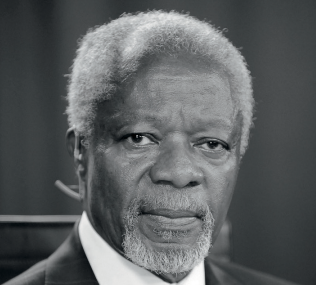


POSITION PAPER

DRUG POLICY AND THE SUSTAINABLE DEVELOPMENT AGENDA

September 2018





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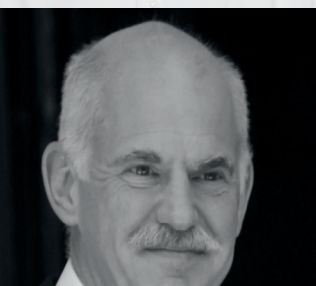
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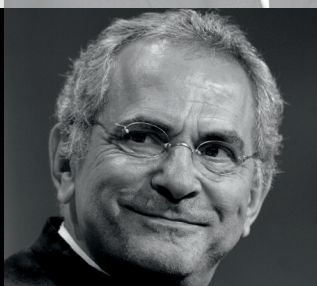
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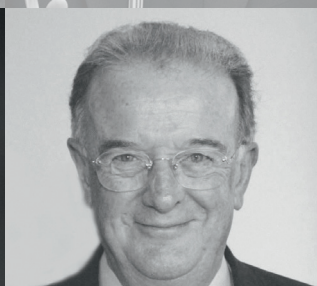
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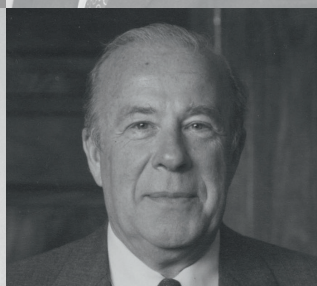
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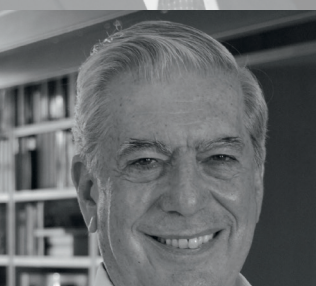
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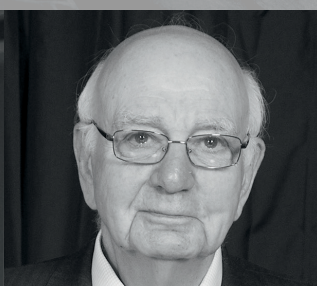
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**GLOBAL
COMMISSION ON
DRUG POLICY**

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PEOPLE-CENTERED
DRUG POLICIES
FOR SECURITY, PROSPERITY
AND WELLBEING

1 NO POVERTY



END COERCION
ON THE POOREST
COMMUNITIES

2 ZERO HUNGER



PREVENT
AERIAL SPRAYING
IN CROP
ERADICATION

3 GOOD HEALTH
AND WELL-BEING



PROVIDE
HEALTH SERVICES
AND ADEQUATE ACCESS
TO CONTROLLED ESSENTIAL
MEDICINES FOR THOSE
IN NEED

4 QUALITY
EDUCATION



ALIGN
PREVENTION PROGRAMS
WITH THE REALITY
OF DRUG USE

5 GENDER
EQUALITY



PROVIDE WOMEN
WHO USE DRUGS
WITH SERVICES TAILORED
TO THEIR NEEDS

8 DECENT WORK AND
ECONOMIC GROWTH



PLAN THE
GROWING NUMBER
OF LEGAL MARKETS
OF ADULT USE
OF DRUGS

9 INDUSTRY, INNOVATION
AND INFRASTRUCTURE



PROMOTE
RESEARCH IN
THE DIVERSE USES
OF DRUGS

10 REDUCED
INEQUALITIES



FOCUS EFFORTS
ON EQUITY FOR
PEOPLE IMPACTED BY
THE PROHIBITION
OF DRUGS

17 PARTNERSHIPS
FOR THE GOALS



MEASURE
INTERNATIONAL AID
AGAINST HUMAN RIGHTS
COMMITMENTS

16 PEACE, JUSTICE
AND STRONG
INSTITUTIONS



DECRIMINALIZE
DRUG USE, PROMOTE
ALTERNATIVES TO
INCARCERATION, AND
CANCEL CRIMINAL RECORDS
FOR NON-VIOLENT
DRUG OFFENCES

15 LIFE
ON LAND



END THE USE OF
HARMFUL PESTICIDES
TO DESTROY CROPS

14 LIFE
BELOW WATER



13 CLIMATE
ACTION



12 RESPONSIBLE
CONSUMPTION
AND PRODUCTION



COMBAT
OVER-COMMERCIALIZATION
AND COMMERCIAL
HEALTH-RELATED HAZARDS
IN REGULATED
MARKETS

ENSURE CITIES
PROVIDE BASIC SERVICES
TO ALL

11 SUSTAINABLE CITIES
AND COMMUNITIES



INTRODUCTION

Between the United Nations General Assembly Special Session (UNGASS) on the “World Drug Problem” in 1998 and the UNGASS on the same theme held in 2016, the international drug control regime was organised into a three-pillar approach aimed at reducing demand and supply,¹ and promoting international cooperation against organised crime and money-laundering.² The Political Declaration adopted at the 1998 UNGASS sought not only to eliminate or significantly reduce drug use and supply by 2008,³ but also to respond to the global threat to the “welfare of humankind” that drugs have been considered to pose since the 1960s.⁴ In line with these overarching goals, member states at the 1998 UNGASS supported the official slogan “A drug-free world: we can do it!”

Ten years later, in 2009, UN member states adopted a new Political Declaration and a detailed plan of action on drugs⁵ that simply reiterated the 1998 objectives and the three-pillar approach. In so doing, the plan of action ignored four major changes that had occurred since the adoption in 1988 of the third global drug convention, the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The first change was the blatant failure of punitive approaches to reduce the cultivation, manufacture, availability, use and problematic use of illicit drugs, and the harm caused by drug use and by drug policies.

The second change was an acknowledgement by the United Nations itself that a purely repressive drug control approach had resulted in severe unintended consequences such as the creation of a global illegal market, to which one can add an explosion of HIV and hepatitis infections among people who use drugs, the high level of stigma associated with drug use, and the lack of access to internationally controlled substances for medical purposes.⁶ Third, the world has changed drastically since the 1960s, when the first UN drug convention was agreed. Unprecedented globalisation, interconnectedness and new technologies have resulted in new challenges such as global health crises, record refugee flows, climate change and other environmental issues, and the use of the Internet for both legal and illegal purposes. Drug policies focused exclusively on achieving a drug-free world have only exacerbated the suffering of the poorest and of communities most exposed to socioeconomic challenges. The fourth major change was the adoption of the Millennium Development Goals and the subsequent Sustainable Development Goals (SDGs). They ushered in a new international focus on a global partnership and a cooperative effort to achieve human rights, gender equality, and health and safety in developing economies.

The adoption in 2015 of the SDGs and the 2030 Agenda for Sustainable Development, a few months before the UNGASS on drugs in 2016, was a key opportunity to shed light on the dimensions of human development, including poverty, health, the rule of law, gender equality, human rights and the environment.⁷ It opened the door to an alignment of the responses to drugs with the principles of sustainable development. For the first time, a high-level document on drugs, the UNGASS Outcome Document, added new pillars to the global drug control strategy: access to essential medicines, new challenges, human rights, youth rights and women’s rights, and development.⁸ It pointed to the need to rethink the compartmentalised response of the UN system towards drugs, focused narrowly on law enforcement and criminal justice.

