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International Drug Policy Consortium

TAKING STOCK:
A DECADE OF DRUG POLICY

A CIVIL SOCIETY SHADOW REPORT

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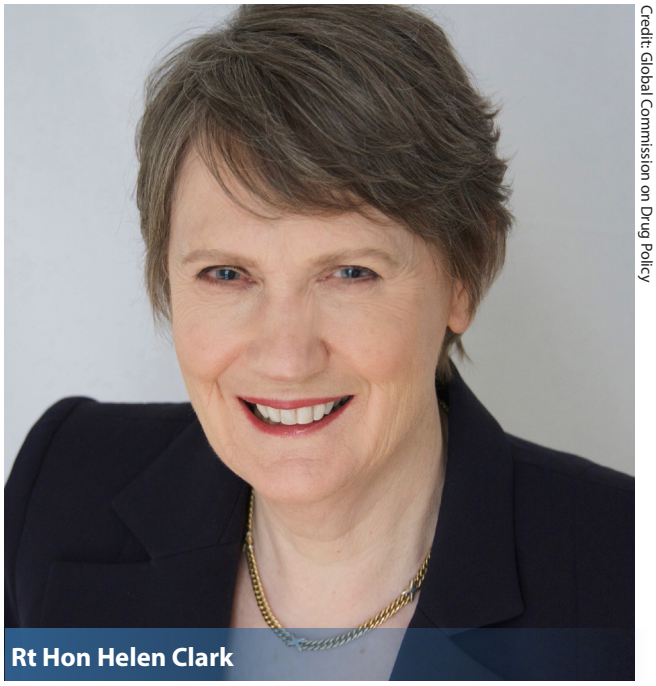
Foreword

Global drug control policies have been based on the general principles of eliminating the production, trade or use of any illegal psychoactive substance from the world. Yet policies which seek to reach that objective have involved harsh law-enforcement and even militarisation. These end up affecting the most vulnerable people who use drugs, subsistence farmers involved in illegal crop cultivation and small-scale traffickers because they are easier to apprehend than are wealthy and well-connected people. The collateral damages are human rights and lives – those of the most vulnerable and those of the voiceless. To quote the Deputy High Commissioner for Human Rights (May 2018), in a world that is meant to be more inclusive and where no one should be left behind, 'people who use drugs are not left behind. They are left outside'.

A decade ago, the international community reiterated its aspiration to achieve a drug-free world. Yet over that decade, available data shows that the production, sale, and consumption of currently illegal drugs are soaring. So are the harms related to current policies, with dramatic increases in overdoses, prison overcrowding, HIV and hepatitis transmission, a more revenue-generating and increasingly violent illegal market, and in the condoning by some of extrajudicial killings against people who use drugs – killings that often take place in broad daylight.

Ten years after the world's governments adopted at the UN the Political Declaration and Plan of Action on drugs, there is still little discussion on how to evaluate the impact of current policies, or on how to analyse the results of the policies implemented during this period. In 2014, there was a mid-term High-Level Review of the Political Declaration and Plan of Action. It resulted in a new negotiated document that reiterated the commitments, without providing any such 'High-Level Review'. Two years later, the 2016 UNGASS on drugs provided another opportunity to review the current approach, to no avail. Although progress was made in bringing in more visibility to issues related to health, human rights and development, the resulting Outcome Document failed to recognise the harmful consequences of the war on drugs approach.

The international community is meeting again at a Ministerial Segment at the Commission on Narcotic Drugs in March 2019 to decide upon a common



Rt Hon Helen Clark

Credit: Global Commission on Drug Policy

strategy for the next ten years. But how can we plan the future without a serious and far-ranging assessment of the past's errors and successes? How can we quantify the unintended consequences of drug control policies when they are not evaluated? Up until now, no comprehensive evaluation has been carried out either on progress towards achieving the 2009 targets or on the consequences of the past decade in global drug control on human rights, health, security, development, the environment, and on the lives of the millions of affected people worldwide.

Furthermore, there is little appetite among countries for such a review from the UN, proving once more that drug policy remains mostly an ideological issue rather than a societal topic that needs to be addressed based on evidence, dialogue, and building consensus. In that vacuum, I welcome this Civil Society Shadow Report in which the International Drug Policy Consortium which provides us with an excellent overview of the progress and the lack of it made in the last decade, as well as highlighting the challenges and opportunities ahead – using all existing government-based and UN-based data, along with scientific and grey literature.

What we learn from the shadow report is compelling. Since governments started collecting data on drugs in the 1990s – based on the seizures of illegal substances, on the arrests of people who use drugs and their admission to treatment services, and on the eradication of illegal crops – the cultivation, consumption and illegal trafficking of

drugs have reached record levels. Moreover, current drug policies are a serious obstacle to other social and economic objectives: progress on combating the HIV epidemic had been significant in the last 20 years, but is now stalled among people who inject drugs; prison overcrowding has worsened, with a fifth of the world's inmates being arrested for drug-related offences and mostly for drug use alone; and the 'war on drugs' has resulted in millions of people murdered, disappeared, or internally displaced. As the situation stands today, the major Sustainable Development Goals that concern gender equality, the protection of the environment, socioeconomic development, and the reduction of violence and corruption will not be achieved for an important part of the population because of current drug policies.

But there is still hope for a better outcome and for the international community to do better during the 2019 high-level meeting. While the possibility of building a new negotiated political declaration and plan of action is unlikely with the lack of any monitoring and assessment apart from the current Shadow Report, the Vienna-based consensus that has driven countries to agree on the paths to control drugs is breaking, both at the multilateral and at the regional levels.

It is our hope, at the Global Commission on Drug Policy, that the next decade in global drug policy will align with the 2030 Agenda for Sustainable Development to alleviate the pain and suffering of millions of people affected by current drug policies, with the objective of leaving no one behind. By providing the most comprehensive assessment of the past lost decade, I am certain that this Civil Society Shadow Report will greatly contribute to the global drug control debates and ensure that the coming decade will be better embedded in the international community's priorities of human rights, development, peace and security.

Rt Hon Helen Clark

Member of the Global Commission on Drug Policy

Former Prime Minister of New Zealand, 1999-2008

Former Administrator of the United Nations Development Programme, 2009-2017

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARQ	Annual Report Questionnaire
ATS	Amphetamine Type Stimulants
CARICOM	Caribbean Community
CCPCJ	Commission on Crime Prevention and Criminal Justice
CICAD	Inter-American Drug Abuse Control Commission
CND	Commission on Narcotic Drugs
COPOLAD	Cooperation Programme between Latin America, the Caribbean and the European Union on Drug Policies
ECDD	Expert Committee on Drug Dependence
EU	European Union
FARC	Revolutionary Armed Forces of Colombia
FATF	Financial Action Task Force
GDP	Gross Domestic Product
GIZ	Gesellschaft für Internationale Zusammenarbeit
GPDPD	Global Partnership on Drug Policies and Development
HIV	Human Immunodeficiency Virus
IDPC	International Drug Policy Consortium
INCB	International Narcotics Control Board
Lao PDR	Lao People's Democratic Republic
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer and others
NGO	Non-Governmental Organisation
NPS	New Psychoactive Substances
NSP	Needle and Syringe Programme
OAS	Organization of American States
OHCHR	Office of the High Commissioner for Human Rights
OST	Opioid Substitution Therapy
PEN Online	Pre-Expert Notification Online
SCOPE	Strategy for Coca and Opium Poppy Elimination
SDG	Sustainable Development Goal
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDRIP	UN Declaration on the Rights of Indigenous Peoples
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
WHA	World Health Assembly
WHO	World Health Organization

Executive Summary

Objective of the Shadow Report

'Taking stock: A decade of drug policy' evaluates the impacts of drug policies implemented across the world over the past decade, using data from the United Nations (UN), complemented with peer-reviewed academic research and grey literature reports from civil society. The important role of civil society in the design, implementation, monitoring and evaluation of global drug policies is recognised in the 2009 Political Declaration and Plan of Action on drugs, as well as in the Outcome Document of the 2016 United Nations General Assembly Special Session (UNGASS) on drugs. It is in this spirit that the International Drug Policy Consortium (IDPC) has produced this Shadow Report, to contribute constructively to high-level discussions on the next decade in global drug policy.

Background

In 2009, the international community agreed on a 10-year global drug strategy with the adoption of the 'Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem'. Article 36 of the Political Declaration established 2019 'as a target date for states to eliminate or reduce significantly and measurably' the illicit cultivation, production, trafficking and use of internationally controlled substances, the diversion of precursors, and money-laundering.

As this target date is fast approaching, member states have agreed to hold a two-day Ministerial Segment at the 62nd Session of the Commission on Narcotic Drugs (CND) to take stock of progress made and delineate the global drug strategy for the next decade. Both the mid-term review of the 2009 Political Declaration in 2014 and the 2016 UNGASS were missed opportunities for an honest and objective review of the successes and failures of global drug policies since 2009. Only a few months away from the 2019 high-level event, no comprehensive review of the impacts of drug policies worldwide has yet been undertaken. This Civil Society Shadow Report seeks to fill this gap, firstly by assessing the progress made, or lack thereof, against the objectives set in the 2009 Political Declaration and Plan of Action. Secondly, the Report considers whether global drug policy has contributed to, or undermined, the broader priorities of the UN of protecting human rights, advancing peace and security, and promoting development.

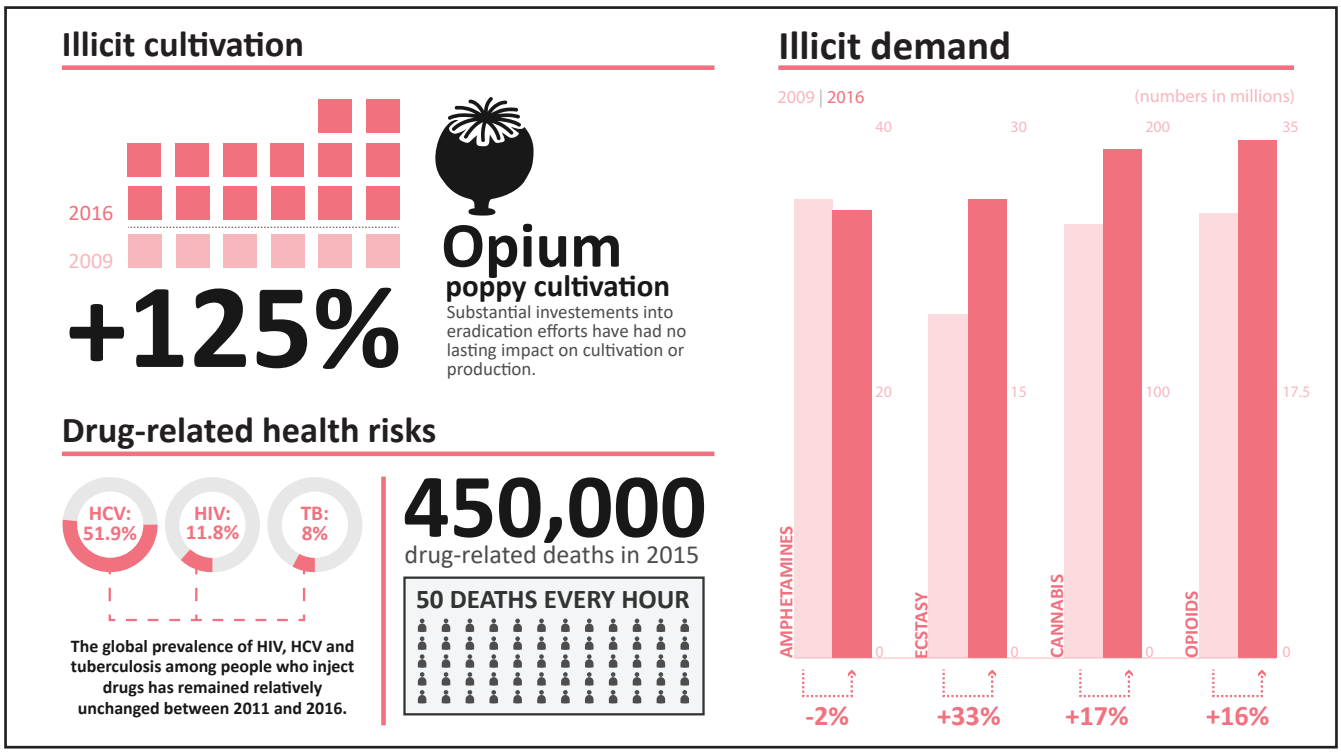
Key conclusions

- **Data from the Shadow Report show that the targets and commitments made in the 2009 Political Declaration and Plan of Action have not been achieved, and in many cases have resulted in counter-productive policies.**
- **The Shadow Report highlights the urgent need to conduct more comprehensive and balanced research and evaluations on the impacts of drug policies worldwide, taking into account government data, but also academic research and civil society findings.**
- **The Shadow Report concludes that member states should identify more meaningful drug policy goals and targets in line with the 2030 Agenda for Sustainable Development, the UNGASS Outcome Document and international human rights commitments.**

Evaluating progress made against the targets included in Article 36 of the 2009 Political Declaration

Target 1: Eliminate or reduce significantly and measurably 'the illicit cultivation of opium poppy, coca bush and cannabis plant'. Data from the United Nations Office on Drugs and Crime (UNODC) shows no reduction in the global scale of cultivation of opium, coca and cannabis between 2009 and 2018. Over this period, cultivation has in fact increased by 125% for opium poppy and by 30% for coca bush. As for cannabis, although recent global estimates are unavailable, the UNODC concluded that cultivation was reported in 145 countries in the period 2010-2016, with no sign of reduction.

Target 2: Eliminate or reduce significantly and measurably 'the illicit demand for narcotic drugs and psychotropic substances; and drug related health and social risks'. The overall number of people aged 15 to 64 who used drugs at least once in 2016 is estimated at 275 million, representing a 31% increase since 2009. The main drug of choice remains cannabis, followed by opioids and amphetamines. The UNODC estimates that the global HIV prevalence among people who inject drugs has remained stable at 11.8%, as has the global prevalence of hepatitis C at 51.9% and tuberculosis at



Credit: Juan Fernandez Ochoa, IDPC

8%. Meanwhile, the number of drug-related deaths reached 450,000 in 2015, with a third to half of those related to overdoses, and the rest associated with HIV and hepatitis C.

Target 3: Eliminate or reduce significantly and measurably 'the illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs'. Available UN data shows ongoing production and use of methamphetamines across the world with an expanding market in North and West Africa, North America, East and South East Asia and Oceania. In parallel, between 2009 and 2017, over 800 new psychoactive substances (NPS) have emerged on the global drug market, while the UNODC states that the illegal use of prescription drugs has reached record levels in various parts of the world, especially North America.

Target 4: Eliminate or reduce significantly and measurably 'the diversion of and illicit trafficking in precursors'. Despite efforts made by member states to control and monitor precursor chemicals, over the past five years the International Narcotics Control Board (INCB) has reported an increase in the use and number of precursors in illegal drug production. Furthermore, although seizures of precursor chemicals like potassium permanganate (used in the manufacture of cocaine) increased from 92,702 kg in 2012 to 585,072 kg in 2016, global cocaine production has risen by 44% since 2009.

Target 5: Eliminate or reduce significantly and measurably 'money-laundering related to illicit drugs'. Although tighter national, regional and global policies and regulations have been adopted to counter money-laundering, the amount of money laundered globally each year amounts to US$ 800 million to 2 trillion, representing 2 to 5% of global GDP – with a quarter of overall revenues of transnational organised crime proceeding from drug sales. The global drug market is currently estimated to turnover between US$ 426 and 652 billion. Of this, well over half of the gross profits generated are channelled into money-laundering, and less than 1% of the total amount of money being laundered is seized.

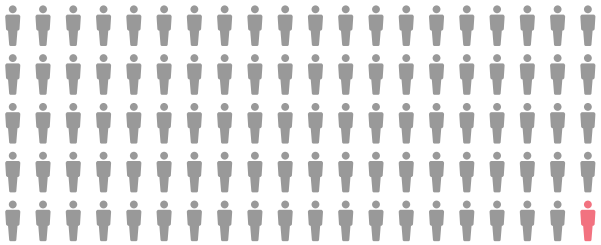
Assessing progress made towards the 2009 Plan of Action against the broader priorities of the United Nations

This section of the Shadow Report assesses progress made towards selected actions of the 2009 Political Declaration and Plan of Action. Progress is evaluated against the broader UN priorities of protecting human rights, promoting peace and security, and advancing development.

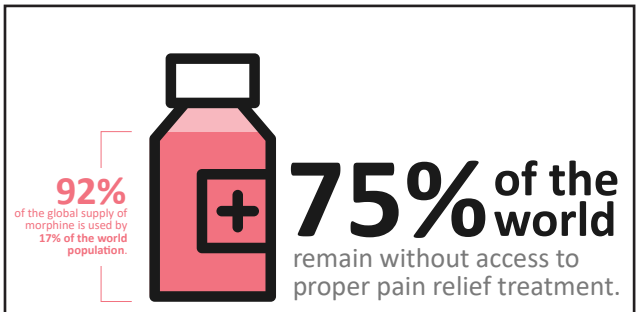
Protecting human rights

Over the past decade, overly punitive drug policies focusing on eradicating the illegal drug market have been associated with wide-ranging human rights violations and threats to public health and order. These abuses have had dire implications on the lives of marginalised people and communities worldwide.

The right to life: At least 3,940 people were executed for a drug offence over the past decade,



Only 1 in 100 people who inject drugs lives in a country with adequate coverage of both NSP and OST



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with 33 jurisdictions worldwide retaining the death penalty for drug crimes. Since 2009, various countries, including India, Iran, Malaysia, Palestine and Thailand, have taken steps to reduce or eliminate the use of capital punishment for drug offences, while others are considering reinstating the practice with bills in progress in Bangladesh, the Philippines and Sri Lanka. The recent escalation of punitive drug policies in South and South East Asia has resulted in the extrajudicial killings of over 27,000 people under Rodrigo Duterte's Presidency of the Philippines since June 2016.

The right to health: Despite increases in the number of countries providing various harm reduction interventions, only 1% of people who inject drugs worldwide live in countries with adequate coverage of both needle and syringe programmes (NSPs) and opioid substitution therapy (OST). Access to harm reduction is even more limited in prisons and other places of detention, resulting in the prevalence of HIV, hepatitis B and tuberculosis among people in prison being two to ten times higher than among the general population. The surge in overdose deaths – in particular in the United States where over 71,000 people died of an overdose in 2017 alone – is also a major issue of concern. While the federal response in the United States has overwhelmingly been law enforcement focused, Canada – which has also been affected by a surge in overdose deaths – has adopted a number of public health measures, including the opening of 25 new drug consumption rooms since 2016. The criminalisation and stigmatisation of people who use drugs has been identified by a number of UN agencies as a major barrier to accessing service provision. At national level, 26 countries have adopted a decriminalisation model to facilitate access to health services and reduce stigma and prison overcrowding.

