⁴³ The OHCHR has called on Member States to ensure that the eradication of illicit crops does not negatively affect the health of individuals and the environment, and to avoid aerial spraying for crop eradication.³⁴⁴

Since a nuanced and complete consideration of environmental factors in alternative development programmes or drug policy more generally is still lacking, the mid-term review and its aftermath should consider this as a priority issue.³⁴⁵

removing existing livelihoods earned from the cultivation of crops destined for the illegal drug market. And yet, in practice, crops generally start being eradicated (mostly forcefully) before communities are provided alternative sources of subsistence, hence exacerbating poverty and pushing them to relocate in other, often more remote regions to start cultivating again. It is telling that even though

resolutions on 'alternative development' have been negotiated at the CND every year for decades, the concept of 'adequate sequencing' has only been agreed in the latest CND resolution on this topic, in March 2023.³⁴⁶

On the ground, poor sequencing has had devastating effects on local communities. In Colombia,

for instance, the poor implementation of the Integrated National Programme for the Substitution of Illicit Crops (PNIS) has resulted in voluntary crop eradication having taken place before alternative sources of income were provided to local farmers. As a result, many farmers and their families were faced with no other choice but to start cultivating coca again to avoid falling into abject poverty.³⁴⁷ In other countries, monocultures have resulted in significant environmental damage without providing long-term adequate means of subsistence for local farmers.³⁴⁸ In other cases, Chinese-backed opium substitution programmes in northern Myanmar resulted in land grabs and dispossessions.³⁴⁹ Sometimes, alternative crops are simply too costly or impractical. Again in Myanmar, farmers faced many difficulties in cultivating crops such as coffee instead of opium, since the coffee plant takes years to generate income (in contrast to months for opium), and the harvest is much more costly to transport.³⁵⁰

Addressing the gender gap in illegal crop cultivation areas

The lives of women in illegal crop cultivation areas are marked by intersecting layers of vulnerability and discrimination because they are women, because they are rural farmers, and because their livelihoods depend on illegal activities.³⁵¹ In countries like Afghanistan, Bolivia, Colombia, Mexico, Myanmar, Peru and Thailand, women generally participate in both agricultural work and take care of their households and communities. This can include taking care of their children, preparing food, cleaning and washing clothes, and tending to livestock and food crops, in addition to contributing to coca, opium poppy or cannabis cultivation. While these social activities are crucial for the good functioning of their communities, most of this work is unpaid.³⁵² And while women may be remunerated for cultivating coca, opium poppy or cannabis plants, they are usually paid less than their male counterparts. Women also have more restricted access to land titles or alternative economic activities.³⁵³ Because of their caretaking responsibilities, women also bear the brunt of the economic downfall in crop markets, including for instance the collapse on the price of the coca leaf and coca paste going on since 2022, or the discontinuation of PNIS by the Colombian government.³⁵⁴ This has contributed to undermining various SDGs, in particular **SDG 5.a**

which urges Member States to undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property such as financial services and natural resources.

Despite these many challenges, in various countries women have become crucial agents for change in their communities. In Bolivia, women have been important players in asserting the rights of the coca-grower movement, and Bolivia is also one of the countries that has made the most progress in ensuring that women's rights to land tenure are better protected.³⁵⁵ In Colombia, women have made significant contributions to the peace-building process,³⁵⁶ while in Myanmar, although women opium farmers remain a minority in the social movement calling for change, their leadership is becoming increasingly prominent.³⁵⁷ These are interesting examples of how countries can contribute to **SDG 5.5** that seeks to ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.

Alternative livelihoods through legal medicinal and industrial markets for coca and cannabis

Alternative development programmes have primarily focused on coca and opium poppy cultivation, whereas small-scale cannabis farmers have largely been side-lined from the discussion. This is problematic in the Caribbean and elsewhere, where free trade policies have created significant obstacles for local farmers to compete with larger industrial plantations to produce agricultural commodities such as coffee, cocoa or banana. A number of local farmers were also displaced due to the activities of mining companies and other extractive activities such as oil exploration and extraction, while the end of the preferential banana trade agreement between the Eastern Caribbean and the EU in the 1990s contributed to many former banana farmers turning to cannabis. As a result of all this, the illegal cannabis market has turned into a survival economy for millions of people.³⁵⁸

An increasing number of countries and international donors³⁵⁹ are now thinking creatively about how to leverage the cultivation of internationally controlled plants to serve as legal livelihoods for rural

communities. Bolivia already established such a system years ago, allowing farmers to cultivate a certain amount of coca in 'traditional growing zones'. This has provided stable and legal sources of income for local farmers, while respecting the rights of Indigenous communities to cultivate and use the plant for traditional purposes.³⁶⁰ In this way, Bolivia's model has expanded the political, economic, social and cultural rights of some of the most historically marginalised communities in the country.³⁶¹