The Global Commission on Drug Policy has been calling for a paradigm shift since its first recommendations in 2011.⁹ Ensuring that drug policies are truly enshrined in the SDG framework will require governments to respect the six essential elements of the SDGs¹⁰ that should underpin any future response to drugs: justice-based, people-centred, dignity-oriented, solidarity-based partnerships that are respectful of the planet and focus on prosperity for all.

The international community is currently preparing for the Ministerial Segment of the Commission on Narcotic Drugs (CND), planned for March 2019, where countries will agree upon their global drug strategy for the coming decade. This position paper highlights the interactions between the SDGs – as the adopted common policy framework until 2030 – and international drug policy.

As a transformational agenda for people and the planet, the SDGs provide a framework within which drug policies can be rethought to focus on those who are threatened, rather than the threats drugs themselves may represent.¹¹ This paper provides a diverse set of country examples and case studies, both positive and negative. It presents the position of the Global Commission on how to align drug policy with the spirit, letter and implementation of the SDGs.

The 2030 Agenda united the international community around the slogan “no one left behind”. It is time to ensure that means leaving behind no individual who uses drugs, nor any affected community. It is time to make special efforts to provide public services and support to people who use drugs and communities that have been harmed by the so-called war on drugs. It is time to rethink the overall goals of drug policies to ensure that they are aligned with the Sustainable Development Agenda.

ENDING POVERTY AMONG THOSE MOST VULNERABLE WITHIN THE ILLEGAL DRUG MARKET

Ending poverty (SDG 1), **zero hunger** (SDG 2), **quality education** (SDG 4), **gender equality** (SDG 5), **clean water and sanitation** (SDG 6), **decent work and economic growth** (SDG 8), **reduced inequality** (SDG 10) and **sustainable cities and communities** (SDG 11) all seek to improve the quality of life of those most marginalised and vulnerable by ensuring access to basic services. However, most steps undertaken by global drug control efforts have exacerbated poverty and marginalisation instead of tackling the underlying causes of involvement in the illegal drug market.

A purely repressive approach towards drugs also fails to recognise that for millions of people worldwide – in Afghanistan, Mali and areas of Brazil, for instance – organised criminals involved in the illegal drug market provide incomes, basic services and stability that the state fails to provide.¹² In these lost territories, many governments have merely focused on policing and military interventions to curb illegal activities, without fostering alternative employment and providing essential services such as access to clean water, education, health care and safety. These repressive efforts have largely been counterproductive, especially among those most vulnerable, ethnic minorities and the poorest communities in both rural and urban settings.

EXACERBATING POVERTY IN ILLEGAL CROP CULTIVATION AREAS



Opium, coca and cannabis are cultivated in some of the most isolated areas of the world, where the state's presence tends to be limited to law enforcement interventions to destroy illegal crops and arrest farmers engaged in their cultivation. Many of these areas are also plagued by high levels of inequality and unequal access to land tenure. The destruction of farmers' sole means of survival does little more than push them further into poverty.¹³ In northern Laos, forced eradication campaigns in the 2000s were followed by rice shortages.¹⁴ In Myanmar, law enforcement efforts and opium bans in 2002-2003 in the Kokang Special Region resulted in a 50% drop in school enrolment and the closing of two-thirds of pharmacies and medical facilities.¹⁵



Children in the Happyland slum community, in Manila, Philippines, where many murders attributed to the drug war have taken place. © Ezra Acayan/NurPhoto via Getty Images.

In regions affected by conflict, subsistence farmers are even more vulnerable, as they are often caught in the cross-fire between organised criminals, guerrillas and government forces. In Colombia, millions of people were forced to flee their homes by the conflict between the government and the Revolutionary Armed Forces of Colombia (FARC), and by violent clashes between the military and armed groups in coca cultivation areas.¹⁶

numbers of women tends to exacerbate rather than resolve the issue. In Latin America, the women targeted by policing efforts are overwhelmingly single mothers, in situations of high economic vulnerability, with little formal education and limited job opportunities. Their incarceration for lengthy periods of time only pushes them and their children further into poverty and crime, as their criminal records hamper their access to employment after release from prison.¹⁸

VULNERABILITIES OF PEOPLE CAUGHT IN DRUG TRAFFICKING



Similar vulnerabilities can be observed in regions where drug production and transit are well established – generally in fragile, conflict-affected and developing areas. In such regions, the illegal drug trade may be strongly woven into the very fabric of society. Any repressive action by the state may result in a surge in violence, corruption and prison overcrowding, exacerbating poverty and marginalisation in already vulnerable communities. Even in middle- and high-income countries, in cities or suburbs where job opportunities are scarce and social cohesion is weak, drug trafficking and dealing may represent attractive opportunities in the absence of better alternatives in the legal economy.¹⁷

Women are particularly vulnerable to engaging in the illegal drug trade because gender inequalities hamper their access to education and employment. The disregard for their vulnerability, alongside regular human rights abuses against them, inevitably undermines the achievement of SDG 5, but also SDGs 1, 4 and 8. The incarceration of large

POVERTY, STIGMA AND CRIMINALISATION



Drug use takes place across all continents, ages, social classes and genders. However, repressive drug policies and the lack of access to health and social services (including harm reduction and treatment, but also general health care) generally affect the poorest, most marginalised segments of society. Furthermore, criminalising people who use drugs merely increases stigma and marginalisation, acting as a barrier to education, employment, health and social services, and even the right to vote (for example in the United States). People who use drugs who are homeless, or who engage in other “morally repressed” and/or illicit activities such as sex work, face additional stigma and criminalisation, and existing harm reduction services are usually unable to respond to their needs.

REFORM PUNITIVE DRUG POLICIES TO PROMOTE ACCOUNTABILITY AND FAIR ACCESS TO JUSTICE

The predominant rationale behind current overly punitive and zero-tolerance approaches towards drugs is that a “tough on drugs” strategy will deter people from cultivating, producing, trafficking, selling and consuming drugs. Nevertheless, UN reports and the scientific literature show clearly that repressive drug policies have failed to reduce the scale of the illegal market.¹⁹ Despite the core objective of the UN drug control treaties to promote the “health and welfare of mankind”,²⁰ current policies have resulted in considerable health and social harm, including severe human rights violations and an exacerbation of poverty and marginalisation.²¹

These policies have also crippled the criminal justice systems of many countries by diverting often scarce resources to deal with minor drug offenders, instead of focusing on violent criminals. This constitutes a significant barrier to the achievement of **peace, justice and strong institutions** (SDG 16) on “peaceful and inclusive societies for sustainable development”, “access to justice for all” and “effective, accountable and inclusive institutions at all levels”. Notably, SDG 16 calls for a reduction of all forms of violence, the promotion of the rule of law and equal access to justice for all, reducing corruption, developing effective, accountable and transparent institutions at all levels, and enforcing non-discriminatory laws and policies.