Meanwhile, 75% of the world population, concentrated in the Global South, remain without access to essential medications for pain relief, while 92% of morphine is being used by just 17% of the world population. Overall reforms remain inadequate to address this issue. However, countries such as Costa Rica, India, Mexico, Uganda and Ukraine have recently taken various steps to improve access to morphine for palliative care and pain relief, and 48 countries have now established medicinal cannabis systems for a number of ailments.

Criminal justice rights and right to be free from torture: The Shadow Report also sheds light on the human rights associated with incarceration and disproportionate punishments. According to UN data, one in five prisoners worldwide is incarcerated for drug offences and the overwhelming majority of recorded drug offences are drug possession offences. In certain regions, a large majority of women in prison were incarcerated for drug offences, as is the case in various Latin American countries, and in Thailand where over 80% of the 47,000 women in prison are incarcerated for a drug offence.[i] In several countries, drug offenders also continue to be victims of excessive punishments, sometimes including acts of torture or other cruel, inhuman

Credit: Juan Fernandez Ochoa, IDPC

Credit: Juan Fernandez Ochoa, IDPC

or degrading treatment. This includes forced urine testing, compulsory registration requirements, incarceration in compulsory detention centres and corporal punishment, including on children. At the same time, tens of thousands of people have recently been arbitrarily arrested in Cambodia and Bangladesh for suspected involvement in illicit drug activities. Although discussions have been held at regional and international levels on these issues, on the ground little progress has been made to remedy these human rights abuses.

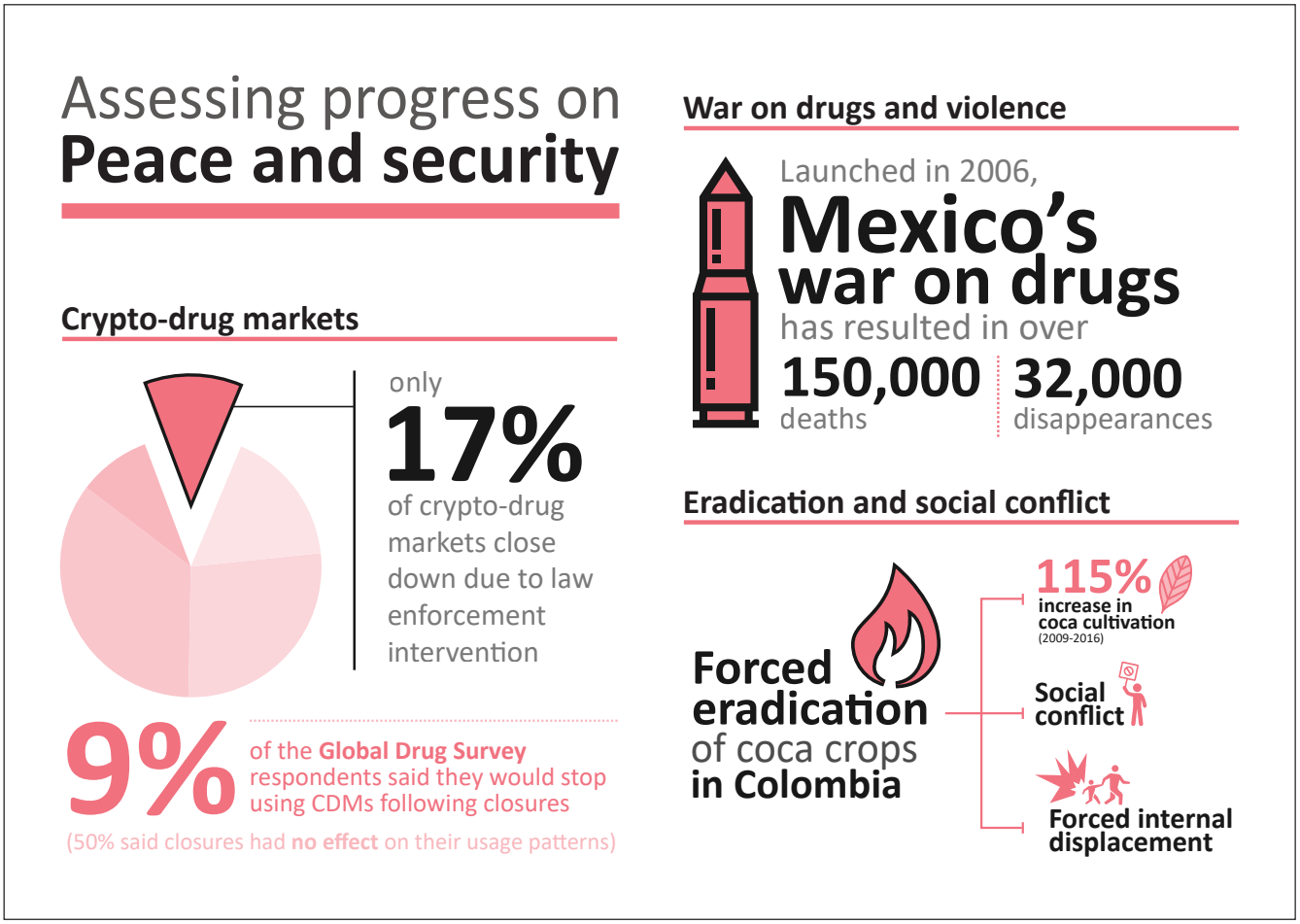
Promoting peace and security

Instead of reducing the overall scale of the illegal drug market, overly punitive drug policies have often exacerbated violence, instability and corruption. In the case of opium, while cultivation fell in South and South East Asia over the past decade, it has increased significantly in Afghanistan which now produces 86% of the world's opium. Academic research concluded that forced eradication campaigns had led to increased levels of crime, an ongoing Taliban insurgency and militias remaining active in the region, with severe consequences for subsistence farmers. Similarly, despite forced crop eradication campaigns in Colombia, coca cultivation increased by 115% between 2009 and 2016. Interdiction efforts in the country have resulted in violent clashes between affected communities and the police and the military, forcing millions of people to be internally displaced. In Mexico, a militarised war on drug cartels launched in 2006 resulted in over 150,000 deaths associated with the drug trade and more than 32,000 disappearances. In West Africa, several countries are now considered as drug trafficking hubs, with the collusion between high-level officials and traffickers constituting a major threat to security, governance and development.

Posing an additional layer of complexity, the development of crypto-drug markets has forced policy makers to adapt their law enforcement strategies. However, available data show that only 17% of crypto-drug markets were closed down as a result of drug law enforcement interventions; the rest having been shut down because of exit scams, voluntary closure or hacking. Further studies concluded that only a small minority of those purchasing drugs in crypto-drug markets stopped using these markets because of drug law enforcement action – putting into question the efficacy of current drug control efforts. Nevertheless, the rise in the use of online drug markets has led to interesting developments in the field of health and harm reduction. For instance, online forums within crypto-drug markets have facilitated peer-based reviews and feedback on drug purchases, sellers, purity and effects of products bought online, enabling people who use drugs to reduce health harms, and facilitating discussions on the availability of drug support services.

Advancing development

Tracking progress towards development – and the Sustainable Development Goals (SDGs) – constitutes the third key analytical research area of this Shadow Report. Evidence collected for the Re-



Credit: Juan Fernandez Ochoa, IDPC

port shows that drug control efforts have mainly consisted of eradication measures, with little attention given to the critical development issues faced by affected communities in rural and urban contexts.

Although alternative development has gained much visibility in UN forums and discussions over the past decade, such programmes have generally been used to justify crop eradication campaigns, rather than focusing on creating the conditions that improve people's livelihoods and reduce their dependence on illegal crop cultivation. The use of harmful pesticides to destroy drug crops has impacted upon the health of local communities and damaged the environment by displacing subsistence farmers into new, more remote areas, including national parks and indigenous territories. In Colombia, 32% of coca is cultivated in national parks and indigenous reserves. In recognition of concerns over human and environmental harms associated with harmful pesticides, Bolivia, Ecuador, Peru and Thailand have banned the use of these chemical agents.

While alternative development programmes have mostly been counter-productive, two country examples stand out as more positive models. Since the 1960s, Thailand has adopted a long-term development strategy in areas where illegal opium cultivation was concentrated. This approach has led to reductions in poverty levels through increased access to education, employment, basic health and social services and infrastructure. On the other side of the world, since 2008 Bolivia has allowed farmers to grow a sufficient amount of coca for subsistence purposes, facilitating access to a national legal market for coca products, as well as improving access to safe water, education and other sources of income. Both the Thai and Bolivian models rely on strong community participation.

As in areas of illicit crop cultivation, poverty has now been recognised as a main driver of engagement in illicit drug trafficking and other supply-side activities. In Latin America, the overwhelming majority of women incarcerated for drug offences are first time, non-violent offenders, with limited formal education or employment opportunities and the sole care provider of several children and other dependents, who engage in illegal drug activities because of situations of socio-economic vulnerability. Although these issues are better understood and visible in regional and global forums, few member states have taken action on the ground. Costa Rica is a notable exception. Since 2013, the country has adopted a number of reforms to reduce the high rate of incarceration of women in situation of vulnerability, by

Bolivia's community coca control

Credit: Juan Fernandez Ochoa, IDPC

Regulated legal cultivation
Registered growers can grow on a limited extension of land.

Enforced regularly
By both local growers unions and state agencies.

Investment in development
Non-conditional support in coca-growing areas.

Constitutional protection
The Constitution asserts the plant's cultural significance.

ensuring more proportionate sentences for certain drug offences, providing alternatives to incarcerations and offering social and health support for those in need.

What next: Designing new benchmarks for global drug policy

The 2016 UNGASS was instrumental in expanding the scope of global drug policy debates beyond the siloed three pillars of demand reduction, supply reduction and international cooperation to also focus on health (including harm reduction and access to controlled medicines), development, human rights and new challenges. Going forward, this seven-pillar structure should prevail in global drug control debates.

This Shadow Report demonstrates that the objective of achieving a drug-free world is unrealistic and unachievable. The pursuit of 'drug-free world' targets has resulted in policies and punitive enforcement practices which have undermined health, human rights, development and security. Beyond 2019, the overall goals of global drug policy – as well as the metrics and indicators used to evaluate progress – urgently need to be reconsidered. New goals, metrics and indicators should be aligned both with the UNGASS Outcome Document and the SDGs, and focus on the critical need to minimise drug-related health harms, improve access to healthcare, uphold basic human rights, ensure gender equality, reduce poverty in cultivation and trafficking areas, improve citizen safety and reduce corruption. A detailed list of indicators is proposed in the final section of the Shadow Report.

Conclusion

The commitments and targets set in the 2009 Political Declaration and Plan of Action have not been achieved, and in many cases have resulted in counter-productive policies. The Shadow Report also raises a number of issues on the past and future evaluation of global drug policies. Firstly, the Report highlights the urgent need to conduct more thorough and regular research on the broader range of impacts of drug policies at local, national, regional and international level.

Secondly, and related to the need for more research, the Report puts into question the sources of data currently being be used for such formal evaluations. These rely heavily on government reporting. A more comprehensive and balanced picture of the situation requires incorporating civil society and academic research. This is particularly important for sensitive issues related to drug policy and human rights.

And thirdly, the lack of progress made towards the drug-free targets, along with the negative consequences associated with efforts to achieve those targets, mean that member states should reflect upon *what* to measure. Focusing exclusively on measuring the scale of the illegal drug market is clearly not enough to understand the impact of drug policy on the key UN Charter commitments to health, human rights, development, peace and security. The third section of this Shadow Report attempts to provide some recommendations which we hope will provide a useful starting point for further discussions as to which goals and metrics could be considered for the post-2019 global drug strategy.

Recommendations

In preparation for the 2019 Ministerial Segment, the IDPC network recommends that:

- The international community should consider adopting more meaningful goals and targets in line with the 2030 Agenda for Sustainable Development, the UNGASS Outcome Document and international human rights commitments, and move away from targets seeking to eliminate the illegal drug market.
- Post-2019, member states should meaningfully reflect upon the impacts of drug control on the UN goals of promoting health, human rights, development, peace and security – and adopt drug policies and strategies that actively contribute to advancing the 2030 Agenda for Sustainable Development, especially for those most marginalised and vulnerable.
- Global drug policy debates going forward should reflect the realities of drug policies on the ground, both positive and negative, and discuss constructively the resulting tensions with the UN drug control treaties and any human rights concerns associated with drug control efforts.
- Beyond 2019, UN member states should end punitive drug control approaches and put people and communities first. This includes promoting and facilitating the participation of civil society and affected communities in all aspects of the design, implementation, evaluation and monitoring of drug policies.

Part 1

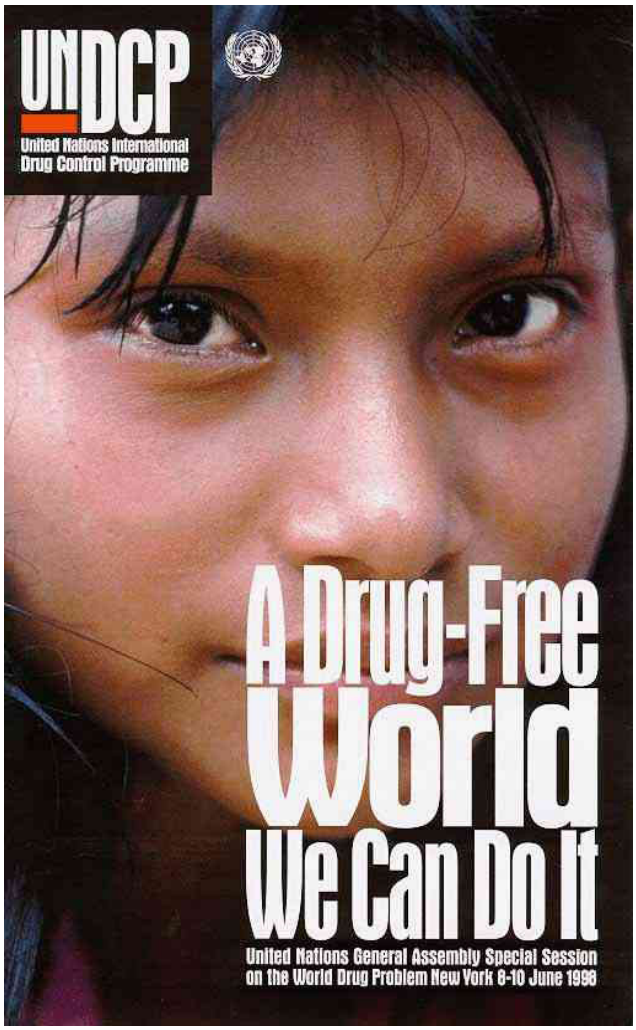
Introduction

1 Background

In March 2009, the 52nd session of the Commission on Narcotic Drugs (CND) featured a High-Level Segment held in Vienna,[1] with a view to define the international community's 10-year global drug strategy. The event resulted in the adoption, by consensus, of the '2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem'.[2] In order to understand the implications of the 2009 process and the ensuing framework for international drug policy,[3] it is critical to analyse the period running up to 2009.

1.1 The UNGASS decade: 'A drug-free world, we can do it'

The first ever UN General Assembly Special Session (UNGASS) on drugs was held in 1990, at which member states adopted a Political Declaration to strengthen the global approach.[4] Eight years later, UN member states assembled again in New York at a second UNGASS on the 'world drug problem' under the strapline 'A drug-free world, we can do it'.[5] Echoing this overarching objective, the UN International Drug Control Programme had originally proposed the adoption, at the 1998 UNGASS, of the SCOPE plan – i.e. the 'Strategy for Coca and Opium Poppy Elimination' by 2008. Supported by the USA, the plan was met with strong criticism from NGO groups, and preventing its adoption became one of their main priorities. The fact that this plan was not adopted as the main outcome of the 1998 UNGASS was an important success for civil society.[6] What remained of the SCOPE Plan was the inclusion, in the 1998 Political Declaration (S-20/2),[7] of paragraph 19: 'Welcome the global approach by the United Nations International Drug Control Programme to the elimination of illicit crops, and commit ourselves to working closely with the Programme to develop strategies *with a view to eliminating or reducing significantly the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2008*' (emphasis added).[8] In a way, the SCOPE plan gave birth to the

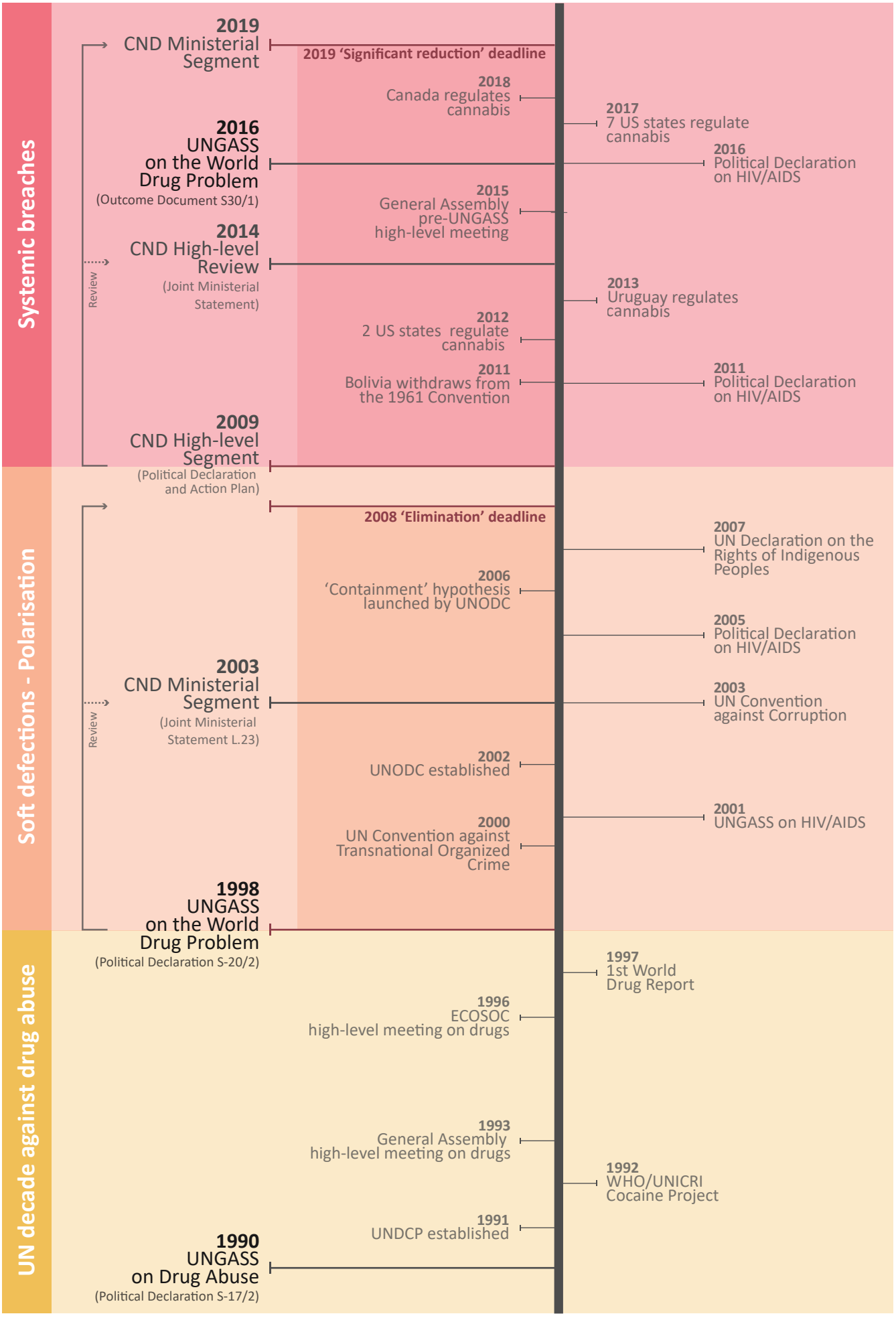


Credit: United Nations International Drug Control Programme

targets to eliminate the global illegal drug market with a first target period running until 2008, and which was then reiterated for the following decade. 1998 also marked an important shift in focus from a historical emphasis on supply reduction to focus both on demand and supply, with the adoption of the 'Declaration on the guiding principles of drug demand reduction'.[9]