Various other countries³⁶² are now considering the role of legal cannabis cultivation for medical and industrial purposes (in the latter case as hemp), as a development strategy for rural communities.³⁶³ According to IDPC's Civil Society Survey, most perceived progress towards a 'development' approach to drug policy has indeed been associated with new laws and regulations that allow domestic cannabis cultivation for medical and industrial markets. This is the case in Argentina, where the Cannabis Registry Programme now allows farmers to register in order to cultivate cannabis for medical purposes.³⁶⁴ On the African continent, Ghana passed a new law in 2023 to permit the cultivation of cannabis with a THC content of a maximum of 0.3% for industrial and medicinal purposes, while Zimbabwe's legislation now allows cannabis cultivation for medicinal and scientific research.³⁶⁵ In Lebanon, a law was passed in 2020 to legalise the cultivation of cannabis for medicinal purposes.³⁶⁶ In Morocco, cannabis production has been allowed for medicinal, therapeutic and industrial purposes since 2021, with cultivation being restricted to specific areas where the plant has traditionally been cultivated, through a system of licenced cooperatives.³⁶⁷

The legal regulation of cannabis for adult recreational purposes provides additional opportunities for the cultivation of cannabis by traditional farmers. Such initiatives may constitute an interesting opportunity to contribute to **SDG 8.5** which aims to achieve full and productive employment and decent work for all women and men.

In most cases, however, the potential for these reforms to help traditional small-scale farmers to come out of poverty remains uncertain. The lack of

developmental considerations for local farmers has already been studied in various countries. In Morocco, the fact that the price of cannabis is fixed when cannabis is ordered, rather than when it is delivered, enables farmers to obtain a secure livelihood and know how much they will earn ahead of time. However, the law also places restrictions on the farmers who have to deliver the cannabis plant to industrial actors without any transformation, thereby limiting the role of subsistence farmers in the production and transformation of cannabis resin.³⁶⁸ In Jamaica, the legal regulation of cannabis for the Rastafari community in 2015 has enabled a thriving business to operate, with the opening of a wide range of cannabis dispensaries and 'herb houses'. However, small farmers are struggling to benefit from this emerging industry due to the operation of an integrated seed-to-sale system, slow licensing allocation processes, the lack of capital and the high fees associated with establishing a small business, limited access to land tenure, and the strict requirements imposed by the INCB for the cultivation of legal cannabis.³⁶⁹ In addition, these emerging legal markets are being increasingly captured by big corporations from the Global North, often leaving local subsistence farmers far behind.³⁷⁰

St Vincent and the Grenadines is a notable exception to this trend. A law passed in 2018 created a medicinal cannabis industry intended to fully involve traditional farmers, including via an amnesty law for cannabis producers and other low-level cannabis offences such as the possession of small amounts of the plant. The law created a Medicinal Cannabis Agency in charge of providing training and technical support for traditional farmers, while including them in decision making and policy development.³⁷¹ But St Vincent and the Grenadines remains an isolated case. This has led various civil society organisations to urge legislators to recognise the need to involve traditional farmers in these nascent legal markets, and establish social justice and development-oriented rules enabling preferential access to subsidies and licences, trainings, as well as quotas requiring that a certain proportion of cannabis be sourced from local small-scale farmers, among others.³⁷²

Testimony: Involving traditional farmers in the legal cultivation of cannabis: The case of St Vincent and the Grenadines

My name is Junior “spirit” Cottle. I represent the traditional cultivators of Cannabis in St. Vincent and the Grenadines. And, I am, myself, a traditional cultivator.

With a population of just over 100,000 and a land space of 150-155 square miles, SVG has long been regarded as one of the largest producers of Cannabis globally. Regionally, we are the second largest producer, only to Jamaica. And, as far as our role in the marketing is concerned, we are known as the main supplier of the crop to the surrounding territories, if only because of our proximity to most of them. With this in mind, cannabis has been our principal means of livelihood, in some instances, for entire communities.

As producers ourselves, we experience both the good and the bad of the business; the good, because it enables us to take care of our families by sending them to school, as well as providing for their basic necessities; and on the other hand, it could be living hell. The perception that we are doing well, and that doing drugs means wallowing in money is a misconception. The illegal nature of what we do brings with it many risks. Like the risk of being caught and imprisoned, the risk of being robbed by armed gangs, the risk of having your crop being eradicated by law enforcement agencies. And perhaps, worst of all, the risk of losing our loved ones during the process of taking it from one territory to the other. And these are not uncommon among us. They are part of our daily lives. Yet we continue to ply the trade. And we do so because we have our families to care for, with little or no other source of employment.