DISCRIMINATION AND ENFORCEMENT OF DRUG LAWS



Drug law enforcement disproportionately targets ethnic minority groups, discrediting the justice system and undermining SDGs 10 (especially Target 10.2: “empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity...”) and 16. In the United Kingdom, black people are six times more likely to be stopped and searched than white people, even though the prevalence of drug use among black people is lower than among white people. Black people are also treated more harshly for drug possession than white people, with seventy-eight per cent being charged for cocaine possession compared to forty-four per cent for white people²². In Brazil, which has the world’s third largest prison population, sixty-four per cent of all Brazilian prisoners

are black, and one in three inmates are incarcerated for drug trafficking (rising to two-thirds among women).²³

This repressive approach has long-term implications, as those with a criminal record are less likely to access education, employment and various health and social services. In the United States, for example, a person convicted of a drug felony can face a lifetime ban on claiming social benefits,²⁴ and their ability to receive a student scholarship may be severely limited.²⁵

CRIMINAL JUSTICE AND PRISON OVERCROWDING



Repressive drug laws have resulted in mass incarceration and severe cases of prison overcrowding, with one in five prisoners worldwide incarcerated for drug offences.²⁶ Of those, eight in every ten are in prison for drug use or possession for personal use.²⁷ The rest are generally accused of low-level dealing and micro-trafficking – with an insignificant minority convicted of violent drug-related crimes. And yet, these minor drug offences often yield a longer prison sentence than for rape or murder. In Bolivia, the minimum penalty for drug offences (ten years) is twice as high as for rape (five years). In Mexico, violent theft is punished with six months’ imprisonment and drug trafficking with ten years.²⁸

This punitive approach is not only ineffective in curbing the illegal drug market, it also brings the entire criminal justice apparatus into question by its disproportionate nature and the misuse of scarce resources to target minor, non-violent offenders instead of focusing on high-level criminals. The United States is one of the most extreme examples of overincarceration, with “30 million arrests for drug crimes, 24 million of which [...] for possession” between 1993 and 2011.²⁹

In Latin America and Asia, the impact has been most severe on the female prison population. Although women are still a minority of those incarcerated, they are the fastest-

growing prison population driven by repressive drug policies. In Argentina, Costa Rica and Peru, more than sixty per cent of women in prison have been incarcerated for drug offences.³⁰ In Thai prisons, that percentage has risen to eighty per cent of women prisoners.³¹ Most of these women have been imprisoned for non-violent, first-time offences, and many are single mothers and/or responsible for several dependents. Their imprisonment therefore affects not only their lives, but also those of their families and sometimes on entire communities.³²

The pressure that current drug policies exert on the criminal justice system is exacerbated by the large number of people who are held in pre-trial detention because courts cannot cope with the increasing numbers of suspected minor drug offenders. In Bolivia, Brazil, Ecuador and Mexico, pre-trial detention is compulsory for all drug offences, low- and high-level. Many people wait months or years before they finally face trial. In Bolivia, sixty-seven per cent of people held in prison for drug trafficking offences are awaiting trial.³³ A study among judges and prosecutors in Romania showed widespread support for the use of pre-trial detention for drug cases.³⁴

DEFINING A FAIR JUSTICE SYSTEM

"The police should not shoot at sparrows with cannons."
Fritz Fleiner, 1928

Democratic criminal justice systems are based on two pillars: proportionate sentencing and the independence of judges in their application of the law. Justice is separated from the executive and legislative branches of government. It should be free, equal and open to all without discrimination.

The guiding principles to ensuring fair trials are: the presumption of innocence as described in Article 11 of the Universal Declaration of Human Rights;³⁵ the proportionality of sentences; the possibility of appeal; adversarial proceedings; and the non-retroactivity of criminal laws. These principles guarantee that all citizens and everyone involved in trials – plaintiffs, witnesses and the accused – are treated equally and their rights guaranteed.

Moreover, access to justice for all citizens is a legal right protected in articles 8 and 10 of the Universal Declaration of Human Rights. Social, economic, and gender barriers that prevent women, minorities and poor communities from gaining access to justice need to be removed. Fair access to justice for all is an essential part of good governance, and is both an indicator to measure it and an outcome of it.

CORRUPTION AND UNACCOUNTABLE INSTITUTIONS



The illicit nature of the drug trade has resulted in a huge and lucrative illegal market, currently estimated at USD 426-652 billion,³⁶ which has inevitably fuelled corruption at the highest levels of policy making. Evidence also shows that fragile state institutions provide fertile ground for the illegal drug production and trafficking to flourish.³⁷

In several West African countries, collusion between high-level officials and drug traffickers constitutes a major threat to security, governance and development.³⁸ In the poorest regions of Mali, the illegal drug trade has substituted the state in providing employment and basic services to local communities, hence receiving community support against drug law enforcement efforts.³⁹ Guinea-Bissau is now recognised as a major cocaine trafficking hub, with reports of "repeated allegations of complicity of high-ranking officials in government and the military in drug trafficking", as well as corruption within the judiciary.⁴⁰

Similarly, in Italy, the Cosa Nostra and 'Ndrangheta – two prominent organised crime groups – have long benefited from high-level political connections.⁴¹ In other European countries, Europol has found evidence of corruption of city councillors and mayors, in particular in cities along the European Union's eastern land border.⁴² Tackling such corruption at the highest levels of governance, and building strong institutions, should form an integral part of effective drug policies, in line with SDG 16.

VIOLENCE, LACK OF DUE PROCESS AND JUDICIAL DISCRETION



Some of the most repressive forms of drug control have directly hindered the achievement of SDG Target 16.1 ("significantly reduce all forms of violence and related death rates everywhere"). The so-called war on drugs being waged in the Philippines may be one of the most extreme examples. Since June 2016, President Rodrigo Duterte has condoned a violent campaign against people suspected of using or trafficking drugs, a brutal approach that has already claimed more than 12,000 lives, including children. These extrajudicial killings by both police and

vigilante forces are sanctioned by the president and met with impunity.⁴³ In a worrying trend, other countries in the region are now following the Filipino approach, including Bangladesh,⁴⁴ Cambodia,⁴⁵ Indonesia⁴⁶ and Sri Lanka.⁴⁷

Mexico has also suffered the consequences of the war launched against the “drug cartels” in 2006. Over the past 12 years, more than 150,000 people have been killed, 281,000 were internally displaced and 26,800 “disappeared”.⁴⁸ Here again, little remedial action has been undertaken by the state to support victims and their families. Collusion between the police and drug traffickers was demonstrated vividly by the disappearance of 43 students in Ayotzinapa in 2014, a shocking and tragic event that attracted worldwide media attention.⁴⁹



Seizure of alcohol in Casablanca, Morocco, *Aujourd'hui Le Maroc*.

Similarly, forced crop eradication campaigns have often resulted in violent clashes between local communities and the police and the military, as affected communities have

sought to protect their sources of livelihood. In Colombia, despite the signature of the peace agreement with the FARC, cases of violence against subsistence farmers have persisted – and even increased in some municipalities.⁵⁰ The United Nations has estimated that in 2017 alone, 106 community leaders and activists were killed in such circumstances.⁵¹

LIMITED ACCESS TO JUSTICE FOR PEOPLE WHO USE DRUGS



In an overly repressive drug control system, access to justice is restricted or simply denied for people who use drugs and other people engaged in the drug trade because of their situation of vulnerability. People who use drugs – especially from vulnerable segments of society – continue to be victims of ill-treatment and violence and are rarely able to seek justice. In Eastern Europe and Central Asia, cases of police and domestic violence against women who use drugs remain widespread. Women experience heightened police violence during or after detention, with physical and mental abuse commonly used to get confessions and false testimonies.⁵² Fear of reporting cases of abuse to the police means that these human rights violations are rarely redressed in court.

PROMOTE HEALTHY LIVES THROUGH DRUG POLICIES

HEALTHY LIVES AND WELLBEING FOR PEOPLE WHO USE DRUGS



Good health and well-being (SDG 3) promotes “healthy lives” and “well-being for all at all ages”. People who use drugs, especially those who inject drugs, are particularly vulnerable to blood-borne infections such as HIV and hepatitis C. According to the World Health Organisation (WHO), “injecting drug use accounts for approximately ten per cent of HIV infections globally and thirty per cent of those outside of Africa”. People who inject drugs are also more vulnerable to tuberculosis, with a prevalence rate of eight per cent, compared to 0.2 per cent in the general population.⁵³

As for hepatitis C, the “estimated global prevalence...in people who inject drugs is 67%”.⁵⁴

There is overwhelming evidence that these health dangers can be easily prevented through non-discriminatory access to general health care, as well as well-funded and widely available harm reduction services. However, instead of reducing drug-related risk and harm with a comprehensive health strategy, many governments have imposed heavily punitive measures against people who use drugs, resulting in a myriad of human rights violations. These include police harassment, humiliations and physical abuse, forced urine testing, and automatic registration in police records. Locking up people who use drugs in compulsory detention or “rehabilitation” centres without trial is common practice across Asia and Latin America, despite a strong call by twelve UN entities to stop such a harmful approach.⁵⁵

Women who use drugs face increased stigma and discrimination, especially if they are pregnant or have children. This has even included sterilisation campaigns in exchange for money for women who use drugs in the United Kingdom and Kenya.⁵⁶ Women who use drugs also have reduced access to harm reduction, drug dependence treatment and basic healthcare – either because these services are non-existent or not tailored to their specific needs, or because of the deterrent effect of stigma and criminalisation. This inevitably has an impact on the achievement of SDGs 3 and 5, especially Targets 5.1 (end all forms of discrimination against women) and 5.6 (access to sexual and reproductive health and rights).