Ten years later, as the end of this 'UNGASS decade' was approaching, available data at the time showed no reduction in the overall scale of the illegal drug market. In its 2008 World Drug Report, and in particular its thematic chapter entitled 'A century of international drug control', the United Nations Office

Figure 1. UN drug control: The UNGASS decades, 1990-present



Credit: Juan Fernandez Ochoa, IDPC & Martin Jelsma, TNI

on Drugs and Crime (UNODC) developed a 'containment' rhetoric,[10] explaining that statistical evidence showed that drug use prevalence had remained stable since the 1909 Shanghai Commission. Drug use prevalence, the UNODC stated, had 'been contained to less than 5% of the adult population'.[11] The containment argument, however, was criticised for its reliance on 1909 data a benchmark for comparison – opium, for instance, was relied upon for the medicinal treatment of multiple illnesses in 1909, and its use then cannot be compared with non-medical opium or heroin use in the 21st century.[12]

In March 2008, Antonio Maria Costa also produced a seminal paper presented at the 51st session of the CND in the form of a conference room paper: 'Making drug control "fit for pu rpose": Building on the UNGASS decade'.[13] Recognising that 'Some of the more ambitious targets set at UNGASS in 1998 remain elusive', the UNODC Executive Director openly acknowledged the 'unintended consequences' associated with the dominant approach to drug control:

- 'A huge criminal black market that now thrives'
- 'Policy displacement', with an imbalance of public resource allocation towards drug law enforcement at the expense of public health and social interventions
- 'Geographical displacement', also called 'the balloon effect', meaning that the rare successes in reducing cultivation or trafficking in one area merely lead to increases elsewhere
- 'Substance displacement', with tighter controls on certain drugs leading suppliers and people who use drugs to turn to other substances, sometimes with unintended consequences for health
- 'The way we perceive and deal with the users of illicit drugs', in other words, the stigmatisation of drug use, which has resulted in the marginalisation and discrimination of people who use drugs and has negatively impacted their access to healthcare and social services.[14]

Meanwhile, in recognition of the severe consequences of punitive drug policies, reforms were materialising at national level, with an increasing number of governments supporting harm reduction measures and moving towards the decriminalisation of drug use and possession for personal use. It is in this context that member states initiated the negotiations process for the post-2008 global drug control strategy.

1.2 The 10-year review of the 1998 Political Declaration

The High-Level Segment of the 52nd session of the CND in 2009 concluded a year-long review of the 1998 UNGASS targets. To 'allow additional time for conducting an objective, scientific, balanced and transparent global assessment',[15] member states had decided to divide the review process into three stages:

- A thematic debate at the 51st session of the CND in 2008 to discuss the outcomes of the assessment conducted by the UNODC on global progress against the 1998 Political Declaration.[16] 'Making drug control "fit for purpose"' was an integral part of this review.
- A 'period of reflection' during which five intergovernmental expert working groups[17] elaborated a number of recommendations on demand reduction, supply reduction, money-laundering and judicial cooperation, eradication of illegal drug crops and alternative development, and precursors and amphetamine-type stimulants (ATS).[18] The conclusions of the expert working groups provided the materials upon which the new strategy post-2008 would be drafted.
- The negotiation of a new Political Declaration and Plan of Action, which was adopted by consensus at the High-Level Meeting of March 2009.

Civil society used this review period to organise a series of consultations and meetings. This culminated in the Global Civil Society Forum, held in July 2008 and attended by over 300 civil society representatives who worked together to agree on the 'Beyond 2008 Declaration'.[19] The Declaration was formally presented at the 52nd session of the CND.[20]

1.3 The 2009 Political Declaration and Plan of Action: Setting a new target date

The 2009 'Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem' recognises that 'the commitments made by Member States in 1998 to attain significant and measurable results in the area of drug demand reduction have been attained only to a limited extent' and that 'despite some significant progress made in certain areas, efforts have not led to a significant overall decrease in the global illicit cultivation of crops used for the production

of narcotic drugs and psychotropic substances'.[21] However, in many respects, the 2009 Political Declaration is very similar to the declaration that emerged from the 1998 UNGASS and the objectives established in 2009 are comparable to those formulated ten years before:

> 'the ultimate goal of both demand and supply reduction strategies and sustainable development strategies is to minimize and eventually eliminate the availability and use of illicit drugs and psychotropic substances… We are determined to tackle the world drug problem and to actively promote a society free of drug abuse in order to ensure that all people can live in health, dignity and peace, with security and prosperity'.[22]

The objectives flowing from this goal led member states once again to: 'establish 2019 as a target date for States to eliminate or reduce significantly and measurably:

a. The illicit cultivation of opium poppy, coca bush and cannabis plant;
b. The illicit demand for narcotic drugs and psychotropic substances; and drug related health and social risks;
c. The illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs;
d. The diversion of and illicit trafficking in precursors;
e. Money-laundering related to illicit drugs'.[23]

The High-Level Segment itself reflected several points of contention between member states on the direction of global drug control, in particular on the concept of harm reduction. A few member states fought a long and protracted battle to include the term in the document, but it was eventually removed, even as a footnote, during the negotiations and ultimately replaced with the term 'related support services'. However, reflecting the increasing level of support for a health-based approach towards drug use, a group of 26 member states[24] led by Germany made a joint statement at the 2009 Segment declaring that they would interpret the term 'related support services' to mean 'harm reduction measures'.[25] This was one of the early signs that cracks in the 'Vienna consensus'[26] were forming. Nonetheless, in the years that followed, the Political Declaration – with its 'drug-free world' goals at the centre – became a key document of reference for the international community in its efforts to control the illegal drug market.

1.4 The 2014 mid-term review of the 2009 Political Declaration: A missed opportunity

The first occasion to review progress made against the goals established in 2009 was five years later in 2014, with the mid-term High-Level Review of the Political Declaration, held at the 57th session of the CND. The event, however, mainly consisted of country statements at a 2-day summit in Vienna and difficult negotiations over a consensus-based document, rather than an objective assessment of what had been achieved so far.[27] While the discussions acknowledged the continued challenges related to drug control, the resulting Joint Ministerial Statement mostly reiterated the themes of the 2009 Political Declaration and Plan of Action. The Joint Ministerial Statement[28] also made no reference to the lack of progress made towards the achievement of the target of halving new HIV infections among people who use drugs by 2015, which had been agreed by the UN General Assembly through a majority vote in the 2011 Political Declaration on HIV/AIDS.[29]

In 2014, some unprecedented reforms had taken place at national level, and perhaps in reflection of these changes, reaching consensus at the UN became increasingly difficult. At the time, Bolivia had withdrawn from the 1961 Single Convention on Narcotic Drugs (the first and only country to do so) and re-acceded with a reservation on coca leaf chewing.[30] Various US states[31] and Uruguay[32] had adopted regulatory regimes for non-medical cannabis use, and around 20 countries had established a form of decriminalisation, whether *de jure* or *de facto*, of drug possession for personal use.[33] In addition, calls for more humane, health-centred drug policies – including a harm reduction approach and the abolition of the death penalty for drug offences – were increasingly vocal.

These developments had a significant impact on the dynamics at the CND in Vienna. For the first time in the history of the international drug control regime, a member state (Ecuador) called in its official statement for a reform of one of the three UN drug conventions[34] – breaking a taboo that had long remained sacrosanct at the CND. These views were met by a more conservative front led by the Russian Federation.[35] It is unsurprising, therefore, that it took over nine months for the Joint Ministerial Statement to be negotiated during intense debates, resulting in a relatively bland, watered-down document. The difficult negotiations contributed to a growing sense of frustration among many member states.[36]

Credit: Marie Nougier, IDPC

Opening session of the 2016 UNGASS on drugs

1.5 The 2016 UNGASS: The winds of change

Even before the 2014 high-level review, a sense of exasperation was growing amongst those states seeking reform, particularly in Latin America, a region which was experiencing increasing levels of violence as a result of overly punitive drug policies. At the 2012 Summit of the Americas, most of the presidents of the region met privately to discuss drug policy and called on the Organization of American States (OAS) to analyse the results of present policies and explore alternatives. Shortly thereafter, the governments of Colombia, Guatemala and Mexico were successful in getting the issue of drug policy reform on the UN agenda. At the 2012 UN General Assembly meeting, those countries issued a formal statement underscoring the need to 'review the approach' of present drug policies and called on the UN to 'exercise its leadership...and conduct a profound reflection to analyze all available options, including regulatory or market measures, in order to establish a new paradigm that prevents the flow of resources to groups involved in organized crime'. The statement concludes by asking the UN to host 'an international conference to allow the necessary decisions to be made in order to achieve more effective strategies and tools with which the global community faces the challenges of drugs and their consequences'.[37] The convening of a third UNGASS on drugs was agreed within the Omnibus Resolution adopted by the UN General Assembly in December 2012.[38]

Held in New York on 19 to 21 April 2016, the third UNGASS on drugs was characterised by surface consensus and underlying conflict. As was the case in 2014, negotiating the UNGASS Outcome Document[39] was highly challenging, the divide being greater than ever on the key substantive issues of global drug control.[40] Once again, human rights, the death penalty in particular, and harm reduction were at the forefront of the tensions between member states.[41] While strong statements on these issues were made throughout the proceedings, neither was explicitly included as such within the final declaration, although key harm reduction interventions were referenced for the first time in such a high-level document on drug control.[42] These underlying tensions reflected a deeper division between the narrative of achieving a 'drug-free society' and the view that this goal is unattainable and that drug policies should be trying to manage the 'drug problem' in a way that minimises potential harms as much as possible for individuals and affected communities. The resultant 26 page-long Outcome Document was a significant improvement over previous high-level declarations on drug policy, with unprecedented visibility given to certain human rights concerns (e.g. abuses in the context of law enforcement, proportionality of sentencing and gender equality), public health (including access to controlled medicines) and development, which was also reflected in a new 7-pillar thematic structure for member state discussions, breaking with the three traditional pillars of demand reduction, supply reduction and international cooperation.[43]

Box 1 The INCB's shifting position on selected drug policy issues: A 10-year review

Historically, the International Narcotics Control Board (INCB) has been considered as the most conservative UN drug control body, with vocal statements against states having adopted harm reduction and decriminalisation policies, and little condemnation of drug policies raising human rights concerns. However, over the past decade the Board's positions have evolved on a number of drug policy issues.

A key development has been the move from the INCB's refusal to take a stance on the death penalty for drug offences to regular calls for UN member states to abandon the practice.[44] More recently, the INCB condemned the extrajudicial killings of suspected drug offenders – albeit after intense pressure from civil society[45] – as 'a serious breach of the legal obligations to which the Philippines is held by the three UN drug control conventions and by the corpus of international legal instruments to which the country has adhered'.[46] Meanwhile, the Board has remained consistent in its calls for more proportionate sentencing, which was first touched on in 1996, and expanded in the thematic chapter of the INCB's 2007 Annual Report.[47] The INCB has advocated for proportionate sentencing repeatedly since then.[48]

Another major change relates to the INCB's position on decriminalisation. In 2015, the Board concluded that: 'The treaties do not require the incarceration of drug users, but rather provide for alternatives to conviction or punishment for those affected by drug abuse…That some countries have chosen incarceration rather than treatment has been a denial by governments of the flexibility that the treaties provide'.[49] Going a step further in supporting decriminalisation, the INCB spoke at a side event at the 58th session of the CND on the Portuguese decriminalisation model.[50]

Similarly, there has been a noticeable difference of tone on medicinal cannabis. In 2013, the INCB President had pronounced: 'If such "medical" schemes are not well managed and supervised, they could be seen as "backdoor legalisation" of cannabis for recreational use'.[51] More recent publications by the Board have acknowledged the legality of medicinal cannabis use under the 1961 convention, and focused on discussing the technical, administrative and legal factors involved.[52]

With regards to harm reduction, the INCB has remained timid on drug consumption rooms. The Board was highly critical of this intervention in past Annual Reports, stating in 2005 that 'Drug injection rooms contravene the major principle of the treaties'.[53] The 2016 Report was considered as softening the Board's stance, at least in terms of the tone of its remarks, limiting its comments to technical and legal questions, implying that when certain conditions are fulfilled, such facilities do operate in line with the drug control treaties.[54] In its 2017 Report, however, the Board again expressed reservations concerning the fact that users of the facilities acquired their drugs prior to entering the drug consumption rooms, and utilising stigmatising language such as 'drug abusers' – representing subtle indications of a retraction of the 2016 position.[55]

Identifying ways of addressing the existing tensions between the rights of indigenous groups and member states' obligations under the UN drug control treaties (see Box 13) is another matter on which the INCB has not yet adopted a clear position – although the INCB President recognised that 'there are in fact contradictions' but that 'in the current state of drug control legislation' allowing indigenous groups to use internationally controlled substances for traditional purposes 'is not possible'.[56]

Yet another issue of concern remains the culture of lack of transparency in the INCB's work. The Board meets in secret, and no minutes of its meetings are published. Further, there is no public access to the analysis through which it arrives at its policy positions,[57] and reports from country visits are not made available online or shared with member states. However, adding some transparency to the Board's functioning, the INCB's engagement with civil society has also improved since 2009. The Board now undertakes a yearly dialogue with civil society at the CND, and regularly meets with NGOs during its most country visits. Further, the Board held a meeting with civil society delegates in May 2018 – the first of its kind – in order to discuss the medical and non-medical uses of cannabis.[58]

The INCB has come a long way since 2009, but there remains some way to go before the Board can become the champion of human rights and public health it appears as in its rhetoric.

The fact that the Sustainable Development Goals (SDGs)[59] were agreed just a few months before the UNGASS Outcome Document[60] contributed to the incorporation of a more visible development perspective within the UNGASS proceedings and the Outcome Document, with a whole chapter dedicated to the issue independently from supply reduction imperatives, and a broader perspective focusing both on rural and urban settings.

Nevertheless, a genuine evaluation of global drug policies once again failed to materialise. The UN Secretary General had encouraged member states to use the UNGASS in order to 'conduct a wide-ranging and open debate that considers all options'.[61] However, the discussions remained entrenched in the usual narrow diplomatic parameters, with no reconsideration of the harms caused by drug control policies, and with the goal of promoting 'a society free of drug abuse' reaffirmed and featuring prominently in the preamble of the Outcome Document.[62] As in 2014, the establishment of regulated markets in some member states for non-medical use remained the 'elephant in the room', with almost no discussions held on the inherent resulting tensions for the global drug control regime. As a result, despite some undeniable progress, there was no fundamental shift in the underlying punitive enforcement-led drug control paradigm, except for one singularly pivotal element: for the first time in two decades, and apart from an inclusion in the preamble of the need to achieve a 'society free of drug abuse', no explicit mention was made of the detailed 'drug-free world' targets as they had been laid out in paragraph 19 of the 1998 Political Declaration and paragraph 36 of the 2009 Political Declaration.

1.6 The next step: The 2019 Ministerial Segment of the 62nd CND

The next step on the international drug policy roadmap will be in March 2019 – with a high-level Ministerial Segment scheduled before the 62nd session of the CND. A core objective of this event is to 'take stock of' progress made during the decade since the adoption of the 2009 Political Declaration and Plan of Action, with a view to delineating the global drug strategy for the next decade.[63] The event is particularly timely considering the significant changes that have taken place since 2009. The illegal drug market has become more complex, with changing production regions and trafficking routes, the increasing use of online markets, and new drugs and drug use behaviours. The division between production, trafficking and consumption countries has also become increasingly blurred. In the meantime, local and national drug policies have changed dramatically over the past decade, with some countries moving towards a harm reduction approach, decriminalisation and even regulated markets for certain substances, while others have escalated their punitive approach to counter supply and demand. In this rapidly changing environment, a review of progress made since 2009 and an evaluation of whether the 2009 strategy remains 'fit for purpose' constitute key priorities. Only a few months away from the Ministerial Segment, however, no such review has been undertaken.

2 Objective of this shadow report

Both the 2014 High Level Review and the 2016 UNGASS were missed opportunities for an honest and objective review of the successes and failures of global drug policies since the adoption of the 2009 Political Declaration and Plan of Action. As the target period as set forth in paragraph 36 of the 2009 Political Declaration is set to expire in 2019, and with the Ministerial Segment of the 62nd session of the CND drawing near, no independent evaluation has yet taken place. Biennial reports on the implementation of the Political Declaration were published by the UNODC Executive Director in 2012, 2014, 2016 and 2018,[64] but like the UNODC World Drug Reports, these rely on member states' responses to the Annual Report Questionnaire (ARQ), and therefore represent an incomplete and subjective picture of the overall drug control landscape. Furthermore, these reports focus almost exclusively on the scale of the illegal drug market, with little attention given to issues related to human rights, public health and development – although it should be noted that the more recent World Drug Reports have made efforts to provide more analysis of these aspects.

In an attempt to help fill this gap, the objective of this 'Shadow Report' is three-fold. Firstly, it assesses the progress made, or lack thereof, against the objectives set out in the 2009 Political Declaration and Plan of Action. Secondly, we evaluate whether and how the implementation of the Political Declaration and Plan of Action may have contributed to, or undermined, the broader priorities of the United Nations, namely protecting human rights, advancing peace and security and promoting development. Thirdly, we offer recommendations for the 2019 Ministerial Segment and the next decade in drug policy, focusing on the implementation of the UNGASS Outcome Document and the achievement of the SDGs.