Then there is the risk of the environmental degradation of our country, resulting from our activities. You see, St. Vincent and the Grenadines is a very mountainous country, with very steep slopes which are prone to soil erosion, once disturbed. This is where most of our cannabis

was grown, up until recently and where a lot continues to grow.

In December 2018, our parliament passed the Medical Cannabis and Amnesty laws, which allow us to cultivate in lower lying regions and to sell our produce, once licensed, to a licensed purchaser. Many of us were excited by the move, with the expectation that our lives were going to be improved. Four years later, life for most of us either remains the same, or has become worse off. The reforms, though having been done with good intentions, right up to the policy level, have failed to meet expectations, at least for the traditional cultivators.

While the passage of the laws has brought some relief to our lives, and have given us some added freedom, including the right to plant within the framework of the amnesty, without being eradicated, the marketing of our produce has been our biggest challenge. We face competition from forces at the local, regional and international levels who are in more privileged positions, and who are better off financially than we are. On the other hand, at the regional level, there has been a significant reduction in the demand for cannabis from St. Vincent and the Grenadines because of similar reforms taking place in most of the surrounding countries, among other things. We are also concerned with the illegal importation of foreign cannabis which ends up on our blocks from the more developed countries like Canada and the USA. All these factors work against the best interest of our traditional cultivators.

As a result of the above, many growers have come to see the industry as a rich man’s paradise. But all is not lost. We must continue to struggle for a better space within the new industry, for a situation of fair trade, sustainability and social justice.

Junior “spirit” Cottle, St Vincent and the Grenadines

2.10 Ensuring meaningful civil society participation

The Preamble of the Ministerial Declaration underscores:

‘the important role played by all relevant stakeholders, including... civil society, the scientific community and academia, as well as the private sector, supporting our efforts to implement our joint commitments at all levels’

Civil society, in particular communities affected by drug policies, play a key role in the design, implementation, monitoring and evaluation of drug policies and programmes at local, national and international level. The UN High Commissioner for Human Rights has recommended the meaningful engagement of civil society in national and international decision-making processes to develop effective human rights-based drug policies.³⁷³ The SDGs also emphasise the role played by civil society in **SDG 16.7** aiming to ensure responsive, inclusive, participatory and representative decision-making at all levels; as well as **SDG 17.17** that encourages and promotes effective partnerships with civil society. And yet, in the area of drug policy, civil society space continues to be questioned, and attacked.

At the UN, much progress has been made over the past decades to ensure strong civil society participation in drug policy debates, thanks to the tireless efforts of IDPC, the Vienna NGO Committee on Drugs (VNGOC), the New York NGO Committee on Drugs (NYNGOC) and others.³⁷⁴ Civil society presence at the CND is now well established, and benefits from the support of many governments. NGOs are able to intervene in Plenary debates, observe the negotiations of resolutions in the Committee of the Whole and engage informally with government delegations during the proceedings. Various Member States also regularly include NGO representatives in their official delegations.³⁷⁵ Interestingly, the restrictions created by the COVID-19 pandemic have opened up new

opportunities, for instance with the broadcasting of UN meetings and the recording of the CND for the first time on UN Web TV in 2023, following sustained civil society advocacy.³⁷⁶ This has contributed to improving outreach and transparency, while civil society organisations adapted their methods of engagement to respond to virtual and hybrid gatherings.³⁷⁷

There have, of course, been various attempts by a small but vocal group of Member States to undermine civic space at the UN. For instance, one of the main points of contention during the negotiations of the ‘modalities’ resolution for the 2024 mid-term review related to civil society participation. However, civil society mobilisation and outreach to like-minded Member States during the negotiations resulted in a positive outcome on NGO engagement for the mid-term review.³⁷⁸ Elsewhere, successful advocacy from IDPC and others has also enabled many NGOs who had faced challenges in obtaining ECOSOC accreditation to finally receive that status. This is particularly important since an NGO with ECOSOC status can attend meetings, hold side events and make statements at the UN.³⁷⁹

At the national level, IDPC’s Civil Society Survey depicts a mixed picture. Out of 54 surveyed respondents, only 38% perceived civil society space as having improved in their country, while 58% reported that the situation had remained unchanged or had worsened since 2019. The overall score given to civil society space only reached 5 out of 10.³⁸⁰

Improvements were sometimes associated with government changes, enabling increased civil society engagement on drug policy issues (e.g., in Colombia and Germany). In various instances, NGOs were able to influence the drafting of new laws or strategies, for instance in Colombia, Ghana, Kenya and Zimbabwe. In other cases, mostly in Africa, mechanisms were created to ensure greater engagement by civil society and affected communities in drug policy-making

processes (in countries like Benin, Burkina Faso, Côte d'Ivoire, Kenya, Lebanon and Nigeria).