ADDRESSING THE ENVIRONMENTAL DAMAGE OF FORCED CROP ERADICATION

Forced crop eradication strategies not only harm the health of local communities, but also damage the environment,⁶⁷ hindering the achievement of **life below water** (SDG 14) and **life on land** (SDG 15).

The use of harmful pesticides to destroy crops destined for the illegal drug market has damaged fish and other aquatic life by contaminating water, as well as “fauna, insects and soil composition and function”.⁶⁸ The destruction of natural habitats and tropical ecosystems may also harm native species.⁶⁹ Beyond the use of chemicals for spraying, forced crop eradication campaigns may lead affected families and communities to relocate in order to plant in less detectable areas – sometimes in national parks, accelerating deforestation.

Putting an end to the devastating impact of drug policies on the environment requires governments to consider any policy targeted at illegal crop cultivation through the lens of SDGs 14 and 15. This means adopting a long-term development strategy and empowering affected farmers to help protect the environment.

Prisons and other closed settings are particularly fertile grounds for the spread of diseases, and people who use drugs – who comprise a significant proportion of those incarcerated⁵⁷ – are most at risk. Globally, one in three people detained have used drugs at least once while in prison⁵⁸, and evidence points to the fact that prisoners may start injecting drugs for the first time in prison.⁵⁹ HIV prevalence may be up to fifty times higher in some prisons than it is in the general community.⁶⁰ In Europe, WHO estimated that twenty-five per cent of prisoners

were living with hepatitis C, compared with just two per cent in the community. Effective drug policies, focused on achieving SDG 3, require the urgent scale-up of good quality and affordable healthcare, harm reduction and drug dependence treatment services in the community and in prisons.⁶¹

HEALTH IMPACTS OF SUPPLY REDUCTION EFFORTS



Some governments have responded to illegal crop cultivation with aerial fumigation campaigns, generally by using harmful herbicides such as glyphosate. Aerial fumigation has caused severe harm to the environment (Box 2), as well as to the health of local communities, hindering the achievement of SDG 3. WHO’s International Agency for Research on Cancer found that glyphosate “probably causes cancer”,⁶² while the Special Rapporteur on the Right to Health concluded that “there exists trustworthy evidence that aerial fumigation with glyphosate...damages the physical health”⁶³ of affected communities, causing respiratory problems, skin rashes, diarrhoea, eye problems and miscarriages.⁶⁴

“Obviously, we all want to protect our families from the potential harms of drugs. But if they do develop a drug problem – that is a chronic relapsing illness as the WHO has defined it – they should be viewed as patients in need of treatment and not as criminals. In what other areas of public health do we criminalize patients in need of help?”

Kofi Annan, Chairman of the Kofi Annan Foundation and member of the Global Commission on Drug Policy, 2015

Aerial spraying has also caused indirect harm to health. In Colombia, it has damaged food crops (bananas, beans, plantains, yuca), as well as chicken and fish farms, located near coca fields.⁶⁵ This has exacerbated poverty as affected communities faced the loss of their cash crops as well as food insecurity (affecting SDGs 1 and 2). In recognition of this damage, the Colombian government suspended aerial herbicide spraying of coca crops in October 2015.⁶⁶ Unfortunately, the use of glyphosate restarted in April 2016 – albeit on the ground rather than via aerial spraying.

GLOBAL EPIDEMIC OF UNRELIEVED PAIN



Palliative care and pain relief constitute essential elements of universal health coverage. Target 3.8 of SDG 3 calls for improved “access to safe, effective, quality and affordable essential medicines for all”. Ensuring access to controlled medicines for medical and scientific purposes is also a core objective of the UN drug control treaties. And yet, 5.5 billion people have limited or no access to internationally controlled medicines such as morphine, including 5.5 million people with terminal cancer and 1 million with late-stage AIDS. It is also estimated that ninety-two per cent of the world’s supply of morphine is consumed by only seventeen per cent of the population concentrated in the Global North.⁷⁰

This devastating situation is the direct result of prohibition, which has contributed to the legal over-regulation of controlled medicines at national level, lack of training, the absence of systems to assess medical needs, a shortage of financial resources, and high prices on some essential medicines.⁷¹

“The SDGs are a bold agenda. Nevertheless, they must be based on the reality that a drug-free world cannot be achieved, that drug-related health issues and social unrest are fueled by current prohibitive laws and policies, and that the “war on drugs” has resulted in weak and ineffective public institutions in many places.”

Ruth Dreifuss, Chair of the Global Commission on Drug Policy, 2017

Although some countries have tried to address this situation, others have moved to schedule more substances, reducing their availability for medical purposes. For instance, China and Egypt have put pressure on the international community to schedule ketamine in the international drug control treaties. WHO’s Expert Committee on Drug Dependence has repeatedly recommended against such a move, as it would severely restrict the availability of the substance as an anaesthetic in countries with fragile health systems.⁷²

Finally, the international drug control regime has interfered with scientific research into the potential medical uses of some controlled substances. This includes anaesthetics,

cannabis (although over forty jurisdictions have already adopted medicinal cannabis schemes⁷³), LSD and MDMA, which have medicinal properties in the treatment of multiple sclerosis, drug dependence, depression and post-traumatic stress disorder, among other conditions.⁷⁴

ELEMENTS TO CONSIDER FOR THE CND 2019 MINISTERIAL SEGMENT

As the 2019 Ministerial Segment of the Commission on Narcotic Drugs is fast approaching, member states are at a critical juncture. The SDGs and the UNGASS Outcome Document constitute key frameworks within which to outline a humane, people-centred approach to drug control for the coming decade, taking the “drug problem” out of its current Vienna isolation and placing it at the core and centre of the United Nations’ broader priorities:

- Rethink the objectives of drug policy, ensuring that they are in line with the SDGs, and adopt more appropriate indicators to track progress.
- Design mechanisms for discussing, sharing best practice and collaborating across the UN family to ensure more system-wide coherence between drug policy and the achievement of the SDGs.
- Design strong mechanisms for civil society engagement via the Civil Society Task Force throughout the 2019 process.
- Promote a health and social policy approach to drug use, including harm reduction and access to controlled medicines.
- Promote alternatives to punishment and incarceration for minor drug offending and for people engaged in the illicit drug trade because of their situation of vulnerability.
- Provide space for an open debate on blatant human rights violations committed in the name of drug control.
- Open a debate on legally regulated markets for certain drugs and their implications for the current drug control regime.

IMPROVING GLOBAL PARTNERSHIPS FOR DRUG POLICY REFORM

Partnerships for the goals (SDG 17) emphasizes the need to build partnerships for development, including improving North-South and South-South cooperation (SDG 17.6), as well as enhancing policy coherence (17.14) and global partnerships for sustainable development (SDG 17.16). The UNGASS Outcome Document also recognises the necessity to ensure greater policy coherence⁷⁵ across all sectors within the United Nations towards the consolidation and achievement of the 2030 Agenda for Sustainable Development. To do so, more efforts must be made to strengthen national capacities, ensure solid multilateral and bilateral assistance based on human rights principles, and include all stakeholders from different sectors for effective partnerships in drug policies.