3 Methodology

The 2009 Political Declaration and its Plan of Action recognise the 'important role played by civil society' in the 'formulation and implementation' of drug policy (Action 10). Action 12(b) also requests member states to 'involve all stakeholders at the community level (including the target populations, their families, community members, employers and local organizations) in… monitoring and evaluation of demand reduction measures'. In light of these Actions, the International Drug Policy Consortium (IDPC) has worked with its network of civil society members and partners to evaluate progress against the 2009 goals and targets, with the aim of contributing to the debates in the lead up to, and during, the 2019 Ministerial Segment.

This report does not seek to provide a comprehensive repository of all available data on drugs, but rather an analysis of the most relevant information available regarding what is known about key achievements and failures of the global drug control regime between March 2009 and July 2018. 45 experts from within civil society, academia, governments and UN agencies peer reviewed the report to ensure its validity and robustness (see Acknowledgements section above).

In preparation for this report, IDPC identified key actions within the 2009 Political Declaration and Plan of Action against which to measure progress. Two criteria were used to select which ones to focus on in this Shadow Report. Firstly, for each action, an assessment was made as to whether the target was tangible and quantifiable, and how progress could be measured towards its achievement against the UN priorities of protecting human rights, promoting peace and security and advancing development. Secondly, actions were selected according to the key priorities of the IDPC network – in particular those related to improving health, human rights, human security, social inclusion and development, in line with IDPC's vision[65] and policy principles.[66] Following this process, 33 actions were selected for this report and are listed, along with the relevant issue they relate to, in the Annex.

For each selected action, desk-based research was conducted to measure progress and remaining challenges. The research aimed to identify comparable data when available (taking into account methodological divergences in research conducted between 2009 and 2018), but also to provide qualitative information on whether or not the objectives set out in 2009 were achieved. IDPC reviewed the UNODC Biennial Report for 2018, the UNODC World Drug Reports published between 2009 and 2018, documentation from UN agencies and civil society, and academic research – all of which are cited throughout this document. The results of this research form the basis of the conclusions presented in Part 2. The findings of the Shadow Report are further supplemented by case studies aiming to show the human impacts – both positive and negative – of the past decade of international drug control.

Part 3 of the Shadow Report looks to the future, analysing the gains achieved within the UNGASS Outcome Document, and offering recommendations on how to leverage the SDGs to develop new metrics and indicators against which to measure the progress in global drug policy for the next decade.

Part 2:

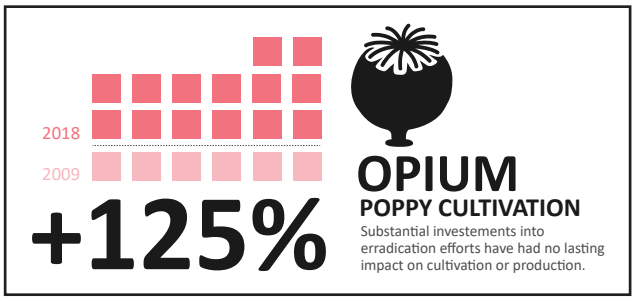
Evaluating progress made in addressing the 'world drug problem' since the adoption of the 2009 Political Declaration and Plan of Action

1 Assessing progress made against Article 36 of the 2009 Political Declaration

Article 36 of the 2009 Political Declaration is perhaps one of the most significant, as it established 2019 as the target date 'to eliminate or reduce significantly and measurably

a. the illicit cultivation of opium poppy, coca bush and cannabis plant;
b. the illicit demand for narcotic drugs and psychotropic substances; and drug related health and social risks;
c. the illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs;
d. the diversion of and illicit trafficking in precursors; and
e. money-laundering related to illicit drugs'.[67]

This section discusses progress made against each of these objectives, drawing from official data provided by the UNODC (see Box 2), in particular the World Drug Reports from 2009 to 2018 and the latest biennial report of the UNODC Executive Director on 'Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem', published in March 2018[68] – taking due account of issues related to quality and gaps in the UNODC's data (see Box 2).



Credit: Juan Fernandez Ochoa, IDPC

1.1 The illicit cultivation of opium poppy, coca bush and cannabis plant

The latest data from the UNODC shows no reduction in the scale of cultivation of opium, coca and cannabis between 2009 and 2018 (see Table 1). Since 2009, cultivation has in fact increased for all these plants. According to data submitted by UN member states to the UNODC between 2009[69] and 2018,[70] the global illegal cultivation of opium poppy has increased by 125%. This is mainly due to a surge in cultivation in Afghanistan, where poppy cultivation increased from 123,000 hectares (with potential opium production at 6,900 tons) in 2009 to 328,000 hectares in 2017 (with potential opium production at 9,000 tons). Similarly, the global cultivation of the coca bush rose by 30% over the period 2009-2016. As for cannabis, while the World Drug Report estimated that between 200,000 and 641,800 hectares of the plant were being

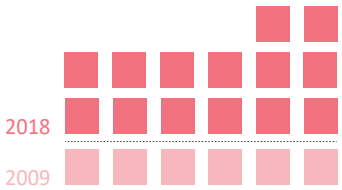
Table 1. Global cultivation of opium poppy, coca bush and cannabis plant 2009-2018

Global cultivation	2009	Latest estimates	Change since 2009
Opium poppy	185,935 ha[71]	418,000 ha (2017)[72]	+ 125%
Metric tons of potential opium production	4,950 tons[73]	10,500 tons (2017)[74]	+ 112%
Coca bush	163,800 ha[75]	213,000 ha (2016)[76]	+ 30%
Metric tons of potential cocaine production	1,188 tons[77]	1,410 tons (2016)[78]	+ 19%
Cannabis	200,000-641,800 ha[79]	No recent estimate available from the UNODC	Unknown

Progress against Art. 36 | 2009 Political Declaration

Credit: Juan Fernandez Ochoa, IDPC

Illicit cultivation

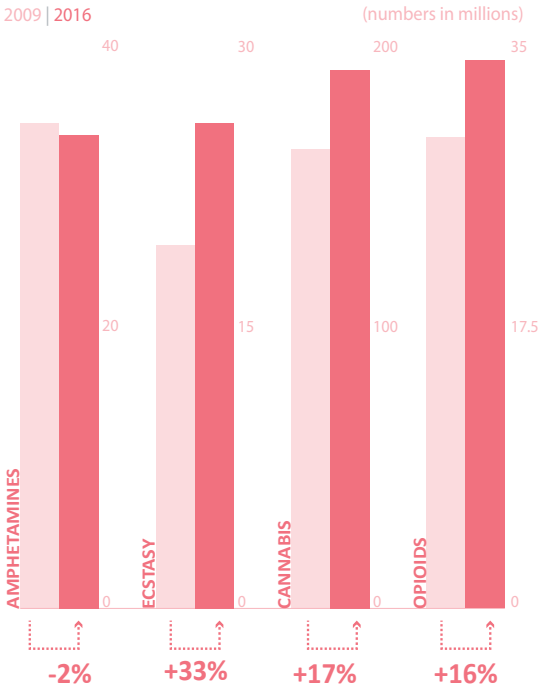


+125%

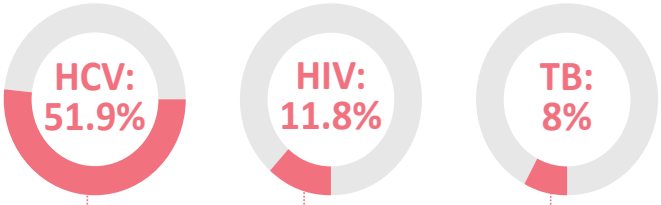
Opium
poppy cultivation

Substantial investements into eradication efforts have had no lasting impact on cultivation or production.

Illicit demand

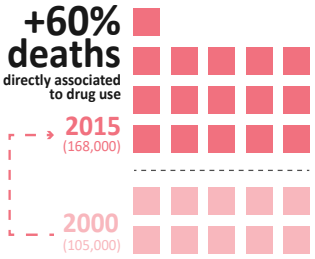


Drug-related health risks



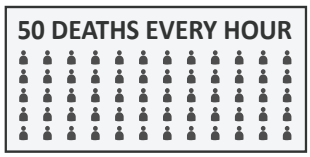
The global prevalence of HIV, HCV and tuberculosis among people who inject drugs has remained relatively unchanged between 2011 and 2016.

Drug-related deaths



450,000
drug-related deaths in 2015

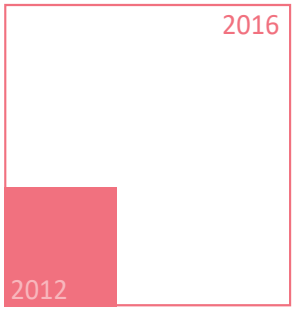
50 DEATHS EVERY HOUR



New psychoactive substances

803 New Psychoactive Substances
have been recorded in over 111 countries and territories.

Precursor seizures

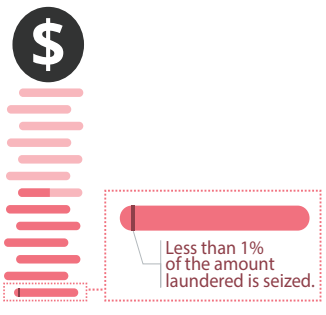


6.3x
increase in seizures of potassium permanganate
(used in the illegal manufacture of cocaine)

...but
↗ 44%
increase in potential cocaine production
(2009-2016)

Money laundering

The global drug market's turnover is estimated at
426-652 USD Billion



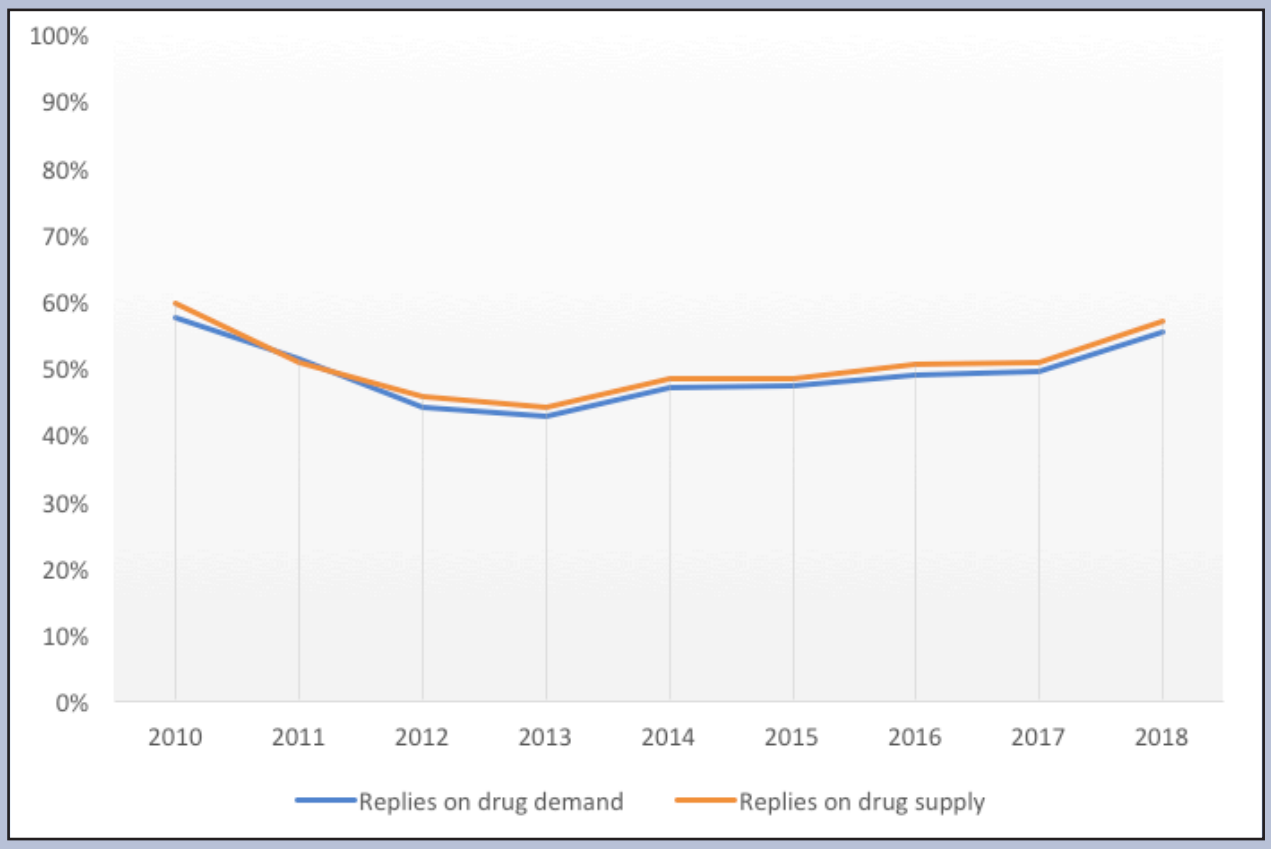
Box 2 Global estimates on drug demand and supply: Methodology and gaps in data collection

Across the period 2009 to 2018, the UNODC has attempted to improve the data upon which it bases its annual World Drug Reports. However, these reports continue to be based essentially on data assembled from completed ARQs,[80] which countries are mandated to provide to the UNODC secretariat each year. Although the ARQ was revised in 2010, just a year following the adoption of the Political Declaration, the secretariat regularly acknowledges the gaps, irregularities and varying quality of data received from this mechanism.[81]

For example, in the 2018 World Drug Report (which refers to data from 2016) out of 199 respondents, the UNODC received 110 replies to ARQ part 3 ('Extent and patterns of drug use') and 113 replies to ARQ part 4 ('Extent and patterns of cultivation, manufacture and trafficking') (see Figure 2). The geographical distribution of responses is another issue of concern. While 87% of countries responded in Europe and 77% in Asia, only 57% responded in the Americas, 31% in Africa and, finally, only 2 out of 16 countries in Oceania. These issues severely impact upon the reliability, quality and comparability of the UNODC's core data.[82] In order to fill the gaps in data collection from the ARQ, the UNODC uses a number of additional data sources, including information provided by governments via official communications with the UNODC, official national publications, as well as data from the Heads of National Law Enforcement Agencies, data published by international and regional organisations such as Interpol, the World Customs Organization, the European Monitoring Centre on Drugs and Drug Addiction, and the OAS Inter-American Drug Abuse Control Commission (CICAD).

The UNODC's biennial reports on the implementation of the 2009 Political Declaration and Plan of Action, published in 2012, 2014, 2016 and 2018, also rely upon the ARQ data submitted by governments. These analyse the progress – or

Figure 2. Response rate by member states to the ARQ on drug demand and supply for the World Drug Reports produced between 2010 (data from 2008-9) and 2018 (data from 2016)[83]



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otherwise – made toward the objectives of the 2009 Political Declaration and Plan of Action, and are therefore likewise affected by the gaps and lack in quality of data. The latest report published in 2018 deploys data gathered between 2010 and 2016, taken from parts 1 'Legislative and institutional framework' and 2 'Comprehensive approach to drug demand reduction and supply' of the ARQ. For part 2, the UNODC notes that only about 40% of member states supplied data for use in the analysis of certain trends, such as activities related to supply reduction. Regions including Sub-Saharan Africa, Oceania and the Caribbean are heavily underrepresented in the sample, with only about 10% or less of member states in those regions responding consistently to parts 1 and 2 of the ARQ.[84] A new round of consultations is currently underway to simplify and streamline the ARQ, with a view to adapt the ARQ to new realities but also to increase its response rate.[85]

Bearing in mind the multiple methodological complexities and gaps in available data, this section of the Shadow Report heavily relies on UNODC data, but also considers additional sources of information from other UN agencies, government reports and civil society findings. Furthermore, in 2013, the UNODC reported that data from 2011 represented 'an improved availability of more reliable data, which allows for setting a new baseline for global estimates on injecting drug use and HIV among people who inject drugs'.[86] For drug-related harms, this report therefore relies on baseline estimates from 2011, rather than on those for 2009.[87]

cultivated in 2009, no global estimates were provided in 2018, although the UNODC concluded that cannabis cultivation was reported in 145 countries in the period 2010-2016, 'representing 94 per cent of the world's total population'.[88]

It is important to note that, with the exception of Bolivia, which has implemented a sophisticated coca monitoring system carried out with the support of the European Union and local communities, these cultivation figures should be considered as very rough estimates, as evidenced in the often vastly different reporting between the UN and the US government.[89] They do, however, provide a useful measure for evaluating trends over time.

1.2 The illicit demand for narcotic drugs and psychotropic substances, and drug-related health and social risks

Here again, UNODC data for 2009[90] and 2016[91] show no signi-ficant progress either on reducing demand, or on reducing drug-related health and social risks (see Table 2). The overall number of people aged 15-64 who used drugs at least once in 2016 is estimated at 275 million, representing an increase by 31% on the 2009 numbers. It should be noted that over the same period, the overall world population aged 16 to 64 increased by only 8.7%.[92] The UNODC reported a reduction in the numbers of people who inject drugs from 14 million in 2009 to 10.6 million in 2016 – although the 2018 World Drug Report also notes that 'This estimate is based on the most recent and highest quality information currently available to UNODC. It does not imply that there has been a change in the global number of PWID compared with those published in previous editions of the World Drug Report'. The main drug of choice remains cannabis, with 192.2 million (increase by 17% since 2009), followed by opioids (increase by 16% since 2009) and amphetamines (with a slight decrease by 2% since 2009).