Recent years have also witnessed a significant expansion of the role of community-led organising in both drug policy advocacy and the delivery of harm reduction services. This important development, which has been supported by UN bodies such as UNAIDS and the UNODC, is due to the emergence of more evidence on the effectiveness of peer-led responses in HIV/AIDS responses and drug services more broadly,³⁸¹ and to the mobilisation of the drug user movement.

This, however, is counterbalanced by more negative experiences. In countries like Cambodia, Malaysia, Mexico³⁸² and Poland, authoritarian regimes or the deployment of severely punitive drug policies have resulted in shrinking space for civil society, and high levels of stigma against those working on drug policy issues. In Cambodia, respondents noted that social complaints could be considered as an act of disruption of the peace subjected to a prison sentence, while in Brazil, one of the first actions taken by former President Bolsonaro was to remove civil society presence from drug policy-making processes.³⁸³

In other contexts, NGO work was trampled by laws and regulations around funding. In Poland, respondents mentioned that public funding remains restricted to those NGOs whose views are aligned with government policies. The case of India is particularly extreme, with a new bill introduced in

2020 preventing organisations receiving foreign funds from transferring funding to smaller grassroots NGOs. As a result, many NGOs, including those working on drugs, have had to drastically reduce their work, and thousands have lost their licences to even exist.³⁸⁴

Countries like Hungary,³⁸⁵ Georgia³⁸⁶ and Kyrgyzstan³⁸⁷ also attempted to introduce foreign agent bills of the same type as in Russia. In addition, in December 2020, the Russian President amended the Foreign Agent Law, broadening its enforcement to include human rights defenders, journalists and political activists. The grounds for being recognised as a 'foreign agent' were also extended: in addition to NGOs involved in political activities while receiving foreign money, criteria now include expressing opinions regarding State policies that are deemed as being in the interest of a foreign entity. In the past eight years, the government sanctioned over 180 NGOs under the Foreign Agent Law.³⁸⁸

In yet other contexts, civil society participation was perceived as a ticking-the-box exercise rather than a real attempt at reflecting their views and concerns. This was reported by some respondents from Australia, Canada and Ireland.³⁸⁹

Considering these findings, Member States should use the mid-term review to strongly embed civil society and community engagement in their global drug strategy looking forward to the 2024-2029 period.

2.11 Improving data collection and analysis

Throughout our analysis, we have highlighted how the lack of relevant, reliable, recent and comparable data remain a significant obstacle to conducting a thorough assessment of progress made in drug policy globally. In 2019, the Ministerial Declaration had reached a similar conclusion, identifying as a challenge the fact that:

‘the geographical coverage and availability of reliable data on the various aspects of the world drug problem requires improvement’

This is despite the fact that in 2015 Member States committed to **SDG 17.18**, which commits Member States to enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

The World Drug Report itself regularly deplores the fact that almost half of the countries fail to complete the Annual Report Questionnaire (ARQ), used to collect the data that form the basis of the UNODC’s yearly analysis, with gaps in data collection mostly in Africa, Asia and Latin America. However, the issue of data collection on drugs runs much deeper. Traditionally, governments, and by extension the UN, have tended to measure progress in drug policy in terms of market flows and scale, since the stated objective of the global drug control regime was to curb illegal demand and supply. Inevitably, this has led data collection efforts to focus on measuring the numbers of people arrested and incarcerated, the hectares of drug crops eradicated, or the amounts of drugs seized. In the meantime, issues such as health protection, environmental sustainability, development, social inclusion, human rights promotion, gender equality, youth protection and other critical matters have been largely ignored.

Efforts were made to review the ARQ following the 2016 UN General Assembly Special Session (UNGASS) on drugs, with an updated version adopted by the CND in 2020.³⁹⁰ The revised ARQ does include interesting elements such as data disaggregation by age and gender, some development considerations (but only in the context of alternative development), access to healthcare and controlled medicines, and tracking alternatives to coercive sanctions. Nevertheless, there was considerable resistance from various Member States at the time to fully reconsider what success in global drug policy should look like. In addition, while draft versions of the revised ARQ included cross-references to the SDGs in an effort to align progress in drug policy with the 2030 Agenda for Sustainable Development, these references were removed in the final iteration of the Questionnaire.