NORTH-SOUTH DOMINATION: FOREIGN AID AND THE WAR ON DRUGS



Instead of favouring true collaborative relationships between the Global North and the Global South, foreign aid in the drug policy field has been used by major donors to impose a “war on drugs” approach in recipient countries.⁷⁶ Examples include funding from the United States to Latin America, or from the Russian Federation to Afghanistan, Turkmenistan, Kyrgyzstan, Tajikistan and Pakistan.⁷⁷ In Afghanistan and Colombia, this approach has increased violence, instability and civil unrest.⁷⁸

In stark contrast, Bolivia opted for a very different policy from that promoted by the United States and allowed for the cultivation, trade and consumption of coca within its territory. As a result, the United States placed Bolivia on a counter-narcotics blacklist in 2008,⁷⁹ with then President George W. Bush stating that Bolivia had “failed demonstrably” to meet its commitment to combat cocaine.⁸⁰ Following several diplomatic clashes, US economic assistance for Bolivian drug policy was reduced to a minimum,⁸¹ even though the Bolivian approach had improved political stability and reduced violence and poverty.⁸²

POLICY INCOHERENCE: SUPPORT OF HUMAN RIGHTS VIOLATIONS



Some countries have used international funding to implement drug policies that are in blatant violation of human rights and SDG 16, for example to execute drug offenders. In 2014, civil society groups concluded that the United Kingdom had subsidised Iranian drug law enforcement agencies by more than GBP 20 million. “British support of this nature”, it was found, “can be directly tied to at least 2,917 executions in Iran and 112 death sentences in Pakistan”.⁸³ A year later, the United Nations signed a new funding deal worth USD 20 million with Iran on drug policy despite evidence that this funding might be used to execute drug offenders.⁸⁴ In a positive move, Iran amended its Anti-Narcotics Law in 2017 and reduced the scope of the death penalty for drug offences.⁸⁵

Other examples include the use of international aid to support compulsory detention centres for people who use drugs.⁸⁶ Between 2006 and 2012, funding from Australia, Luxembourg and Sweden via the UN Office on Drugs and Crime (UNODC) was allocated to provide technical assistance to Vietnam for treatment and rehabilitation – even though Vietnam was well known for its compulsory detention centres.⁸⁷



Two members of the AUC, the United Self Defense Force of Colombia, the extreme right paramilitary group, patrol a coca leaf plantation where a manual eradication of the coca leaves went into effect January 8, 2001 in the province of Putumayo, Colombia. © Piero Pomponi / Intermittent via Getty Images.

THE ESSENTIAL ROLE OF CIVIL SOCIETY



SDG 17 acknowledges the critical role played by civil society and the need to “promote effective...civil society partnerships” (target 17.17). Civil society organisations have played a vital and unique role in analysing drug issues, delivering services and evaluating the impact of policies and programmes. Their knowledge and understanding of the issue and of affected communities makes them invaluable sources of information and expertise for policy makers. However, they have often been ignored and side-lined by governments and the United Nations.⁸⁸ Furthermore, although the inclusion of affected people in policy debates has long been recognised in the HIV/AIDS response, people who use drugs, subsistence farmers, former prisoners and others continue to be criminalised, stigmatised and excluded from decision-making processes on drugs.

This situation is nonetheless slowly improving at the UN level and in various regions of the world. The 2016 UNGASS on drugs was an important moment for civil society to mobilise and be more vocal in global drug policy debates. In addition, representatives of people who use drugs and subsistence farmers were included on UNGASS panels. The UNGASS also offered opportunities for civil society organisations to build constructive relationships with their governments’ delegations.⁸⁹

ENSURING UN SYSTEM-WIDE COHERENCE IN DRUG POLICY



SDG 17 aims to “enhance policy coherence for sustainable development” (Target 17.15). Unfortunately, coordination between relevant UN entities on drugs issues remains weak, and little focus has been placed on how drug control efforts can advance the broader UN goals on health, human rights, development, and peace and security. In 2008, this led Professor Paul Hunt, then UN special rapporteur on the right to health, to characterise considerations of human rights and those of drug control at UN level as “parallel universes”.⁹⁰

The 2016 UNGASS was unprecedented in fostering more collaboration within the UN family with regards to drug policy. Several UN agencies – including the Office of the High Commissioner for Human Rights, the UN Development Programme, UN Women, UNAIDS and WHO – made key contributions to the debates to highlight how drug policy related to, and affected, their mandates.⁹¹ The UNGASS outcome document also acknowledges the SDGs and includes an entire section on development considerations⁹² – a first in a high-level UN document on drug policy.

EVALUATING THE SUCCESS OF DRUG CONTROL: DRAWING FROM THE SDG TARGETS AND INDICATORS

The SDGs provide a useful framework within which drug policies should be developed, as well as several helpful indicators against which to measure progress in drug policy. Traditionally, governments have used process indicators – such as numbers of arrests, amounts of substances seized and hectares of crops eradicated. The SDGs offer an opportunity to develop better metrics for measuring the impacts of drug strategies, for instance:⁹³

- **SDG 1:** Instead of measuring hectares of crops eradicated, consider measuring poverty levels in families where illegal crop production is the primary source of income.
- **SDG 3:** Instead of assessing numbers of people arrested for drug use, consider measuring the incidence of HIV, hepatitis C and tuberculosis among people who use drugs. Consider also measuring the number of people not accessing essential medicines to treat pain or for palliative care in national health systems.
- **SDG 5:** Instead of considering numbers of micro-traffickers incarcerated, consider measuring reductions in the number of women incarcerated for the first time for minor drug offences, especially pregnant women and those with children. Also consider measuring the number of children living in prison with a mother convicted on drug offences.
- **SDG 16:** Instead of measuring the number of people processed through the criminal justice system for drug offences, consider measuring the number of people accused of non-violent drug offences who have benefited from an alternative to incarceration, and the number of human rights violations against people who use drugs which have been redressed in court.

Nevertheless, the hegemony of Vienna-based UN entities persists, and there is still too little space for other UN agencies based in New York, Geneva and Nairobi to be involved fully in a debate that remains anchored to an overly repressive approach. SDG 17 is a key opportunity to promote better synergies within the United Nations and ensure that global drug policies are in line with the UN's priorities for human rights, peace and security, and development.⁹⁴ This will require the UN Secretary-General to establish coordination mechanisms and the United

Nations to make funding for drug control conditional on a strong commitment to the SDGs.

The Ministerial Segment of the Commission on Narcotic Drugs (CND), planned for March 2019, will be another opportunity to improve UN system-wide coherence on the drug issue, as member states are to delineate their global drug strategy for the next decade – a timeframe that broadly aligns with the target date to achieve the SDGs (Box 4, p. 10).

RECOMMENDATION

Drug policy reforms should be an integral part of national sustainable development strategies.

Countries must assess the implications of their drug policies for all relevant sections of their national plans to achieve the Sustainable Development Goals. They should determine the impact of drug policies on people's lives, on public safety and on the well-being of communities, as well as on social cohesion and development, as an integral part of measuring progress on the implementation of the 2030 Agenda for Sustainable Development.

Countries should explore, in particular, the extent to which drug policies help or hinder the overarching SDG goal of leaving no one behind. They should take into account the evidence that prohibition and law enforcement-based policies have caused serious harm to the health, social, education and economic sectors, leaving large numbers of people on the margins.

Countries must consider drug policy as part of a broader deliberation on the type of societies they wish to achieve by 2030 and how inclusive those societies should be. As an answer to such far-reaching questions, countries should move towards legal regulation of currently illicit drugs, to take the illegal market out of the hands of organized crime and ensure the health, safety, dignity and equitable development of their populations.