Regarding drug-related health and social risks, the UNODC estimates that the global prevalence of HIV, hepatitis C and tuberculosis among people who inject drugs have remained high but stable, between 2011 and 2018 – although this does not reflect possible increases or decreases within countries or regions, especially where data is scarce or of poor quality. According to the latest data, globally 11.8% of people who inject drugs are living with HIV (compared to 11% in 2011), and 51.9% are infected by hepatitis C (compared to 51% in 2011), while tuberculosis prevalence is at 8% (a slight decrease from the 2011 estimate at 8.4%). The UNODC estimates that the number of direct drug use-related deaths has surged by 60% since 2000, from 105,000 deaths in 2000[93] to 168,000 recorded deaths in 2015.[94] The World Health organization (WHO) also estimated that in 2015 roughly 450,000 people had died as a result of drug use, if indirect deaths related to HIV and hepatitis C were taken into account.[95]

Table 2. Global estimates of people who use drugs, 2009 and 2016

Global estimates of people who use drugs	2009[96]	Latest estimates (2016)[97]	Change since 2009
Total number of people who use drugs	210 million (range: 149-272 million)	275 million (range: 204-346 million)	+ 31%
Total number of people who inject drugs	14 million	10.6 million*	- 24%*
Total number of 'problem drug users'	27 million (range: 15-39 million)	30.5 million (range: 16.7-44.4 million)	+ 13%
Number of people using cannabis	164 million (range: 125-203 million)	192.2 million (range: 165.8-234.1 million)	+ 17%
Number of people using opioids	29.5 million (range: 24-35 million)	34.3 million	+ 16%
Number of people using ecstasy	19.5 million (range: 11-28 million)	26 million	+ 33%
Number of people using cocaine	17.5 million (range: 14-21 million)	18.2 million	+ 4%
Number of people using opiates	16.5 million (range: 12-21 million)	19.4 million	+ 18%
Number of people using amphetamines	35 million (range: 14-56 million)	34.2 million (range: 13-55 million)	- 2%

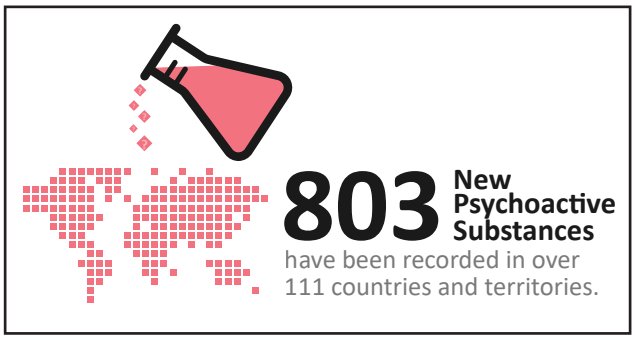
* This change can most likely be explained by methodological differences in data collection between 2009 and 2016 rather than by a reduction in the number of people who inject drugs, as noted in the 2018 World Drug Report.

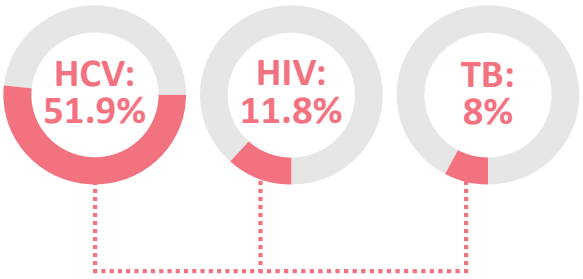
1.3 The illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs

Since 2009, the market for synthetic drugs – referred to in the UN conventions as 'psychotropic substances' – has become more complex and diversified than ever, and shows no signs of disappearing. The 2018 World Drug Report found a persisting production and use of methamphetamine in North America and East and South East Asia, an expanding amphetamine market (both trafficking and use) from the well-established markets of the Near and Middle East/South West Asia to North African countries, and a surge in synthetic manufacture and consumption in South Asia.[98] In 2015, the UNODC also reported an increase in methamphetamine production in West Africa, although this still constitutes a small share of overall global production of the substance.[99] The market for crystal methamphetamine was also reportedly on the rise in North America, East and South East Asia and Oceania, with a purer substance (crystals) than the traditional tablet form. Further, despite efforts to dismantle illegal manufacturing laboratories of MDMA (ecstasy) and to address trafficking of this substance, MDMA consumption is rising in Europe and Oceania.[100] The increasing use of new technologies, in particular sales via the dark net, is posing additional challenges.[101]

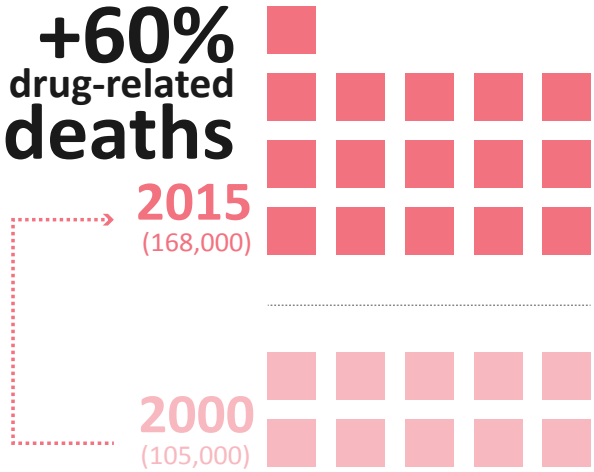
In addition to the expanding market for traditional synthetic drugs, the past decade has seen the emergence of hundreds of new psychoactive substances (NPS). In 2018, the UNODC reported that 'the range of psychoactive substances available on the market has never been greater', adding that 'From 2009 to 2017, 111 countries and territories reported a cumulative total of 803 individual NPS'.[102]

Another issue for this target relates to the non-medical use of prescription drugs. Already in its 2011 World Drug Report (corresponding to data from 2009), the UNODC had characterised the 'non-medical use of prescription drugs' as 'a growing health problem in a number of developed and developing





The global prevalence of HIV, HCV and tuberculosis among people who inject drugs has remained relatively unchanged between 2011 and 2016.

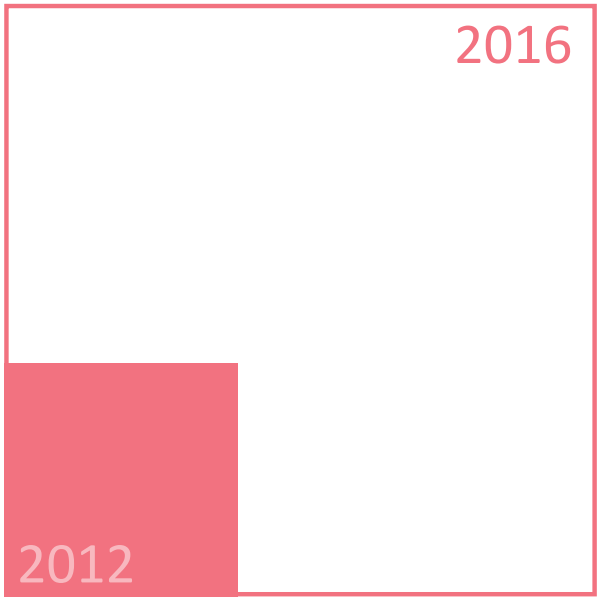


Credit: Juan Fernandez Ochoa, IDPC

countries'. In 2018, the situation was described as having 'reached epidemic proportions in parts of the world', in particular in North America where it has contributed to the opioid overdose crisis that has caused thousands of deaths over the past few years (see Box 4). Although 'global estimates of the non-medical use of prescription drugs are not available', the latest data led the UNODC to conclude that it 'remains quite widespread', with the use of benzodiazepines being the most common substance used in most countries.[103]

1.4 The diversion of and illicit trafficking in precursors

Precursors are the 'chemical substances that become incorporated, at the molecular level, into a narcotic drug or psychotropic substance during the manufacturing process'.[104] They are controlled under Article 12 of the 1988 Convention, which is policed by the INCB. The monitoring of precursor chemicals remains at the core of member states' drug supply reduction activities.[105] During the period 2010-2016, 90% of ARQ respondents reported compiling lists of national companies authorised to manufacture, distribute and trade in precursors. Member states also adopted new measures to curb the diversion of, and illegal trafficking in, precursors, including the dissemination of lists of controlled substances to companies, the establishment of codes of conduct and guidelines for operators, and the adoption of legislation requiring companies to report the transactions of controlled substances. Meanwhile, the proportion of member states engaging in monitoring precursor chemicals decreased slightly between 2010 and 2016 from 100% to 97%. The proportion of member states having systems in place to allow for post-seizure investigations into precursor



6.3x
increase in seizures of potassium permanganate
(used in the illegal manufacture of cocaine)

...but
↗ **44%**
increase in potential cocaine production
(2009-2016)

Credit: Juan Fernandez Ochoa, IDPC

control decreased between 2010 and 2016, falling from 94% to 77%.[106]

At international level, the proportion of countries using the INCB's Pre-Expert Notification Online (PEN Online) system – which enables easy online exchange of information between member states on shipments of chemicals and provides the ability to raise alerts to stop suspect shipments before they reach illegal drug manufacturers – increased from 86% in 2010 to 98% in 2016.[107] In the same period, around half of member states also reported taking steps to address the use of substances not under international control, as well as to target substitute chemicals for the manufacture of precursors used for the manufacture of heroin, cocaine or ATS.[108]

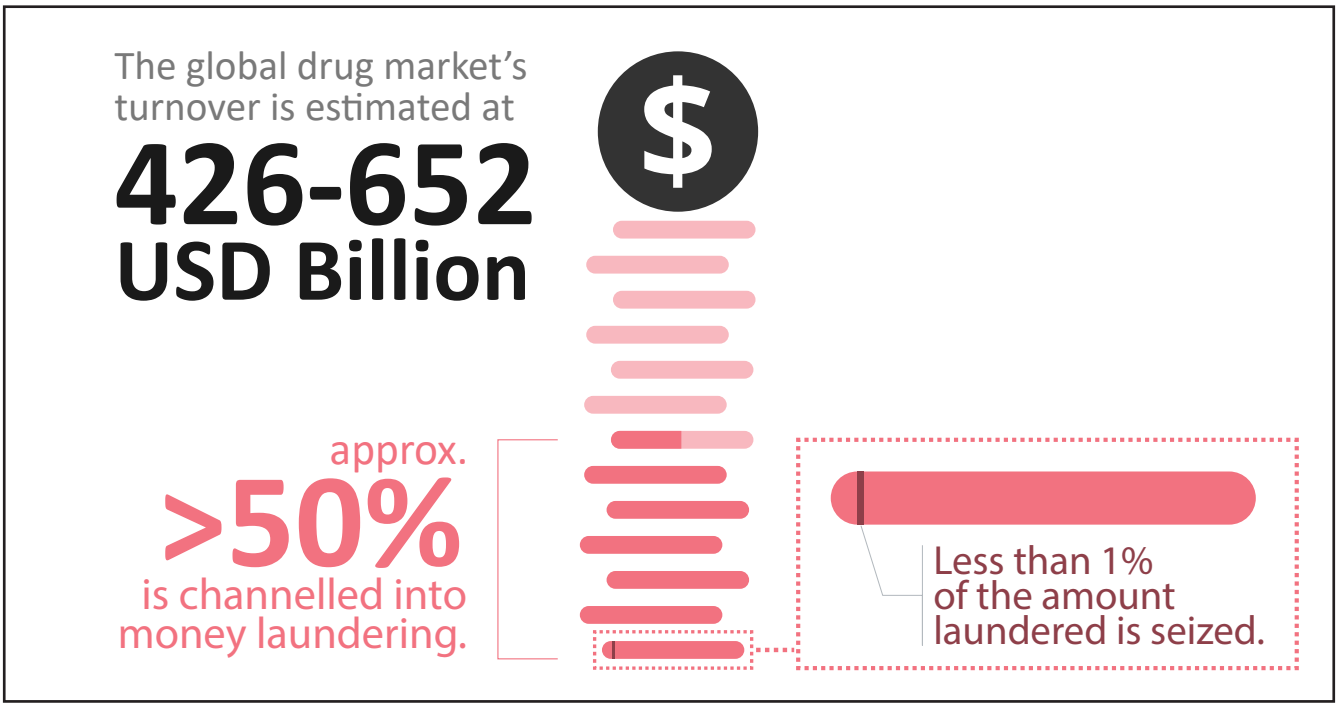
With regards to NPS, the challenge of controlling these substances begins with the identification of their precursor chemicals, and the methods used in their manufacture.[109] The first NPS precursors to be internationally controlled were 4-anilino-N-phenethylpiperidine (ANPP) and N-Phenethyl-4-piperidinone (NPP), two precursors of fentanyl, which were scheduled into Table 1 of the 1988 Convention in October 2017.[110] This brought the total of internationally controlled precursor substances to 26.

Despite these drug control efforts, however, the INCB reported that the use and number of precursors used in illegal production had increased in the past five years. Although there are major gaps in available data reported to the INCB on seizures of precursors,[111] the Board reported a large increase in the seizure of acetic anhydride (used in the illegal manufacture of heroin) from 89,657 litres in 2012 to 135,184 litres in 2016.[112] Similarly, the seizures of potassium permanganate (used in the illegal manufacture of cocaine) increased from 92,702 kg in 2012 to 585,072 kg in 2016. Regardless of the increase in seizures, as mentioned above the production of cocaine has increased by 44% between 2009 and 2016 (see Table 1).

1.5 Money-laundering related to illicit drugs

While efforts have been made nationally to adopt new laws and regulations, and globally through regional and international cooperation mechanisms to counter money-laundering associated to the illegal drug market (see Section 2.2.3 below), little impact has been recorded on the scale of money-laundering between 2009 and 2018 – a UNODC study in 2011 estimated that less than 1% of the total amount being laundered is seized.[113]

In 2009, criminal proceeds from the illegal drug market amounted to an estimated 3.6% of the global GDP, 2.7% of which was being laundered, representing US$ 1.6 trillion.[114] The UNODC's latest estimates, released in 2017 and referring to data from 2014, point to the fact that the amount of money laundered globally each year represents 2 to 5% of global GDP, that is, between US$ 800 million and 2 trillion.[115] The proceeds of drug sales 'accounted for more than one quarter of overall revenues of transnational organized crime groups in 2014'. 'In recent years', the UNODC continues, 'drug-related income seems to have represented the second largest source of income – after counterfeiting of a broad



Credit: Juan Fernandez Ochoa, IDPC

range of goods – of transnational organized crime groups at the global level'.[116] Today, the global drug market is estimated to turnover between US$ 426 and 652 billion.[117] Of this, the UNODC estimates that 'well over half of the gross profits generated…are channelled into money-laundering'.[118]

At regional level, similar trends have been observed. In Europe, the illegal drug market is valued at approximately 28.3 billion euros a year.[119] A number of anti-money-laundering regulations were adopted by the EU over the past 10 years, with over US$ 20 billion spent by banks each year to run a complex compliance regime. Despite these efforts, according to Europol, money launderers are running billions of illegal drug and other criminal profits through the European banking system with a 99% success rate – with only 1% of criminal assets seized each year in the EU.[120] Similarly, West Africa has been greatly affected by the illegal drug market, corruption and money-laundering over the past 20 years. Despite efforts to tackle these issues, the number of court rulings on money-laundering is reportedly very low and, according to the Inter-Governmental Action Group Against Money-laundering in West-Africa, 'has not yielded the expected result'.[121]

2 Assessing progress made towards the 2009 Plan of Action against the broader priorities of the United Nations

Since the adoption of the UN Charter in 1945,[122] the UN has aimed to maintain international peace and security, protect human rights, deliver humanitarian aid, promote sustainable development and uphold international law.[123] It is against three of these overarching UN priorities – protecting human rights, maintaining peace and security and advancing development – that Section 2 evaluates progress made against selected actions to which member states unanimously committed themselves in the 2009 Political Declaration and Plan of Action on drug control. Relevant actions are highlighted at the top of each sub-section in a text box.

2.1 Protecting human rights

'One of the shared elements to all declarations, action plans and resolutions that underline the principle of a comprehensive, integrated and balanced approach to addressing the world drug problem is the commitment to ensuring compliance with human rights norms', INCB, June 2018[124]

The protection and promotion of human rights is a key purpose, as well as a guiding principle, of the UN and its founding Charter.[125] In 1948, the Universal Declaration of Human Rights[126] brought human rights into the realm of international law, with all UN bodies and entities – including the Vienna-based drug control bodies – being bound by the obligation to respect, protect and fulfil human rights and fundamental freedoms. Since then, a normative and institutional framework for the promotion and protection of human rights has been developed through the adoption of several binding human rights treaties.

The 2009 Political Declaration itself reaffirms its 'unwavering commitment to ensure that all aspects of demand reduction, supply reduction and international cooperation are addressed in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights' (paragraph 1). A similar paragraph was included in the preamble of the UNGASS Outcome Document,[127] alongside an entire section dedicated to human rights.

In recent years, increasing visibility has been given to the impacts of drug control on human rights, in particular with the adoption of the first ever Human Rights Council resolution on human rights and drug policy in 2015[128] which resulted in a comprehensive analysis of the issue by the Office of the High Commissioner for Human Rights (OHCHR) a few months later.[129] A second resolution was approved at the Human Rights Council in March 2018, mandating the OHCHR to draft a report aiming to contribute to the implementation of the UNGASS Outcome Document from a human rights perspective.[130]

This section will assess the impacts of drug policies, strategies and programmes on the protection of human rights, in particular the right to health, the right to enjoy the benefits of scientific research, the right to life, the right to be free from torture and other cruel, inhuman and degrading treatment or punishment, the right to liberty and to be free from arbitrary detention, the right to a fair trial and due process, the rights of indigenous people, and the right to be free from discrimination.

2.1.1 The right to highest attainable standard of health

The right to the highest attainable standard of physical and mental health conducive to living a life in dignity (thereafter referred to as 'the right to health') is a human right which applies equally to all without discrimination. It is enshrined in a number of human rights treaties, including Article 12 of the International Covenant on Economic, Social and Cultural Rights[131] (as well as General Comment No. 20 on non-discrimination in economic, social and cultural rights[132] and General Comment No. 22 on sexual and reproductive health[133]), Article 24 of the Convention on the Rights of the Child,[134] Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women[135] and Article 5 of the International Convention on the Elimination of All Forms of Racial Discrimination.[136]

The right to health includes the rights to control one's health and body, and to be free from non-consensual medical treatment and experimentation

Assessing progress on **Human rights**

Death penalty

3,940

people have been executed for drug offences over the past decade

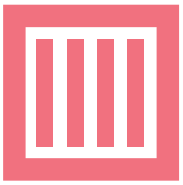
33 jurisdictions retain the death penalty for drug-related crimes

Extrajudicial killings

Access to harm reduction

Only 1 in 100 people who inject drugs lives in a country with adequate coverage of both NSP and OST

Health in prisons

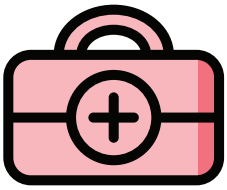


HIV, HCV & TB prevalence in prison

2x - 10x

higher than among the general population

Overdose response



only **8%** **United States counties** implement overdose education and naloxone distribution programmes

Decriminalisation

26 countries have adopted a model of **decriminalisation** to facilitate access to **health** services, reduce **stigma** and reduce prison **overcrowding**.

Access to essential medicines

92% of the global supply of morphine is used by **17% of the world population**.

75% of the world remain without access to proper pain relief treatment.

Incarceration

1 in 5 prisoners worldwide are incarcerated for **drug offences**

In some parts of the world, **over 80% of women** incarcerated are serving sentences for drug-related offences.

~21% serve sentences for drug possession for personal use

Torture and cruel punishment

Administrative punishment can also amount to acts of torture or cruel treatment.