In the face of this failing of the UN drug control system, various civil society organisations have produced their own data and analysis of specific aspects of the world drug situation. For example, Harm Reduction International have published their bi-annual Global State of Harm Reduction since 2008,³⁹¹ while the Global Drug Survey collects information each year on people’s patterns of use, the harms they may be facing, and how they are trying to mitigate them, in an effort to ‘make drug use safer’ (instead of simply seeking to assess how many people use drugs globally).³⁹² Coalitions of NGOs such as the Colectivo de Estudios Drogas y Derecho (CEDD), and organisations like the Washington Office on Latin America, IDPC, Dejusticia, México Unido Contra la Delincuencia and others, have also conducted both quantitative and qualitative research on people incarcerated for drug offences, in particular women, across Latin America – highlighting the futility and harms associated with over-incarceration.³⁹³

Although limited in its geographical scope, the most ambitious attempt to collect comprehensive, meaningful and reliable data on drug policy remains

the Global Drug Policy Index.³⁹⁴ Based on the UN evidence and recommendations enshrined in the UN System Common Position on drugs, the Index uses 75 indicators to score and compare countries worldwide. Importantly, the Index evaluates both policies on paper and their implementation on the ground, reflecting civil society perceptions, and providing testimonies of communities most affected by drug policies.

The role of civil society in collecting data on drugs is therefore essential, but much remains to be done for the UNODC to reflect NGO findings in its own research. For instance, many NGOs were shocked by the UNODC's omission of any mention of human rights

considerations within its 2022 World Drug Report.³⁹⁵ While the 2023 Report mentions human rights on a few occasions, it once again falls short of providing a substantive analysis or recommendations to Member States on reforms anchored in health, human rights and the SDGs – or indeed of reflecting the conclusions of civil society organisations working on this key dimension of drug policy. In other UN mechanisms, including human rights bodies based in Geneva, it is common practice for UN human rights entities to issue open calls for contributions by all stakeholders (including civil society and academia) in preparation for upcoming reports. The UNODC should consider a similar process in preparation for its World Drug Reports and other publications.

PART 3:

**The way forward -
Recommendations
for the future of global
drug policy**



The 2019 Ministerial Declaration laid down the main challenges and goals of the international community in addressing the world drug situation for the following 10 years. Drawing from a broad range of data and evidence, as well as the IDPC Civil Society Survey, this report has shown that there has been little, incomplete or no progress in achieving these objectives to date. The mid-term review should acknowledge this failure and propose substantive and ambitious changes to the objectives and agenda of the global drug control regime. The credibility of the entire process is at stake.

There are three main factors behind this dynamic. Firstly, there is scant evidence that policies aimed at the prohibition and eradication of drugs have been effective in reducing illegal drug markets, or tackling their connection with human insecurity, violence, and organised crime. In response, some governments have adopted legal frameworks for regulated markets of substances under international control, a reality that needs to be acknowledged in UN drug policy documents.

Secondly, there is widespread evidence that the punitive paradigm promoted by the global drug control regime has undermined some of the key aims of the 2019 Ministerial Declaration itself and the broader UN system, including the promotion of health, access to medicines, human rights and the targets and indicators enshrined in the 2030 Agenda for Sustainable Development. In his contribution to the mid-term review, the UN High Commissioner for Human Rights has acknowledged this conflict by urging Member States to abandon the global punitive paradigm.³⁹⁶

Lastly, the 2019 Ministerial Declaration did not address various urgent topics that have recently emerged in national and global drug policy debates, such as the impact of the world drug phenomenon on the environment, the use of digital and biotechnologies in drug policies, or the importance of an intersectional analysis to ensure equality and non-discrimination in drug policies, while minimal focus was given to development issues.

To address the challenges outlined in the 2019 Ministerial Declaration – and for the global drug control regime to be aligned with the UN priorities on health, human rights and the 2030 Agenda for Sustainable Development – the international community

urgently needs to update its approach to the world drug situation. The mid-term review is an opportunity to push for ‘transformative change’.³⁹⁷ It is with this in mind that the following recommendations are provided.

Recommendations for the 2024 mid-term review

At the mid-term review,³⁹⁸ Member States should issue strong statements during the thematic and roundtable debates, as well as strive for the adoption of a substantive outcome document that updates and complements the international approach to the world drug situation:

- The debates and outcome document should integrate the normative developments that have taken place at the CND, the UN General Assembly, and the Human Rights Council since 2019. Amongst others, these developments include the removal of cannabis from Schedule IV of the 1961 Single Convention, new language on racial discrimination and drug policy, on Indigenous Peoples’ rights, on enshrining the principle of adequate sequencing in alternative development, and the first appearance of the term ‘harm reduction’ in a resolution on drug policy.
- Following OHCHR recommendations, the protection of health, human rights, equality and non-discrimination should be integrated as overarching objectives for the international community during the second half of the implementing period for the 2019 Ministerial Declaration on drugs. The ‘eradication’ goals should not be reiterated, but instead be replaced with a strong call for global drug policies to contribute meaningfully to the achievement of the 2030 Agenda for Sustainable Development. This paradigm shift should be reflected in the thematic and roundtable debates, in the outcome document, and be incorporated in the workplan of CND thematic intersessional meetings for the period 2024 to 2029.
- The outcome document should update the list of challenges included in the ‘Stocktaking’ section of the 2019 Ministerial Declaration to incorporate the new developments that have emerged since 2019 (such as the intersection of drug policy and

the environment, development considerations, equality and non-discrimination, or the use of new technologies in drug policy). Importantly, the new list of challenges should align with the achievement of the 2030 Agenda for Sustainable Development. Bearing in mind the findings of this report, we recommend that the following ‘challenges’ be included in the workplan of intersessional meetings for the 2024-2029 period:

1. The links between drug trafficking, drug law enforcement and organised crime, militarisation, violence, conflict and insecurity (relevant SDGs: 16.1, 16.4, 16.4.1, 16.5, 16.a)
2. The increasing use of new technologies in illegal drug markets and in drug responses, and its implications for security, human rights, health and development
3. The heightened risks and harms faced by people who use drugs and ongoing structural, legislative and technical challenges in access to evidence- and human rights-based prevention, harm reduction and treatment services – paying special attention to the specific needs of groups facing additional layers of vulnerabilities (e.g., women, LGBTQI+ communities, young people, sex workers, racialised communities, people living in poverty, people in humanitarian settings, migrants) (relevant SDGs: 3.3, 3.5)
4. The ongoing gap in access to internationally controlled substances for medical and scientific purposes (relevant SDGs: 3.8)
5. The impacts of illegal drug markets and drug policies on human rights, equality, and non-discrimination, including racial discrimination and Indigenous Peoples’ rights (relevant SDGs: 5.1, 10.3, 16.1, 16.b)
6. The underuse of alternatives to coercive sanctions or imprisonment for drug offences (relevant SDGs: 16.3)
7. The challenges and opportunities created by legally regulated markets for internationally controlled substances, and options for structural reforms of the global drug control regime

8. The poverty and marginalisation faced by communities involved in illegal drug demand and supply activities, including farmers involved in illegal crop cultivation (relevant SDGs: 1.1, 1.3., 1.4, 5.a, 8.5)
9. The environmental impacts of the illegal drug market and drug policy (relevant SDGs: 3.9, 13.2, 15.3)
10. The shrinking civil society space in drug policy making (relevant SDGs: 16.7, 17.17)
11. Data collection and analysis remains poor and unable to track critical aspects of the world drug situation (relevant SDGs: 17.14, 17.18).

- During the mid-term review, we encourage Member States to acknowledge the existence of legally regulated markets for the non-medical use of internationally controlled drugs, and to call for periodic, evidence-based and impartial monitoring of, and reporting on, the security, health, human rights, development and environmental impacts of such markets by relevant UN bodies, with contributions from civil society, academia and Member States.
- Lastly, the 2024 outcome document should acknowledge and welcome the contributions of the different UN entities and NGOs that have provided input to the 2019 Ministerial Declaration on drugs, and call for greater coherence within the UN system on drug policy issues. A process should be established to ensure that contributions by other UN bodies and experts concerning drug policy are systematically presented to the CND.

Given the current polarisation at the CND, a substantive stocktaking and update of the 2019 Ministerial Declaration will require political leadership, coordination and outreach. We encourage Member States to invest in establishing an informal working group of like-minded countries to set common objectives and red lines around the mid-term review, as well as an inclusive and transparent process for outreach and dialogue with other delegations.

While Member States should aim for an outcome document adopted by consensus, they should not

shy away from calling for a vote on the final text to ensure the adoption of an outcome document that truly calls for transformative change, rather than being a simple ticking-the-box exercise. This follows the example of Resolution 77/238, which was adopted by vote at the General Assembly in December 2022 and, as a result, made major strides in consolidating human rights language.³⁹⁹

Even in the case of a vote, we call on Member States to coordinate closely throughout the negotiations in order to avoid losing progressive language – drawing lessons from the negotiations of the latest UN General Assembly Political Declaration on HIV/AIDS. In June 2021, the Declaration⁴⁰⁰ failed to achieve consensus for the first time.⁴⁰¹ Although the Political Declaration was adopted with only four votes against, during negotiations Russia secured extensive edits to the text, which it ended up voting against.