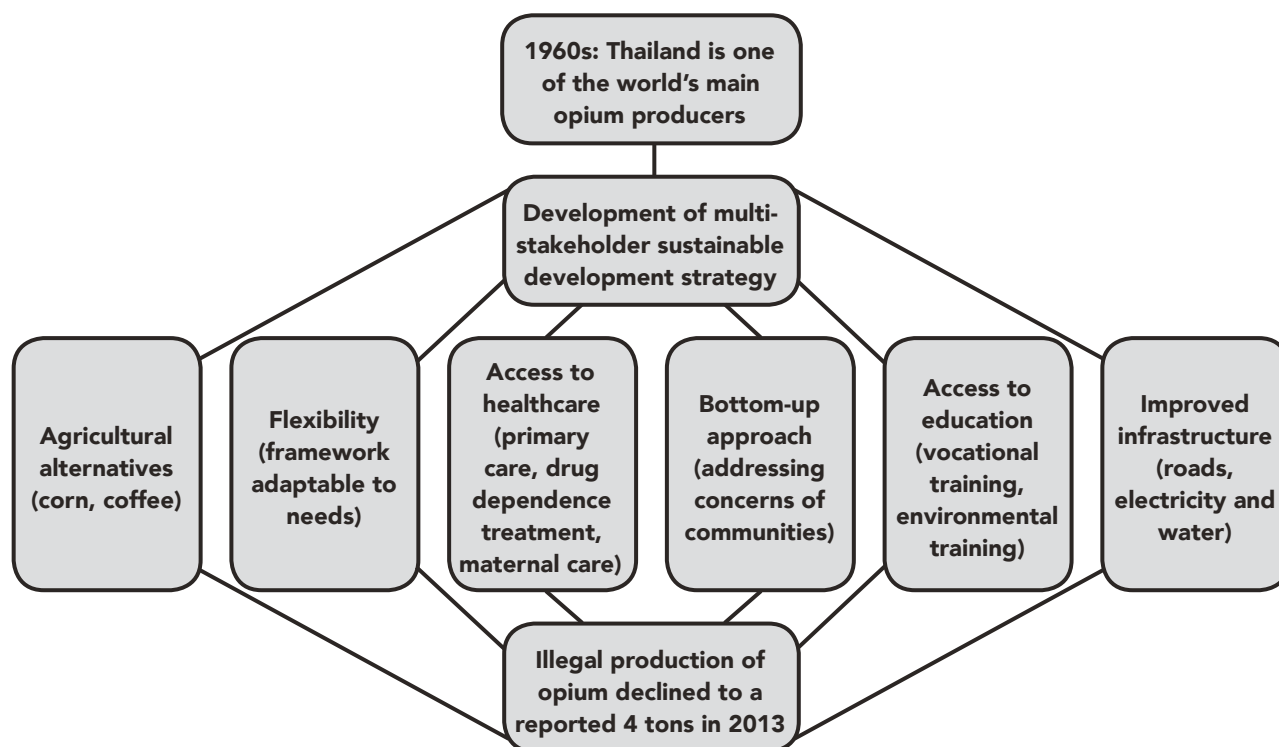
COUNTRY PROFILES



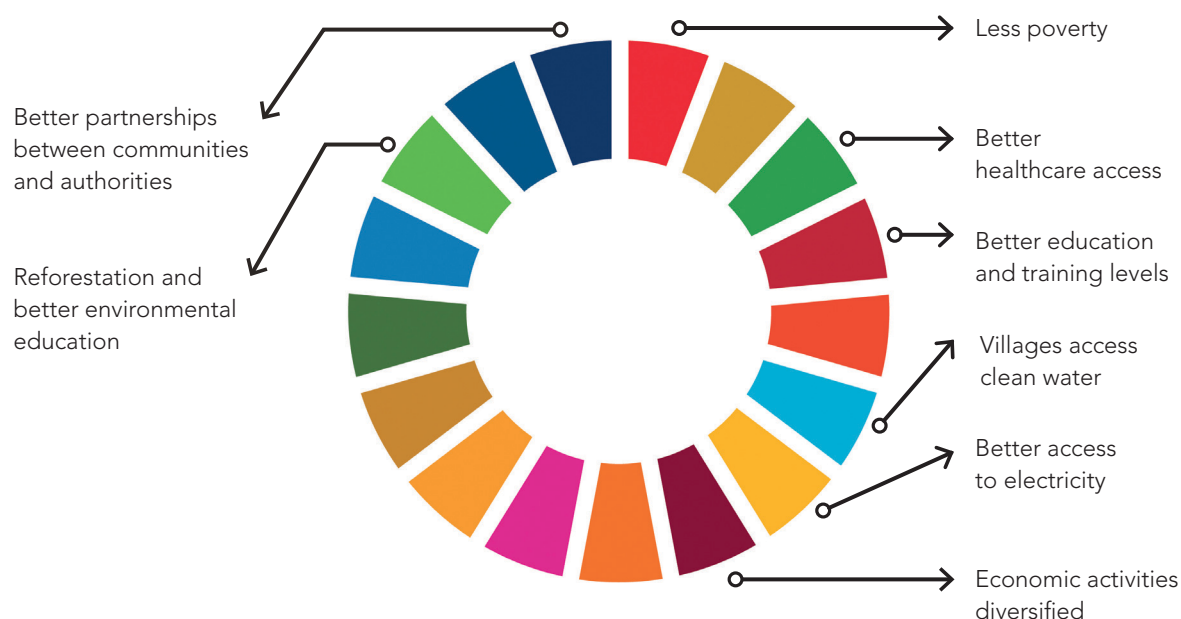
THAILAND

Sustainable development programme in opium cultivation areas

IN THE 1960s, THAILAND WAS ONE OF THE WORLD'S MAIN PRODUCERS OF OPIUM. INSTEAD OF ADOPTING A BLANKET BAN ON OPIUM CULTIVATION AND FORCED ERADICATION CAMPAIGNS, THE GOVERNMENT DECIDED TO UNDERTAKE A MAJOR DEVELOPMENT STRATEGY, WHICH WAS IMPLEMENTED OVER 30 YEARS.



Positive impact on the achievement of SDGs



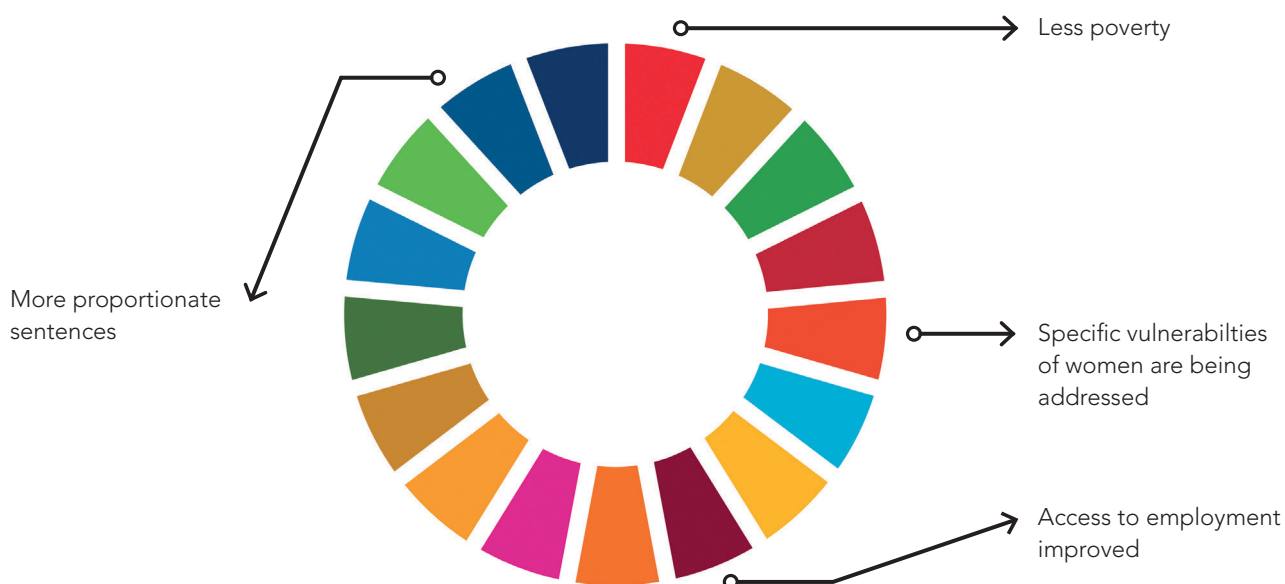
COSTA RICA

Gender sensitive drug policy reform

COSTA RICA IS ONE OF THE RARE COUNTRIES TO HAVE REFORMED ITS DRUG LEGISLATION AND CRIMINAL JUSTICE APPARATUS TO ADDRESS SPECIFICALLY THE SITUATION OF VULNERABILITY FACED BY WOMEN INVOLVED IN THE ILLEGAL DRUG TRADE.