Credit: Juan Fernandez Ochoa, IDPC

which may amount to torture. In accordance with the obligation to uphold the right to health, member states must ensure that healthcare goods, services and information are available, accessible, affordable, acceptable and of good quality.[137] States have an immediate obligation to take steps to progressively realise the right to health to the maximum of their available resources, and should not take retrogressive measures which may result in reducing or preventing protections of the right to health.

Ensuring access to evidence-based drug prevention

> **2009 Political Declaration and Plan of Action**
>
> **Action 2(g):** 'Develop and implement, in cooperation with international and regional agencies, a sound and long-term advocacy strategy, including harnessing the power of communication media, aimed at reducing discrimination that may be associated with substance abuse, promoting the concept of drug dependence as a multifactorial health and social problem and raising awareness, where appropriate, of interventions based on scientific evidence that are both effective and cost-effective'

Drug prevention programmes have historically consisted of mass media campaigns focusing on 'just say no' messaging and scare tactics to deter people from using drugs. Both the UNODC[138] and national policy makers have used this approach. In the USA, for example, the Montana Meth Project used slogans like 'Not even once', mistakenly implying that methamphetamine use instantly leads to dependence, and portraying people who use methamphetamines as violent, engaging in risky and promiscuous behaviour, or induced into a 'zombie like' status.[139] In 2011, Romania launched a large-scale government-funded campaign to tackle the recent surge in NPS use, comparing people who use drugs with cows eating grass.[140] Systematic reviews of these mass media campaigns found that they have been ineffective at curbing the levels of drug use (which they had purportedly claimed to do), and may have exacerbated the social stigmatisation and demonisation of people who use drugs,[141] exacerbating social exclusion, discrimination, violence and creating barriers to service and healthcare provision.

Similar campaigns have been developed to curb illegal cultivation – some of which have been found to be stigmatising towards indigenous groups. For instance, in 2008 the National Drug Commission of Colombia launched a prevention campaign called '*No cultives la mata que mata*'[142] – 'Don't grow the plant that kills' – to dissuade people from cultivating, trafficking and using coca, cannabis and opium. The indigenous group Coca Nasa – a micro-firm created to protect the rights of coca farmers – brought an official complaint against the campaign. This resulted in a Supreme Court decision in 2010 which found that the campaign infringed upon the rights of Coca Nasa and indigenous groups within Colombia to grow and use coca for traditional purposes.[143]

In 2018, the UNODC concluded that most prevention interventions had reported 'little or no efficacy'.[144] Yet, based on ARQ responses, 57% of member states continue to use media campaigns, 63% use information sharing and 15% use 'vocational training and income generation' programmes. On the other side of the spectrum, only 21% of UN member states use family and parenting skills training and just 17% use screening and brief interventions, despite evidence of effectiveness for both interventions.[145]

Worryingly, the UNODC also reported no improvement since 2009 in the trend to evaluate prevention interventions, with most evaluations using process indicators, and 'only a small number focusing on outcomes, and even fewer on impact'.[146] The progress made towards ensuring that interventions are based on scientific evidence of effectiveness has therefore been limited since the adoption of the Political Declaration. In an effort to 'guide policymakers worldwide to develop programmes, policies and systems that are a truly effective investment', the UNODC launched a set of 'International standards on drug use prevention' in 2015.[147] However, no follow-up study or evaluation on how the standards have been taken forward by member states has been conducted to date.

Credit: Private

Ensuring access to harm reduction interventions

2009 Political Declaration and Plan of Action

Action 4(i): 'Strengthen their efforts aimed at reducing the adverse consequences of drug abuse for individuals and society as a whole, taking into consideration not only the prevention of related infectious diseases, such as HIV, hepatitis B and C and tuberculosis, but also all other health consequences, such as overdose, workplace and traffic accidents and somatic and psychiatric disorders, and social consequences, such as family problems, the effects of drug markets in communities and crime'

Action 10(b): 'Ensure, where appropriate, the sufficient availability of substances for medication-assisted therapy, including those within the scope of control under the international drug control conventions, as part of a comprehensive package of services for the treatment of drug dependence'

Action 38(c): 'Develop prevention and treatment programmes tailored to the specific characteristics of the phenomenon of amphetamine-type stimulants as key elements in any relevant strategy to reduce demand and minimize health risks'

Harm reduction refers to policies, programmes and practices that aim primarily to reduce the negative health, social and economic risks and harms associated with drug use without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community.[148] Harm reduction is needed for all types of drugs (e.g. heroin, cocaine, cannabis, ATS, NPS, etc.) and all forms of use (e.g. smoking, injecting, snorting, etc.). Although not specifically mentioned by name, this evidence-based approach is implicitly recognised within Article 36 of the Political Declaration and in two specific actions (Action 4(i) and 28(c)), and several key harm reduction interventions were included in the 2016 UNGASS Outcome Document (paragraphs 1.o and 1.m)[149] for the first time. Harm reduction measures have also been recognised as essential for the realisation of the right to health by the UN General Assembly,[150] the Human Rights Council,[151] the Committee on Economic, Social and Cultural Rights,[152] the Committee on the Rights of the Child,[153] the Committee on the Elimination of Discrimination against Women,[154] the Special Rapporteurs on the right to health[155] and on the prevention of torture,[156] as well as the OHCHR.[157]

Box 3 CND resolutions related to harm reduction since 2009

Resolution 61/4. Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs (2018)

Resolution 61/11. Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users (2018)

Resolution 60/8. Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures (2017)

Resolution 56/6. Intensifying the efforts to achieve the targets of the 2011 Political Declaration on HIV and AIDS among people who use drugs, in particular the target to reduce HIV transmission among people who inject drugs by 50 per cent by 2015 (2013)

Resolution 55/7. Promoting measures to prevent drug overdose, in particular opioid overdose (2012)

Resolution 54/13. Achieving zero new infections of HIV among injecting and other drug users (2011)

Resolution 53/9. Achieving universal access to prevention, treatment, care and support for drug users and people living with or affected by HIV (2010)

The effectiveness of harm reduction measures in protecting the health of people who use drugs is well documented. Since 2009, progress has been made to recognise and promote the nine interventions included in the Technical guide released by the WHO, UNODC and UNAIDS in 2012 on HIV prevention interventions among people who inject drugs, including needle and syringe programmes (NSPs) and opioid substitution therapy (OST).[158] The number of countries with an explicit reference to harm reduction in national policy documentation increased from 71 in 2008 to 88 in 2016.[159] Since 2008, the number of countries providing NSPs, OST, drug consumption rooms and take-home

Table 3. Countries delivering key harm reduction interventions, 2008-present

Harm reduction services	Number of countries with services in operation in 2008-2010	Number of countries with services in operation in 2017-2018	Change since 2008
NSP	82 countries (2008)[160]	93 countries[161]	11 more countries
OST	70 countries (2008)[162]	86 countries[163]	16 more countries
Drug consumption rooms	8 countries (90 rooms) (2009)[164]	10 countries (118 rooms)[165]	2 more countries
Take-home naloxone distribution	14 countries (2010)[166]	15 countries[167]	1 more country
Drug checking	Unknown	18 countries[168]	Unknown
Heroin-assisted therapy	Unknown	7 countries[169]	Unknown

naloxone (an opioid/opiate overdose antidote) has also increased (see Table 4). Globally, the number of drug consumption rooms has increased over the period 2008-2017, from 90 to 118 rooms, as Canada opened 25 new facilities over the past two years, spurred in part by the worrying increase in opioid overdose deaths in the country (see Box 4).[170] Between 2014 and 2016, the UNODC also reported an increase in the coverage of antiretroviral therapy, condom distribution, targeted information and education, hepatitis B and C prevention, diagnosis and treatment, as well as tuberculosis prevention, diagnosis and treatment.[171]

Despite such progress, significant challenges remain. At global level, only seven CND resolutions related to specific harm reduction were adopted since 2009 (i.e. 5% of all resolutions adopted, see Box 3), but the term 'harm reduction' has not yet been mentioned in any CND resolution or UNGASS declaration on drugs – although the term is enshrined in the Political Declarations on HIV and AIDS adopted in 2006,[172] 2011[173] and 2016,[174] and used widely across the UN agencies. Most recognised harm reduction interventions at the UN relate to drug injecting[175] (see Box 4), with limited attention given to other methods of use, such as smoking and snorting, which require their own modes of harm reduction. This is despite the fact that the UNODC reported that ATS consumption remains high and is the most commonly used substance after cannabis and opioids[176] (see Table 2). Although Action 38(c) promotes 'prevention and treatment programmes' to 'reduce demand and minimize health risks' for ATS use, these programmes remain severely limited, and few efforts have been made to evaluate the level of coverage for harm reduction interventions among people who use ATS. To date, guidance from the UN on ATS use only consists of a WHO series of technical briefs published in 2011.[177] The publication of a conference room paper on stimulant harm reduction at the 61st session of the CND in March 2018 was a positive step in this regard.[178] In this context, civil society research and interventions have been instrumental in responding to non-injecting ATS use. ATS harm reduction interventions have included:

- Measures seeking to improve personal hygiene and nutrition, for example making water, fruits, toothpaste and toothbrushes available in low-thresholds drop-in centres, sharing of information on how to improve diets and getting adequate rest.[179]
- Information on how to inject or smoke more safely, and the promotion of less harmful routes of drug use (e.g. smoking vs. injecting, although long-term smoking may also result in health harms) with the provision of smoking paraphernalia to reduce harms (e.g. in Canada, Italy, the Netherlands and Switzerland).
- Drug checking services, allowing people to ascertain the content, purity and strength of their drug to reduce risks of overdoses and undesired or unexpected effects from ingesting toxic and/or dangerous contaminants. Around 30 drug checking services (some officially recognised by governments, others operating informally) are available in 18 countries: Australia, Austria, Belgium, Canada, Colombia, France, Italy, Luxembourg, Mexico, the Netherlands, New Zealand, Portugal, Slovenia, Spain, Switzerland, the UK, Uruguay and the USA.[180]
- Housing first programmes and the provision of basic healthcare, food distribution and

employment services to reduce marginalisation and associated harms (e.g. in Brazil, Canada and Switzerland).

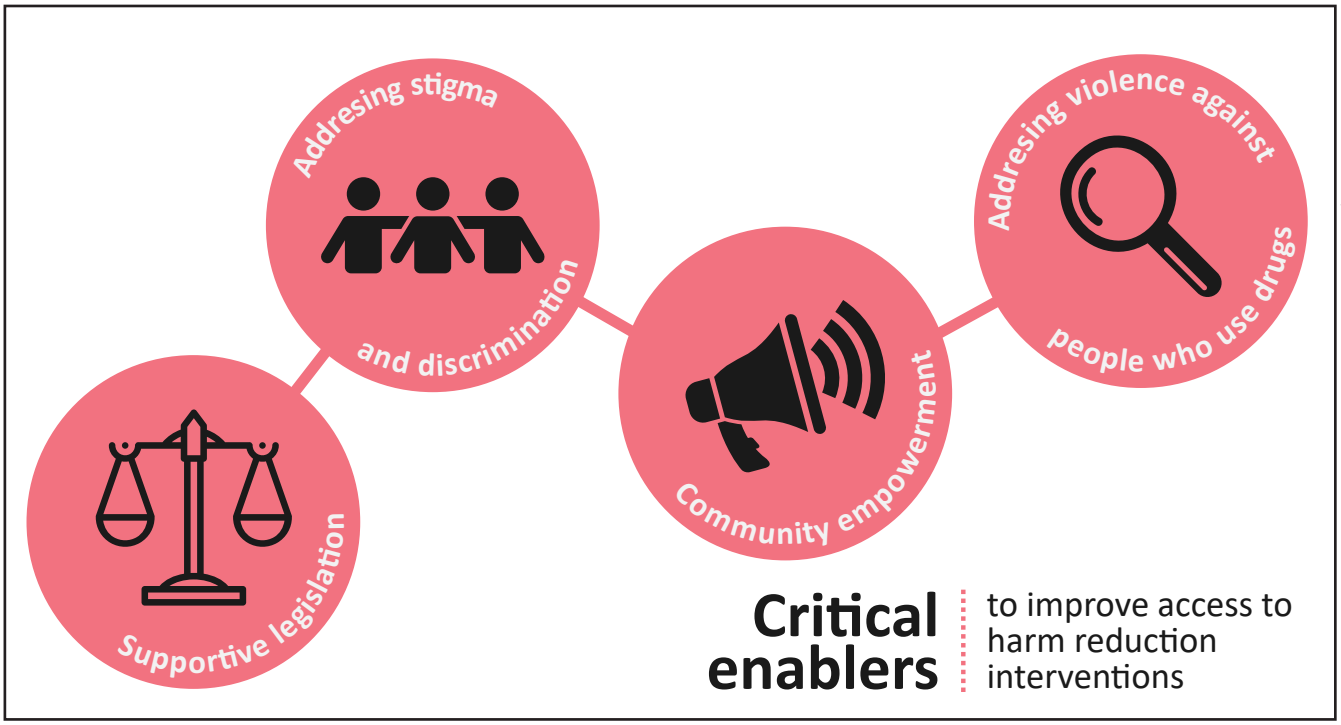
- Peer-led information sharing, reviews and feedback on drug purchases and use in online forums, and harm reduction advice on the dark net (e.g. community groups in Eastern Europe and Central Asia promoting HIV testing on the dark net).

Even for the more 'traditional' harm reduction services, access remains a key issue with no availability of OST, NSPs or naloxone in about 100 countries. Even in countries where these services are available, coverage for the core interventions promoted in the UN Technical Guide remains 'too low to be effective',[181] with high coverage for NSPs in only nine countries, and OST only in 20 countries (see Figure 3). A 2017 study also found that less than 1% of people who inject drugs live in countries with high coverage of both NSPs and OST.[182]

Another major challenge remains the lack of funding allocated to harm reduction interventions. UNAIDS estimates that US$ 1.5 billion is required each year by 2020 to fund HIV prevention among people who inject drugs.[183] However, only US$ 188 million was allocated to harm reduction in 2016 – the same amount (inflation adjusted) as in 2007, and just 13% of what is needed.[184] It is also estimated that international donor funding – which accounts for two thirds of all harm reduction funding – fell by 24% between 2007 and 2016.[185] Furthermore, while the funding gap for the broader HIV response in low- and middle-income countries is reported to be 20%, it should be noted that the gap is close to 90% for harm reduction.[186]

The urgent need to address the funding gap for harm reduction was recognised at the CND in 2017, with the adoption of Resolution 60/8 'Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures'.[187] With indications of reduced international donor funding for harm reduction, and limited domestic investment in harm reduction approaches within HIV budgets, civil society has called upon governments to critically evaluate their drug policy investments and consider redirecting a small proportion of funds from law enforcement to health and harm reduction responses.[188] Indeed, Harm Reduction International estimated that redirecting just 10% of drug law enforcement funding towards harm reduction would cover harm reduction needs in the community and in prison[189] – where coverage remains particularly poor (see below).

Furthermore, there remain significant legislative, political and technical barriers hampering access to harm reduction. The WHO 'Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations', first published in 2014 and revised in 2016, identified four 'critical enablers' as part of an effective public health response to HIV, or in other words, 'essential strategies for an enabling environment' to improve access to harm reduction interventions:

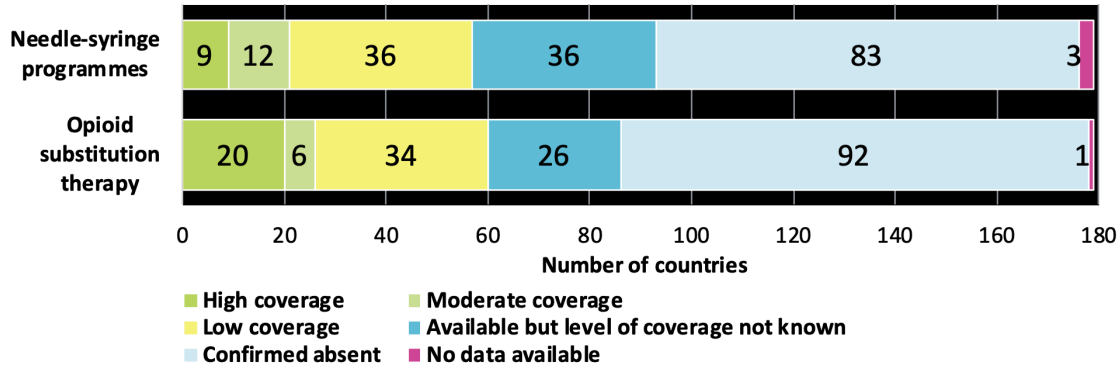


Credit: Juan Fernandez Ochoa, IDPC

- Supportive legislation, policy and financial commitment, including a call for countries to 'review and revise policies and work towards the decriminalisation of behaviours, such as drug use and possession for personal use' (this will be further discussed below).
- Addressing stigma and discrimination, including the adoption and implementation of anti-discrimination laws, the provision of drug user-friendly health and social services, and the training and sensitising of health workers.
- Community empowerment, including in the planning and delivery of services, especially peer education and training on safer injection, harm reduction and other issues related to the rights and health of people who use drugs.
- Addressing violence against people who use drugs, including the monitoring and reporting of cases of violence, and mechanisms established to provide justice to cases of violence, the provision of health and other support services to victims of violence, and training of law enforcement and health and social care providers on the rights of people who use drugs.[190]

Nevertheless, the ongoing criminalisation of people who use drugs, law enforcement operations near harm reduction services, the huge stigma and discrimination associated with drug use and the

Figure 3. Availability and coverage of NSPs and OST, by number of countries, 2017[191]