Recommendations for a structural reform of the global drug control regime

- Member States should establish a multi-stakeholder mechanism (with participation from civil society, academia and relevant UN entities) responsible for exploring options to review the UN drug conventions in order to update and rebalance the text, including by:
 1. enshrining the centrality of health, development and human rights in drug policy;
 2. allowing countries to consider the legal regulation of drugs under international control; and
 3. repealing existing commitments to ban traditional uses of scheduled plants.
- UN bodies with relevant mandates including the WHO, the United Nations Development Programme and the OHCHR, should elaborate evidence-based guidance and recommendations on how to implement the legal regulation of drugs in line with existing standards and best practices on health, human rights and development. This should include inputs from civil society and affected communities, as well as lessons

learned from jurisdictions that have already legally regulated certain markets.

- Relevant UN agencies and academia, in partnership with civil society, should update international standards on human rights and drug policy – including the International Guidelines on Human Rights and Drug Policy – to reflect the latest evidence and guidance from the UN system, as well as include guidance on the legal regulation of drugs.

Recommendations for the CND

As a functional commission of ECOSOC, the CND has the responsibility to report periodically on its contribution to the achievement of the 2030 Agenda for Sustainable Development. And yet, the visibility given to the SDGs in CND debates and resolutions remains minimal. The following steps are recommended:

- In recent years, resolutions adopted at the CND have been dominated by topics concerning supply reduction or prevention, and there has been little progress towards language and priorities rooted in human rights, harm reduction or development, with the notable exception of the annual alternative development resolutions and specific resolutions on stigma and marginalisation. While acknowledging that this will take a significant investment in time and coordination, we urge Member States to challenge this dynamic by proposing resolutions on various human rights and development themes that can also be an important step towards integrating normative developments from other UN entities into CND policy making. As these themes are bound to be met with resistance from more conservative delegations, progressive Member States should be prepared to move past consensus-based negotiations if needed.
- To ensure that the human rights dimension of drug policy and the contribution of human rights entities are entrenched in the work of the CND, the Commission should take the decision of adding a standing agenda item to its yearly sessions on the protection of human rights in drug policy. We also recommend that Member States make stronger contributions to the CND agenda item

concerning the SDGs, which has traditionally been neglected.

Recommendations for the UNODC

Although the UNODC is the main UN entity on drug-related matters and leads the UN Task Team for the implementation of the UN System Common Position on drugs, in recent years the agency has become increasingly isolated from other UN entities with mandates on health, human rights, and development. The strategy, workplan, and public messaging of the UNODC remain unbalanced and overwhelmingly focused on supply reduction responses. At the same time, the agency remains an exception amongst other UN bodies in its refusal to publicly condemn serious violations of human rights committed in the name of drug control, and to advocate for harm reduction and the decriminalisation of drug use and related activities. Thus:

- The UNODC should make the protection of health, human rights, equality and non-discrimination central goals of the agency's strategy, workplan and budget.
- As the lead agency responsible for the implementation of the Common Position within the Task Team, the UNODC should ensure regular coordinated efforts to collect, analyse and publish data and information from across the whole UN system on the impacts of drug policies on health, human rights, the environment, and the achievement of the 2030 Agenda for Sustainable Development; and work with Member States to implement the Common Position at national level.
- The UNODC should systematically integrate the recommendations on health, human rights and development provided by other relevant UN bodies in its capacity-building and cooperation operations with Member States and intergovernmental bodies.
- The UNODC should systematically include the human rights dimension of drug policy in its regular reporting and recommendations, including in its flagship World Drug Report. This should be done in close cooperation with the OHCHR and

with contributions from civil society and academia to complement other data sources.

- The UNODC should ensure that its capacity-building and cooperation operations take into consideration the risks of contributing to human rights violations, including the death penalty for drug offences, arbitrary deprivation of liberty (including in compulsory drug detention centres), torture and ill-treatment, militarised strategies, and the criminalisation of people who use drugs. The UNODC should use the recommendations developed by UN human rights bodies to identify relevant human rights standards.
- Finally, the UNODC should ensure that civil society and community organisations are systematically consulted in the production of reports and the implementation of programmes in an open and transparent manner, including the World Drug Report.

Recommendations for the INCB

The INCB is the monitoring body for the international drug control treaties and has an important role to play in supporting Member States to implement their international obligations. In this role:

- The INCB should systematically condemn Member States when they are implementing drug policies that contravene human rights (e.g., on the death penalty, extrajudicial killings, compulsory treatment, arbitrary detention, etc.), and be more vocal in promoting evidence- and human rights-based policies such as harm reduction, decriminalisation and other policies recommended in the UN System Common Position on drugs and by other UN bodies. In doing so, the INCB should integrate the international human rights standards emerging from UN human rights bodies.
- The INCB should work with other UN entities, Member States, civil society and academia to present evidence-based and unbiased information on legally regulated markets and their implications on health, human rights, development, security and other relevant topics. We also recommend that the Board uses its expertise to cooperate with Member States and other UN entities when appropriate to consider all options

available in seeking a realistic resolution of systemic tensions around legally regulated markets.