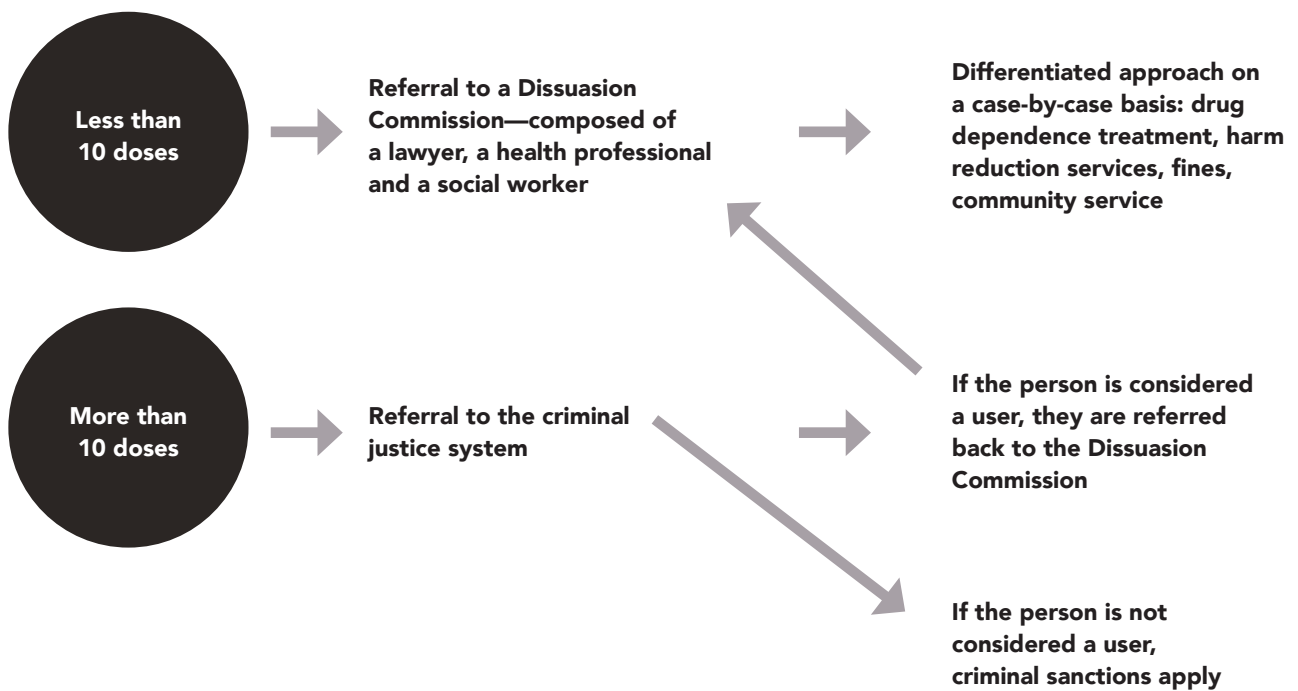
Positive impact on the achievement of SDGs



PORTUGAL

Decriminalisation model: Moving closer to HIV elimination targets

IN 2001, LAW 30/2000 ENTERED INTO FORCE IN PORTUGAL, REMOVING CRIMINAL SANCTIONS FOR DRUG USE AND POSSESSION OF SMALL AMOUNTS OF DRUGS FOR PERSONAL USE. AT THE SAME TIME, DECREE-LAW 183/2001 WAS ADOPTED, PROVIDING A LEGAL BASIS FOR A HARM REDUCTION APPROACH.



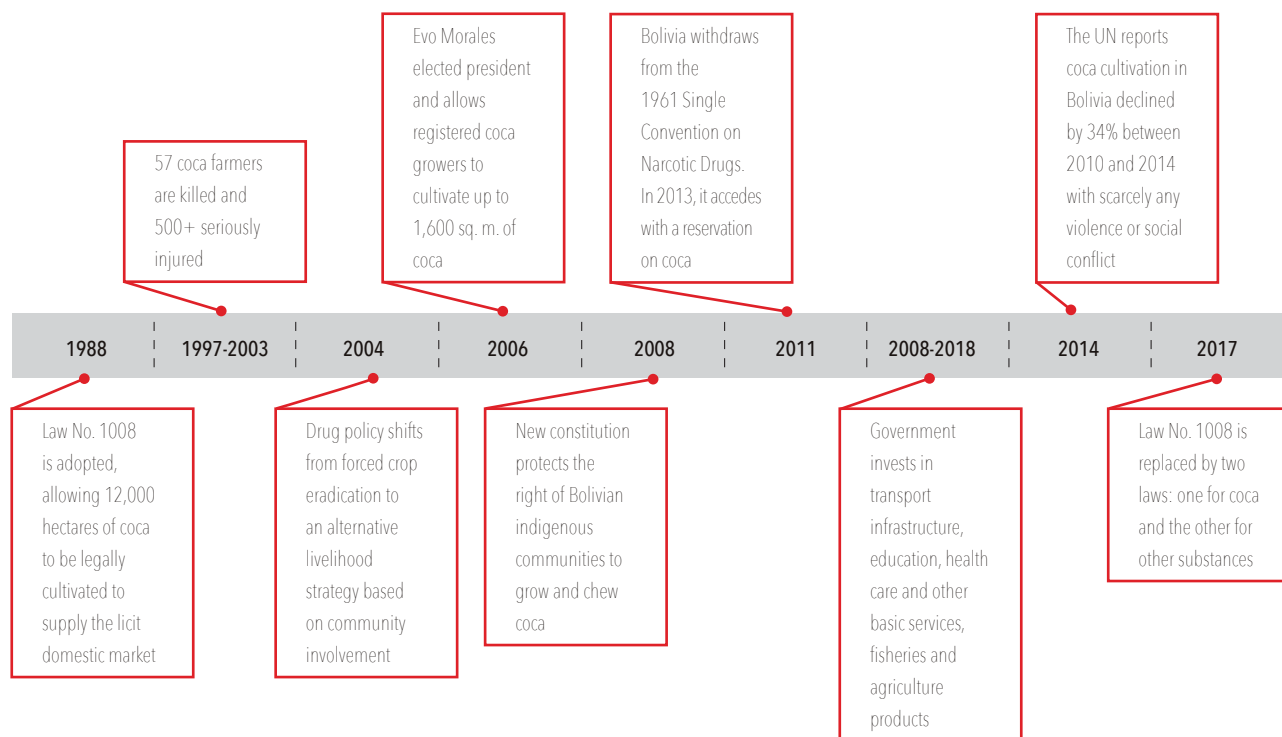
Positive impact on the achievement of SDGs