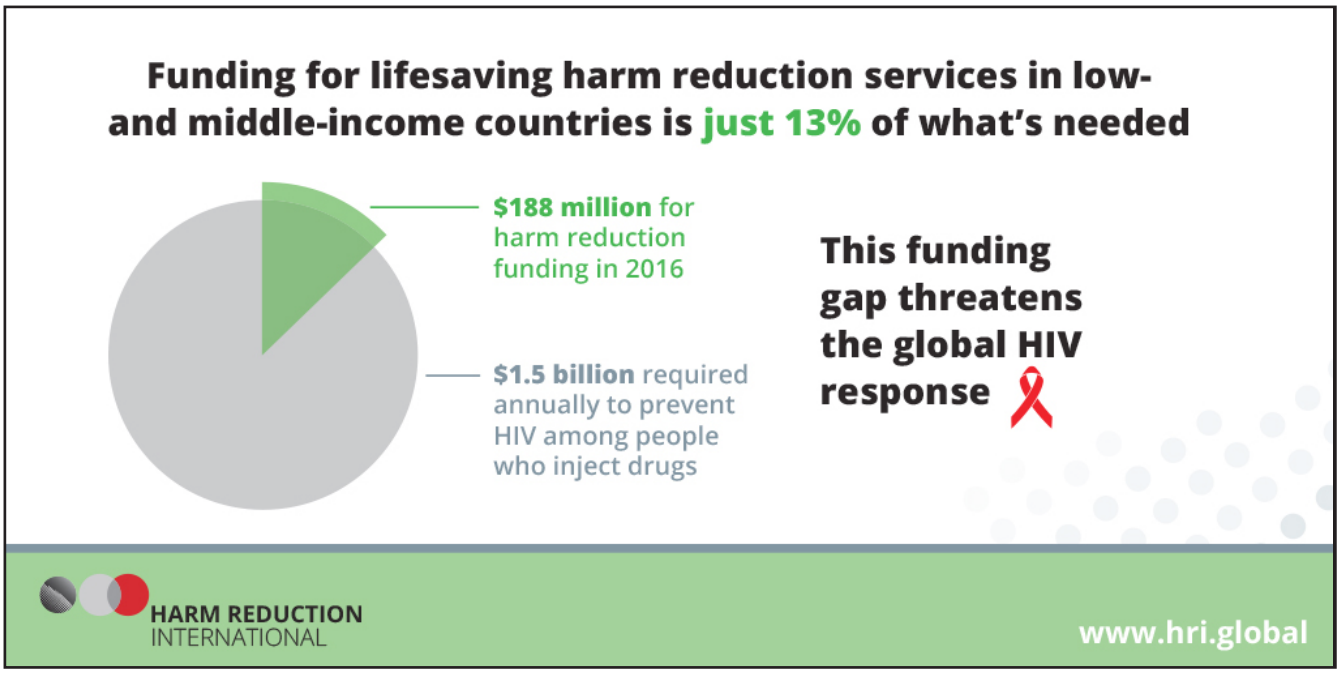


Credit: UNODC World Drug Report 2018, Booklet 2

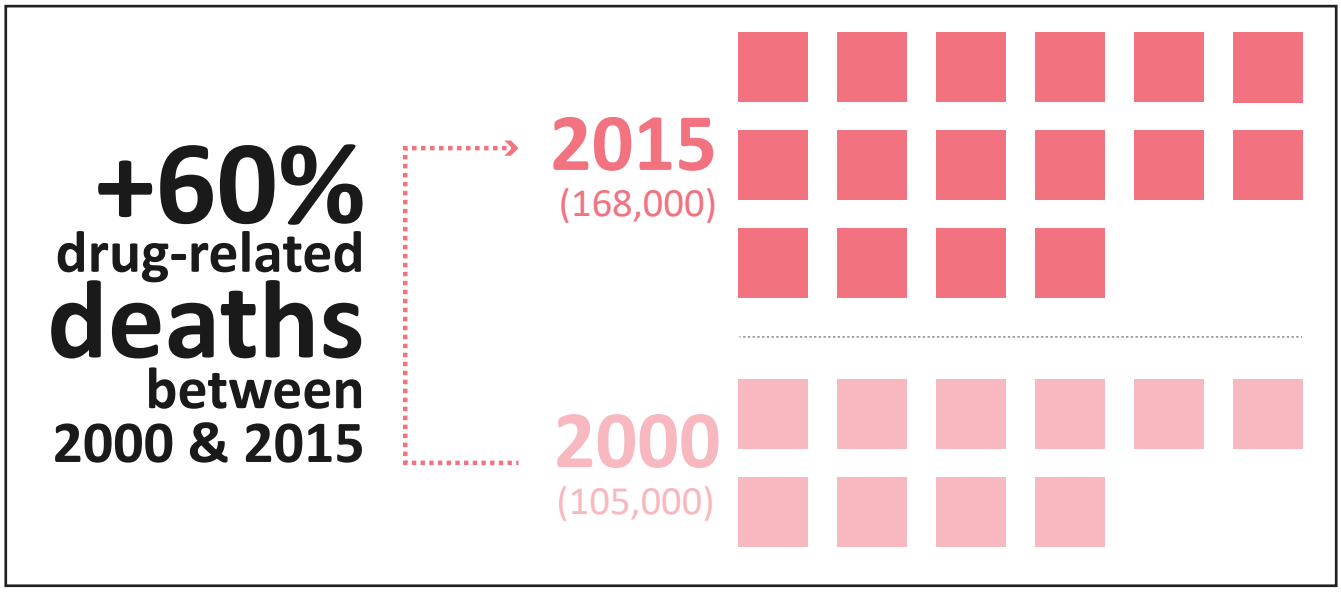
Source: Sarah Larney and others, "Global, regional, and country-level coverage of interventions to prevent and manage HIV and HCV among people who inject drugs: a systematic review", *The Lancet Global Health,* vol. 5, No. 12 (2017), pp. e1208–e1220.

Notes: Countries included (179) are those for which there was evidence of injecting drug use, even if there was no estimate of the number of PWID. For needle and syringe programmes, the level of coverage is determined by the number of needle-syringes distributed per PWID per year, classified as follows: "low" is less than 100; "moderate" is 100–199; and "high" is 200 or more. For opioid substitution therapy, the level of coverage is determined by the number of opioid substitution therapy clients per 100 primary opioid injectors, classified as follows: "low" is less than 20; "moderate" is 20–39; and "high" is 40 or more.

Figure 4. The global funding gap for harm reduction[192]



Credit: Harm Reduction International 2018



Credit: Juan Fernandez Ochoa, IDPC

lack of effective legal protection against these, as well as the widespread cases of violence against people who use drugs in various countries, act as a significant barrier to accessing health and social services.[193]

As a result of these various factors, people who use drugs are made particularly vulnerable to health and social harms. In the 2011 Political Declaration on HIV and AIDS, UN member states had committed to reducing new HIV infections by 50% among people who inject drugs by 2015.[194] As mentioned above, no progress has been made towards this target. On the contrary, both UNAIDS[195] and the UNODC[196] reported that the number of newly infected people who inject drugs had increased by one third between 2011 and 2015, from 114,000 to 152,000 new cases. UNAIDS also estimated that in 2017, the risk for people who inject drugs to acquire HIV was 22 times higher than for the general population.[197] Some regions have been particularly affected, especially Eastern Europe and Central Asia and the Middle East and North Africa, where people who inject drugs accounted for more than one third of new HIV infections in 2017.[198]

Similarly, the global prevalence of viral hepatitis C and tuberculosis among people who inject drugs has remained the same or increased slightly between 2009 and 2016 – although these data do not take into account wide differences across countries and regions. The number of drug-related deaths has also increased dramatically during the same period from 183,500 deaths in 2009 to an estimated 450,000 deaths in 2015 – with opioid overdose deaths representing a third to half of drug-related deaths. Although the USA has been most impacted by the recent surge in overdose deaths (see Box 4), a similar trend can be observed in Canada (3,987 overdose deaths recorded in 2017)[199] and Europe (9,138 overdose deaths in the EU, Norway and Turkey in 2016).[200]

Ensuring access to evidence-based drug dependence treatment

2009 Political Declaration and Plan of Action

Action 4(h): 'Consider developing a comprehensive treatment system offering a wide range of integrated pharmacological (such as detoxification and opioid agonist and antagonist maintenance) and psychosocial (such as counselling, cognitive behavioural therapy and social support) interventions based on scientific evidence and focused on the process of rehabilitation, recovery and social reintegration'

Action 10(b): 'Ensure, where appropriate, the sufficient availability of substances for medication-assisted therapy, including those within the scope of control under the international drug control conventions, as part of a comprehensive package of services for the treatment of drug dependence'

Action 38(c): 'Develop prevention and treatment programmes tailored to the specific characteristics of the phenomenon of amphetamine-type stimulants as key elements in any relevant strategy to reduce demand and minimize health risks'

'By denying effective drug treatment, State drug policies intentionally subject a large group of people to severe physical pain, suffering and humiliation, effectively punishing them for using drugs and trying to coerce them into abstinence, in complete disregard of the chronic nature of dependency and of the scientific

evidence pointing to the ineffectiveness of punitive measures', Juan E. Mendez, UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 2013[201]

The UNODC reported little increase in the availability of drug dependence treatment between 2010 and 2016, and coverage remains low. Between 2009 and 2017, only 40% of member states reported high coverage of counselling and treatment planning, while coverage remained low and unchanged for detoxification, OST, peer support groups, screening and brief interventions, contingency management, cognitive behaviour therapy, treatment for comorbidity, motivational interviewing, vocational training, social assistance, education activities, rehabilitation and aftercare.[202]

Although OST is the treatment option with the most solid evidence base to manage opioid dependence, it is only operational in less than half of the world, and remains 'the least provided' drug dependence treatment service,[203] despite an increase from 70 to 86 countries providing OST between 2008[204] and 2017.[205] In various countries, methadone and buprenorphine – the most common drugs used for OST which are also included in the WHO Model List of Essential Medicines[206] – are banned in national legislation; this is the case in countries such as Egypt, Jordan, the Russian Federation, Saudi Arabia, Syria, Turkmenistan and Uganda. Countries like the Russian Federation have been criticised by a number of UN human rights treaty bodies for not providing methadone as a form of OST, and several cases on the issue are pending within the European Court of Human Rights.[207]

When OST is indeed available, additional barriers include cost (with many services only provided in private facilities), accessibility (especially in rural areas and for women and LGBTQ+ individuals), long waiting lists, restrictive prescription and delivery regulations, lack of awareness about OST and available services, and fear of breach of confidentiality.[208] Morphine (slow release) and heroin-assisted treatment – another treatment option for opioid dependence with strong evidence of effectiveness[209] – remains limited to a small number of countries (Canada, Denmark, Germany, the Netherlands, Spain, Switzerland and the UK), often in the form of pilot or high-threshold programmes with a small number of beneficiaries.[210]

Additionally, substitution treatment for people dependent on stimulants, including ATS and crack/cocaine, is severely limited, and research is lagging behind despite evidence of extensive problematic use and hence clinical need. With regards to ATS dependence, substitution treatment was reported in Australia with dextroamphetamine.[211] In the UK, substitution programmes using dexamphetamine have been in place since 1988, and although no controlled studies were conducted, 'the doctors… generally regard their amphetamine maintenance as clinically successful', with 'significant reductions in amphetamine use, benzodiazepine use, frequency of injection, needle-sharing, and money spent on illicit drugs'.[212] In Asia, mild plant-based stimulants are used as a form of substitution treatment, including kratom in Thailand and Myanmar,[213] and ephedra in China, although more evaluations are needed to assess the effectiveness of these programmes.[214] Regarding substitution treatment for people dependent on cocaine, several studies have analysed the benefits of using cannabis to help people to regain control over their crack use. In Brazil, available studies have shown that cannabis use helped to reduce craving for crack, improve people's sleep and appetite and improve their overall quality of life.[215] Similar initiatives have been developed in Jamaica[216] and Canada.[217] However, such initiatives remain limited to a few selected countries and localities, and so far scientific evaluations of these interventions have been scarce.

Finally, in many countries, particularly in the global south, the quality of drug dependence treatment provided is questionable and is not based on available scientific evidence,[218] with cases of ill-treatment and other human rights abuses documented by non-governmental organisations (NGOs) and UN agencies alike.[219] This is despite the recommendation of Special Rapporteur on the right to health that 'the same standards of ethical treatment apply to the treatment of drug dependence as other health-related conditions', and that 'health-care personnel have an obligation…not to stigmatize or violate a patient's human rights'.[220] The Special Rapporteur on torture has documented several instances of torture and other ill-treatment of people who use drugs in the name of treatment and rehabilitation.[221] In 2012, the UNODC published its 'TREATNET Quality standards for drug dependence treatment and care services', in an effort to contribute to 'the development of evidence-based drug dependence treatment services'.[222] However, good quality treatment remains a major issue of concern.

Box 4 The unprecedented opioid overdose crisis in North America

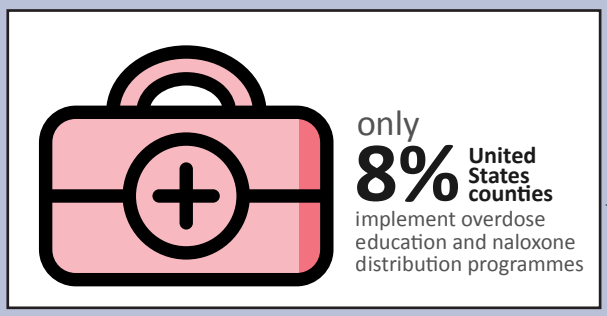
North America has recently experienced an unprecedented number of overdose deaths. In the USA, between 1999 and mid-2018, more than 350,000 people have died from an opioid overdose.[223] This is six times more than the number of deaths of American soldiers during the entirety of the Vietnam War.[224] The highest number on record was in 2017, when total overdose deaths reached 71,568.[225] The White House estimated the financial cost of the 'opioid epidemic' to be US$ 504 billion in 2015.[226] People of colour, in particular African American men, have been disproportionately impacted by fatal overdoses.[227] Numerous explanations have been provided for this highly worrying trend. Some have identified the powerful pharmaceutical industry[228] and over-prescription in the 1990s and 2000s while others point to economic insecurity, deindustrialisation,[229] the widespread criminalisation and demonisation of people who use drugs, and their social exclusion.[230]

Like the USA, Canada is experiencing an epidemic of opioid-related overdoses. In 2017, a record 3,987 people in Canada died of apparent opioid overdoses, an increase of 34% since 2016.[231] The majority of opioid-related deaths involved the potent synthetic opioid fentanyl or fentanyl analogues.[232] In addition to overdose deaths, opioid poisonings in 2016-2017 resulted in an average of 16 hospitalisations a day.[233]

Article 36(b) of the 2009 Political Declaration, and Actions 4(i) and 10(b) commit member states to 'strengthen their efforts aimed at reducing the adverse consequences of drug abuse… such as overdose'. The response to this crisis by the US and Canadian governments has been drastically different in that regard.

In the USA, the Trump White House has acknowledged the severity of the opioid crisis by declaring it as a national emergency,[234] but in the context of rhetoric promoting border crackdowns and other punitive enforcement. When it comes to crucial life-saving healthcare programmes, such as expanded drug dependence treatment, the Trump Administration and the Republican-controlled Congress have moved to curtail funding and cripple the Affordable Care Act. A 2016 report by the Surgeon General found that only 10% of Americans suffering from drug dependence obtain specialty treatment, due to severe shortages in the supply of care and lack of affordable options.[235] Currently, only 8% of US counties implement overdose education and naloxone distribution programmes – a key harm reduction intervention to reduce the risk of opioid overdose deaths.[236]

In the meantime, Canada's federal government chose a 'public health approach to problematic substance use' and adopted a new 'Canadian drugs and substances strategy', under leadership from the Minister of Health.[237] The new strategy restores harm reduction as a key pillar of drug policy (which had been excised entirely in 2007 by the previous government), alongside the other three pillars of treatment, prevention and law enforcement. This was accompanied by legislation to simplify the process of applying for an exemption under federal drug law to operate drug consumption rooms without risk of prosecution to clients or staff for drug possession.[238] As a result, the number of these facilities has grown from one legally-sanctioned room in 2016 to 26 currently operating in four provinces in August 2018, with more applications under review.[239]



Credit: Juan Fernandez Ochoa, IDPC

In addition, frustrated by the insufficiently rapid response at various levels of government, community advocates in several cities opened, without legal sanction, lower-barrier pop-up 'overdose prevention sites' to enable easier access to sterile injection equipment and the opportunity for immediate interventions, such as naloxone administration, in the event of an overdose. In response, Health Canada ultimately agreed to give provinces and territories the ability obtain a class exemption from federal drug laws for any provincially-approved overdose prevention sites so as to approve temporary sites based on urgent need, without requiring the lengthy application process for a full service.[240] The Federal Parliament also

Continued on next page

passed the Good Samaritan Drug Overdose Act to protect both overdose victims and witnesses from certain charges related to drug possession when seeking emergency help.[241] Among other additional actions, the federal government has adopted regulatory amendments to make naloxone available without a prescription[242] and to remove regulatory barriers to the prescription of methadone and diacetylmorphine (heroin).[243] At international level, Canada, alongside other member states, spearheaded the adoption by the CND of the first-ever resolution addressing stigma against people who use drugs, including in health and other social services.[244] While these efforts are commendable, Canada – as many other countries across the globe – continues to rely on criminal sanctions against all those involved in illegal drug activities, including people who use drugs. The ongoing criminalisation of people who use drugs is an important factor hampering progress in the response to this 'national public health crisis'.[245] It also remains to be seen what impact the recent move towards a legal, regulated cannabis market might have on the opioid crisis.

Ensuring access to drug services for women and girls

2009 Political Declaration and Plan of Action

Action 14(a): 'Ensure that a broad range of drug demand reduction services, including those in the areas of prevention, treatment, rehabilitation and related support services, provide approaches that serve the needs of vulnerable groups and are differentiated on the basis of scientific evidence so that they respond best to the needs of those groups, taking into account gender considerations and cultural background'

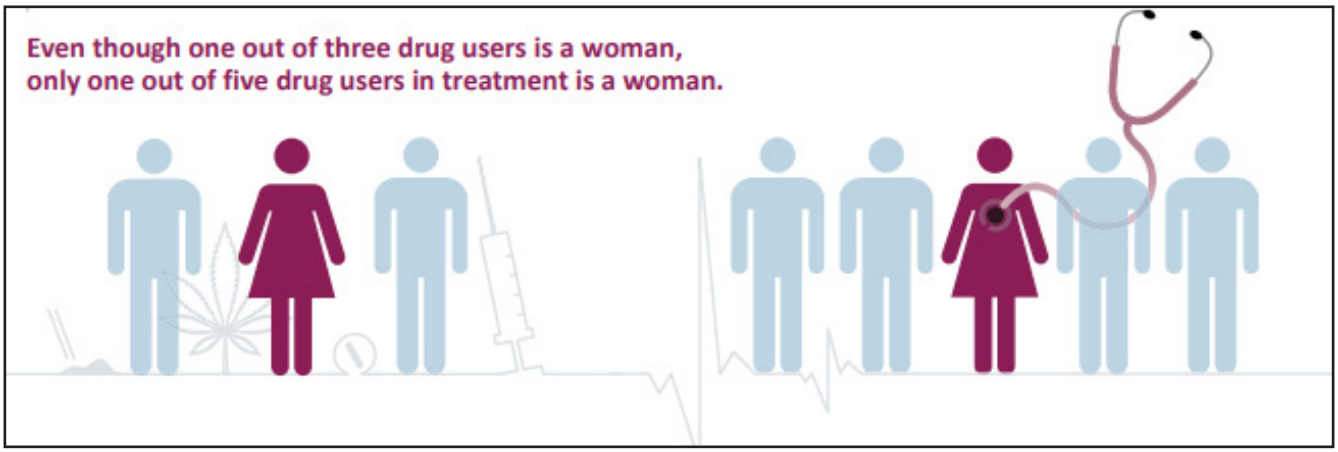
Action 14(c): 'Provide specialized training for those who work with vulnerable groups, such as patients with psychiatric co-morbidities, minors and women, including pregnant women'

Women and girls are particularly at risk of drug-related health harms because of criminalisation, stigmatisation and social exclusion, which are compounded with endemic gender inequality, gender-based violence and misogyny. In various EU countries, average HIV prevalence can be up to 50% higher among women who use drugs than among their male counterparts.[246] Risk factors include the fact that women are more likely than men to be 'second on the needle' (i.e. they inject after, and are often injected by, a male partner), the high level of gender stereotyping and stigma associated with their use, which deters them from accessing harm reduction and treatment services, and the severe lack of gender-sensitive drug services. For women sex workers who use drugs, they face additional criminalisation which serves to further enhance their risk of sexually-transmitted or blood-borne infections.[247]

General Recommendation No. 24 of the UN Committee on the Elimination of Discrimination Against Women: Article 12 of the Convention (Women and Health) requires that states 'eliminate discrimination against women in their access to healthcare services throughout the life cycle'.[248] Nevertheless, most harm reduction and treatment services continue to be tailored primarily to men who use drugs,[249] and many fail to provide suitable environments and support for women and girls, including for example childcare facilities, sexual and reproductive health services, services to tackle gender-based violence, adequate opening hours, geographical access, and staff trained to respond to gender-specific needs.[250] Breaches of confidentiality in healthcare settings – a fundamental human rights principle[251] – in relation to their drug use and HIV status may deter women from accessing services and increases the likelihood of them experiencing exclusion, harassment, abuse and violence. Finally, the fear of loss of child custody when making contact with healthcare providers acts as an important deterrent for mothers to access services.[252] In countries or jurisdictions where drug use during pregnancy is criminalised, women may avoid sexual and reproductive health services for fear of arrest, putting themselves and their babies at risk of further harm.[253]

As a result, although women make up one third of people who use drugs globally, they only represent one fifth of those in treatment.[254] In 2017, the INCB concluded that this was particularly the case 'in low- and middle-income countries', mentioning Afghanistan, where 'women make up only 4% of those in treatment', and Pakistan, where 'that figure is 13 per cent'.[255] These data suggest that little progress has been made towards Action 14(a) at national level.