- In the course of its country visits, the INCB should allocate more time to meet with civil society and affected communities, and make the process of selecting whom it meets more transparent.

Recommendations for the WHO

The WHO has an essential role to play in the scientific review of substances and in recommending whether and how they should be reviewed in the international drug control treaties. The WHO also provides regular guidance on the health aspects of drug policy. We therefore recommend the following:

- Taking into consideration the cultural bias, prejudices and arbitrariness underlying some of the scheduling decisions made since the adoption of the 1961 Single Convention on Drugs, WHO's ECDD should assess substances currently under international control which have never been reviewed or require a more updated review of the state of evidence. Such reviews should evaluate evidence from all relevant UN entities, Member States, civil society and academia. This is in addition to providing evidence-based information and recommendations on new substances. This role should continue to be adequately funded by Member States and be fulfilled free of any political interference.
- The WHO should develop new guidance and provide technical support on specific aspects of drug policy and harm reduction, including on reducing stigma and on evidence-based interventions such as drug consumption rooms, drug checking, how to respond to the opioid overdose crisis including with safer supply, as well as on harm reduction services for stimulants. The WHO should also strongly consider developing guidance, alongside relevant UN entities, on responsible legal regulation that advances human rights, health and development.

Recommendations for other UN bodies

Since 2019, UN bodies with mandates on human rights, gender, health and development have increased their contributions to the international community's understanding of the world drug situation, and to the coherence of the UN's own position on drug policies. Their guidance can be used as a blueprint for a more balanced approach that is able to address the failure to achieve the objectives of the 2019 Ministerial Declaration on drugs. We welcome this increased engagement and provide the following recommendations:

- Following its ground-breaking contribution to the mid-term review, we urge the OHCHR to remain systematically engaged on the human rights dimension of drug policy, providing regular reporting and recommendations, and supporting regional and national dialogues. We also encourage the High Commissioner for Human Rights to continue his current high level of engagement with the CND, including by taking part in person in the high-level segment of the mid-term review, and ensuring the systematic presence of OHCHR staff and relevant UN human rights mechanisms at the regular meetings of the CND.
- We encourage Special Procedures and treaty bodies to continue to highlight the human rights dimensions of drug policy as relevant to their specific mandates, and to work with Member States and civil society to reform punitive drug policies and end human rights abuses associated with punitive drug control.
- We urge relevant UN bodies and entities that have so far paid little attention to the impacts of drug policies, including those working on development, the protection of the environment and climate change, to incorporate drug policies to their workplan, as relevant and appropriate.

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286. 'Ley 2292', alternatives to incarceration for women heads of household for offences with less than eight years in prison, including for drug offences. The Law was only officially adopted in 2023 and a reglementary decree will be adopted soon to start implementation. See: IDPC Civil Society Survey. For more details, see: Cardona, C.A. (3 August 2022), 'Public service': An alternative to women's incarceration in Colombia', *IDPC Blog*, <https://idpc.net/blog/2022/08/public-service-an-alternative-to-women-s-incarceration-in-colombia>

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288. The new law provides Judges/Magistrates with an alternative to refer drug users for treatment (rehabilitation) as against incarcerations and fines only under the repeal PNDC

Law 236. See: IDPC Civil Society Survey. For more details, see: Loglo, M.G. (3 November 2021), 'Law enforcement trained on shifting roles as Ghana's drug policy pivots toward health and rights', *IDPC Blog*, <https://idpc.net/blog/2021/11/law-enforcement-trained-on-shifting-roles-as-ghana-s-drug-policy-pivots-toward-health-and-rights>

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290. A new measure was adopted so that people who use drugs who are arrested for the first time are no longer sent to prison but will instead receive a warning and be sent home. See: Article 9/B of <https://jordan-lawyer.com/2021/09/28/narcotic-drugs-and-psychotropic-substances-law/>. Reported in IDPC Civil Society Survey

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Notes

Notes

To inform the mid-term review, this IDPC Shadow Report undertakes an evaluation of progress made against the goals and challenges identified in the 2019 Ministerial Declaration, and provides recommendations for the future of international drug policy.

The International Drug Policy Consortium (IDPC) is a global network of NGOs that come together to promote drug policies that advance social justice and human rights. IDPC's mission is to amplify and strengthen a diverse global movement to repair the harms caused by punitive drug policies, and to promote just responses.