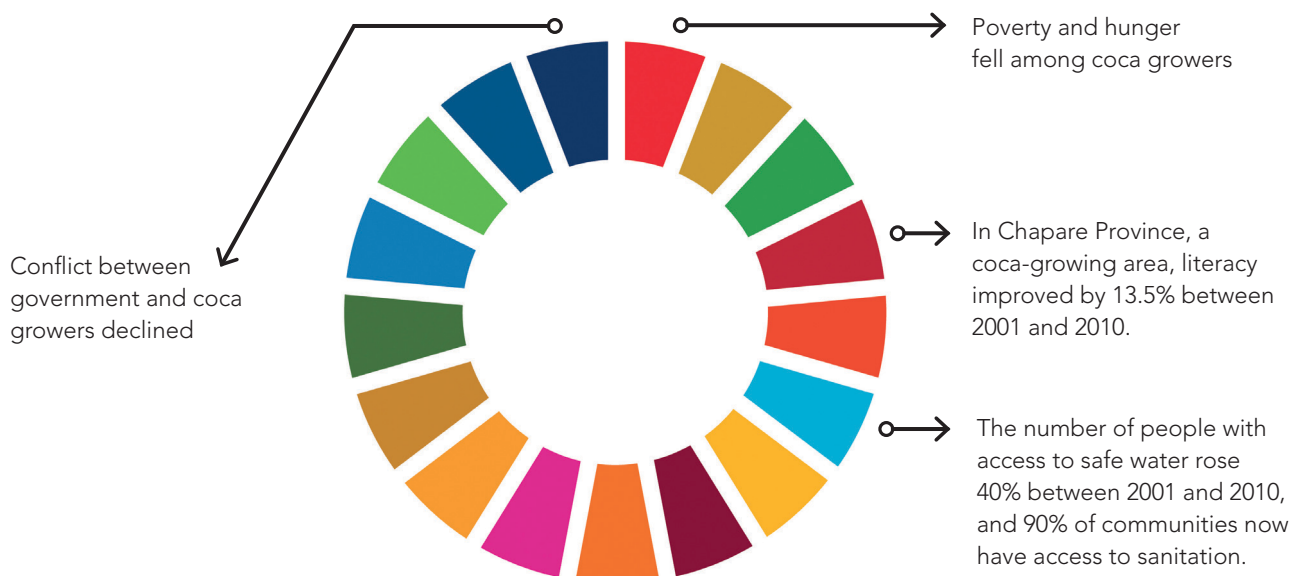
BOLIVIA

Social control and community participation around coca

BOLIVIA IS KNOWN FOR ITS ANCESTRAL TRADITION OF CULTIVATING AND CHEWING COCA, AND AN ESTIMATED 237,000 PEASANT FAMILIES ALSO RELY ON COCA FOR THEIR INCOME. IT IS ALSO ONE OF THE FEW COUNTRIES TO HAVE ESTABLISHED A SOCIAL CONTROL MECHANISM TO ADDRESS COCA CULTIVATION AND THE ILLEGAL MARKET ASSOCIATED WITH IT.



Positive impact on the achievement of SDGs



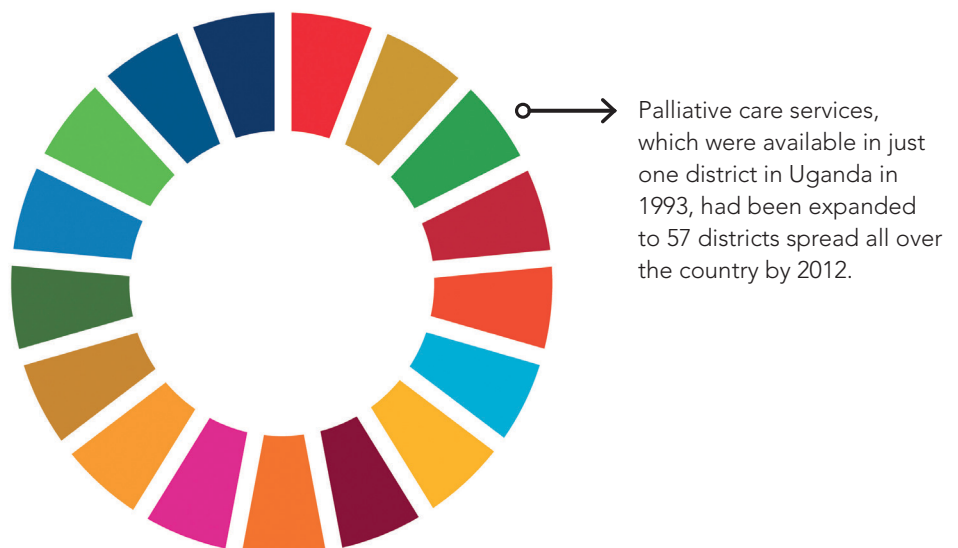
UGANDA

Ensuring better access to controlled medicines to alleviate pain

IN THE 1990s, UGANDA WAS FACED WITH A SCARCITY OF MORPHINE AND OF DOCTORS TO PRESCRIBE IT. OVER THE PAST TWO DECADES, THE COUNTRY HAS UNDERTAKEN SEVERAL STEPS TO IMPROVE ACCESS TO PALLIATIVE CARE AND PAIN RELIEF.



Positive impact on the achievement of SDGs



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10

REDUCED
INEQUALITIES



11

SUSTAINABLE
CITIES AND
COMMUNITIES



12

RESPONSIBLE
CONSUMPTION
AND PRODUCTION



13

CLIMATE ACTION



14

LIFE BELOW
WATER



15

LIFE ON LAND



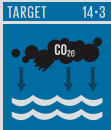
16

PEACE, JUSTICE
AND STRONG
INSTITUTIONS



17

PARTNERSHIPS FOR THE GOALS



ADDITIONAL RESOURCES

www.anyoneschild.org
www.beckleyfoundation.org
www.countthecosts.org
www.druglawreform.info
www.drugpolicy.org
www.genevaplatfrom.ch
www.hri.global
www.hrw.org
www.intercambios.org.ar
www.icsdp.org
www.idhdp.com
www.idpc.net
www.inpud.net
www.incb.org
www.menahra.org
www.ohchr.org/EN/HRBodies/HRC/Pages/WorldDrugProblem.aspx
www.politicadedrogas.org/PPD
www.sdglab.ch
www.talkingdrugs.org
www.tdpf.org.uk
www.unaids.org/en/topic/key-populations
www.unodc.org
www.wola.org/program/drug_policy
www.wacommissionondrugs.org
www.who.int/topics/substance_abuse/en/

REPORTS BY THE GLOBAL COMMISSION ON DRUG POLICY

<http://www.globalcommissionondrugs.org/reports/>

- War on Drugs (2011)
- The War on Drugs and HIV/AIDS:
How the Criminalization of Drug Use
Fuels the Global Pandemic (2012)
- The Negative Impact of the War on Drugs on Public
Health: The Hidden Hepatitis C Epidemic (2013)
- Taking Control:
Pathways to Drug Policies That Work (2014)
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Health: The Global Crisis of Avoidable Pain (2015)
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- The World Drug Perception Problem:
Countering Prejudices against
People Who Use Drugs (2017)
- Regulation: the Responsible Control of Drugs (2018)

POSITION PAPERS BY THE GLOBAL COMMISSION ON DRUG POLICY

<http://www.globalcommissionondrugs.org/position-papers/>

- The Opioid Crisis in North America (October 2017)

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**GLOBAL
COMMISSION ON
DRUG POLICY**

GLOBAL COMMISSION ON DRUG POLICY

The purpose of the Global Commission on Drug Policy is to bring to the international level an informed, science based discussion about humane and effective ways to reduce the harms caused by drugs and drug control policies to people and societies.

GOALS

- Review the base assumptions, effectiveness and consequences of the 'war on drugs' approach
- Evaluate the risks and benefits of different national responses to the drug problem
- Develop actionable, evidence-based recommendations for constructive legal and policy reform