The specific challenges faced by women have become more visible in international debates since 2009, although only three CND resolutions have been dedicated to the issue over the past nine years



UNODC World Drug Report 2015

(that is, only 2% of all resolutions adopted since 2009, see Box 5). The inclusion, in 2016, of an entire chapter dedicated to the issue of human rights, women, children, youth and vulnerable members of society in the UNGASS Outcome Document is therefore welcome.[256] In 2017, the INCB also dedicated the thematic chapter of its Annual Report to women and drugs and a specific section on human rights,[257] while Booklet 5 of the 2018 UNODC World Drug Report also focuses exclusively on this issue.[258] The UNODC also collaborated with the International Network of People Who Use Drugs, UN Women and the WHO to produce a policy brief analysing the specific needs of women who inject drugs.[259] These are late but welcome steps towards providing more visibility to the specific issues faced by women and the need to ensure differentiated responses to guarantee their rights.

Furthermore, Human Rights Council Resolution 37/42 calls upon States to 'mainstream a gender perspective into and ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of drug policies and programmes, and to develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs and circumstances faced by women and girls with regard to the world drug problem, bearing in mind that targeted interventions that are based on the collection and analysis of data, including age- and gender-related data, can be particularly effective in meeting the specific needs of drug-affected populations and communities'.[260]

Nevertheless, although issues affecting women are now being discussed in Vienna-based UN agencies, those affecting LGBTQ+ communities have so far been entirely ignored by the CND, although these issues are increasingly being discussed within UNAIDS[261] and are mentioned in the OHCHR report on UNGASS implementation.[262] At local level, various programmes have sought to address the health risks associated with practices like chemsex (i.e. drugs used to accompany, enhance and/or facilitate sexual activity, in particular among gay, bisexual and other men who have sex with men, as well as in queer and fetish communities). These include peer support groups, helplines, distribution of harm reduction paraphernalia and counselling, but overall these initiatives remain severely limited.[263] At national level, Ireland's latest national drug strategy for 2017-2025 explicitly addresses chemsex.[264]

Box 5 CND resolutions focusing on women

Resolution 61/4. Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs (2018)

Resolution 59/5. Mainstreaming a gender perspective in drug-related policies and programmes (2016)

Resolution 55/5. Promoting strategies and measures addressing specific needs of women in the context of comprehensive and integrated drug demand reduction programmes and strategies (2012)

Ensuring access to prevention services for children and youth

2009 Political Declaration and Plan of Action

Action 14(b) 'Ensure that prevention programmes target and involve youth and children with a view to increasing their reach and effectiveness'.

The Convention on the Rights of the Child is the only UN human rights treaty making a specific reference to drugs, requiring signatory states to 'take all appropriate measures…to protect children from the illicit use of narcotic drugs and psychotropic substances' (Article 33). The Convention also recognises 'the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health' and the obligation for states parties 'to ensure that no child is deprived of his or her right of access to such health care services' (Article 24.1).

In an effort to achieve this obligation, most countries have tried to prevent drug use among youth and children with 'just say no' messaging and scare tactics, instead of seeking to strengthen protective factors and reduce risk factors leading to drug use, in line with the UNODC International standards on drug use prevention.[265] A prominent example of such an approach was promoted by Singapore at the 2016 CND in the form of postcards being shared in schools as a drug prevention strategy.[266] Although 'just say no' prevention interventions remain widespread, scientific evidence suggests that they have had limited to no impact on drug use prevalence, and have side-lined initiatives with greater efficacy.[267]

Mandatory drug testing in schools and educational settings have also been used by a number of governments to deter drug use among youth, despite the human rights concerns raised over this practice. Human Rights Watch notably concluded that 'taking a child's bodily fluids, whether blood or urine, without their consent may violate the right to bodily integrity and constitute arbitrary interference with their privacy and dignity'. 'Depending on how such testing occurs', Human Rights Watch continued, 'it could also constitute degrading treatment, and may deter children from attending school or college… depriving them of their right to an education'.[268] Mandatory drug testing efforts may also be counterproductive, with people switching to less detectable (but sometimes more harmful) substances.

Furthermore, despite efforts to prevent drug use among youth and children, the latest data from the UNODC show that the extent of drug consumption is higher among young people than among older people in most countries, and for most drug types.[269] Reflecting this trend, many prevention programmes have not only sought to deter drug use, but have also focused on providing life-saving harm reduction advice and services and aimed to address the wider social issues faced by young people. In its General Comment No. 15, the UN Committee on Rights of the Child endorsed harm reduction as an important approach to minimising the negative health impacts of drug use among children and young people.[270] The Committee also urged states to increase the production and dissemination of accurate and objective information with regards to drug use.[271] Similarly, the Special Rapporteur on the right to health has stressed the importance of states providing prevention, harm reduction and treatment services specifically tailored to the needs of children and adolescents.[272]

In order to better 'involve youth and children' in prevention programmes in line with action 14(b), some peer-led drug education initiatives have been developed by civil society. For instance, Students for Sensible Drug Policies, a student-led organisation promoting harm reduction access for young people, recently launched a peer-led programme called 'Just Say Know'.[273] The programme provides certification and training for young people to become peer educators and organise workshops and seminars on drug education and harm reduction in schools and universities. The programme was piloted in the USA and Nigeria and has received positive feedback from the peer educators, the students and the schools themselves.[274] Although this initiative requires further scientific evaluation, it is an interesting example of how to better involve young people in prevention and education campaigns.

To date, limited progress has been made in expanding youth-friendly harm reduction services since 2009, and young people continue to face a number of barriers in accessing harm reduction services, such as age restrictions, the need for parental consent in accessing NSPs and OST, or lack of training on how to respond to their needs.[275] To improve young people's access to youth-friendly harm reduction services, several NGOs have developed toolkits and guides for practitioners.[276] Various UN agencies also collaborated with NGOs to produce a technical brief on HIV and young people who inject drugs in 2015.[277] These documents recommend expanded access to child and family welfare services, housing, food, social protection benefits, legal assistance, access to education, vocational training and employment, mental health support, as well as harm reduction services in festivals and nightlife settings, including drug checking services.[278] The work of youth-led NGOs (e.g. Students for Sensible Drug Policies, Youth Organisation for Drug Action, Youth RISE and others) focusing on harm reduction and drug policy reform has also brought more visibility to the issue and technical expertise on how to address the complex range of problems faced by young people who use drugs.

Ensuring access to drug services in prisons

2009 Political Declaration and Plan of Action

Action 15(a): 'Working within their legal frameworks and in compliance with applicable international law, consider allowing the full implementation of drug dependence treatment and care options for offenders, in particular, when appropriate, providing treatment as an alternative to incarceration'

Action 15(c): 'Implement comprehensive treatment programmes in detention facilities; commit themselves to offering a range of treatment, care and related support services to drug-dependent inmates, including those aimed at prevention of the transmission of related infectious diseases, pharmacological and psychosocial treatment and rehabilitation; and further commit themselves to providing programmes aimed at preparation for release and prisoner support programmes for the transition between incarceration and release, re-entry and social reintegration'

Action 16(d): 'Provide appropriate training so that criminal justice and/or prison staff carry out drug demand reduction measures that are based on scientific evidence and are ethical and so that their attitudes are respectful, non-judgemental and non-stigmatizing'

According to the Nelson Mandela Rules, the right to the highest attainable standard of physical and mental health extends to people held in prison and other closed settings. As such, people in custody should receive a level of healthcare comparable to that available to people in the community and without discrimination.[279]

There are an estimated 10 million people incarcerated worldwide,[280] and evidence shows that prisons are high risk environments for the spread of communicable diseases, with 'the prevalence of HIV, HBV and tuberculosis among people in prison and other closed settings…2 to 10 times higher than among the general population'.[281] In some regions, the Americas in particular, incarceration is driven by the mass incarceration of low-level drug offenders. It is therefore unsurprising that drug use in closed settings remains high. Worldwide, the UNODC estimates that around one in three prisoners have used drugs at least once while in prisons,[282] stating that 'prisoners are at higher risk for infectious diseases but are poorly served'.[284] UNAIDS also estimated that rates of drug injection among prisoners ranged from 2 to 38% in Europe, 34% in Canada and up to 55% in Australia.[285] Where there is little or no access to sterile injection equipment in such settings, it follows that most injection involves the sharing, often by multiple people, of non-sterile equipment, often makeshift 'rigs' fashioned from other items.

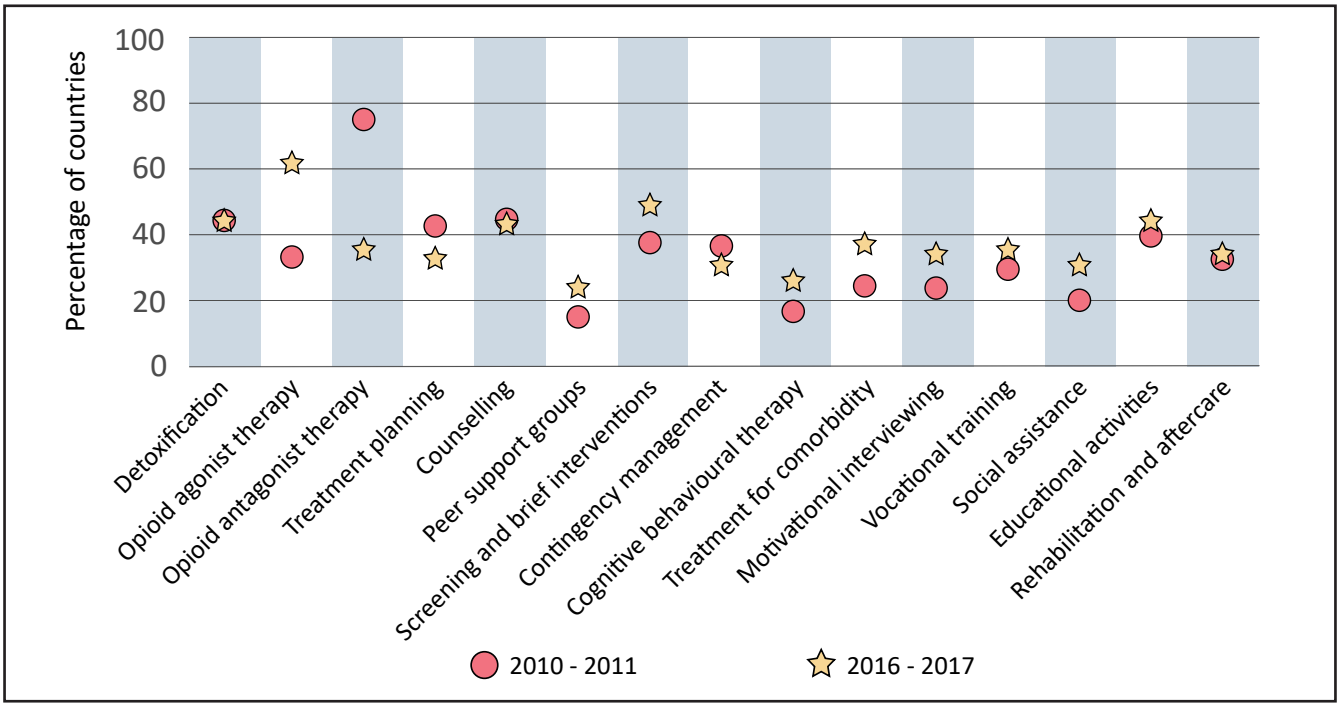
The UNODC found that the level of access to a comprehensive range of drug dependence treatment in prisons has only marginally improved between 2010 and 2017, while coverage of some services had

Box 6 UN comprehensive package of 15 key interventions in prison

In 2013, the UNODC, the International Labour Organization, UNDP, the WHO and UNAIDS released a policy brief on the prevention, treatment and care of HIV in prisons and other closed settings which promotes a comprehensive package of 15 interventions:

1. Information, education and communication
2. Condom programmes
3. Prevention of sexual violence
4. Drug dependence treatment, including opioid substitution therapy
5. Needle and syringe programmes
6. Prevention of transmission through medical or dental services
7. Prevention of transmission through tattooing, piercing and other forms of skin penetration
8. Post-exposure prophylaxis
9. HIV testing and counselling
10. HIV treatment, care and support
11. Prevention, diagnosis and treatment of tuberculosis
12. Prevention of mother-to-child transmission
13. Prevention and treatment of sexually transmitted infections
14. Vaccination, diagnosis and treatment of viral hepatitis
15. Protecting staff from occupational hazards.[283]

Figure 5. Comparing the percentage of countries reporting a high degree of coverage of treatment services in prisons between 2010 and 2017[286]



Credit: Juan Fernandez Ochoa, IDPC, based on original figure from the UNODC

actually decreased during the 2010-2017 period, including for opioid antagonist therapy, treatment planning and contingency management (see Figure 5).[287] However, access to OST in prison has improved, being available in 52 countries in 2016[288] compared to 33 in 2008.[289]

Despite such progress, however, more than 140 countries still have no access to OST in prison settings, in contravention of the right to health of people deprived of their liberty. In countries where it is available, OST is sometimes only available in one or two prisons, generally in male prisons – even though women incarcerated for drug offences 'suffer worse consequences than men', meaning that women generally have no access to these programmes while incarcerated.[290] This is despite the recommendation from the UN Committee on the Elimination of Discrimination against Women that 'gender-sensitive and evidence-based drug treatment services to reduce harmful effects for women who use drugs, including harm reduction programmes for women in detention' should be available.[291] In some cases, people can only access OST in prison if they were already receiving OST prior to their incarceration. Treatment quality also remains an issue, with services available 'not necessarily of the same standard as those provided in the community'.[292] Additional issues include long waiting times to access treatment, unnecessary restrictions for some prisoners, and the ongoing stigma and discrimination associated with OST in prison.[293]

Credit: Juan Fernandez Ochoa, IDPC

With regards to other drug services in prison, in particular those included in the UN comprehensive package of 15 key interventions in prison (see Box 6), the UNODC reported that only antiretroviral therapy and HIV testing and counselling were consistently reported to be widely available in prison settings, and coverage for tuberculosis prevention, diagnosis and treatment among people who use drugs has increased since 2014.[294] However, the availability of NSPs in prison, which was already limited to only 10 countries in 2010,[295] was further reduced in 2016 to only eight countries, with Iran and Romania having closed down their services.[296] Discussions are underway in Canada to start implementing NSPs in all federal prisons. Condoms are rarely made available in prisons despite the higher risks of contracting sexually transmitted diseases while in prison.[297] Little progress was also made in expanding the provision of measures aimed at reducing the risks of overdose, despite the fact that 'people who use heroin are exposed to a severe risk of death from overdose after release from prison, especially in the first two weeks'.[298] In 2016, only a small number of countries provided varying degrees of overdose prevention training and distributed naloxone to prisoners on or prior to their release,

including Estonia, Ireland, Norway, Spain, the UK,[299] various provinces in Canada and two US states.[300]

In terms of progress towards Action 16(d), trainings targeted at criminal justice and prison staff on demand reduction measures in prison settings have fallen in 2016-2017 to the 'lowest recorded level', with a decrease most noticeable among 'law enforcement and prison staff'.[301] The UNODC also reported that 'harm reduction activities initiated by officers were primarily focused on the potential threat of prisoner-to-staff transmission',[302] rather than aiming to reduce the health risks of drug use among prison inmates.

Providing alternatives to prison or punishment for people who use drugs

2009 Political Declaration and Plan of Action

Action 15(a): 'Working within their legal frameworks and in compliance with applicable international law, consider allowing the full implementation of drug dependence treatment and care options for offenders, in particular, when appropriate, providing treatment as an alternative to incarceration'

'A criminal record for a young person for a minor drug offence can be a far greater threat to their well-being than occasional drug use', Kofi Annan, former UN Secretary General[303]

Article 4(c) of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances provides that 'in appropriate cases of a minor nature, the Parties may provide, *as alternatives to conviction or punishment*, measures such as education, rehabilitation or social reintegration, as well as, when the offender is a drug abuser, treatment and aftercare' (emphasis added).[304] The 2009 Plan of Action also promotes for the use of such alternatives in action 15(a), while recognising 'the concept of drug dependence as a multifactorial health and social problem' in action 2(g). Despite these commitments, data from the UN Commission on Crime Prevention and Criminal Justice (CCPCJ) shows that one in five prisoners worldwide is incarcerated for a drug offence,[305] and that 83% of all drug offences recorded by law enforcement are possession offences.[306]

The need to make better use of alternatives to prison and punishment for people who use drugs has been recognised in paragraph 4.j of the UNGASS Outcome Document,[307] in CND resolution 58/5 'Supporting the collaboration of public health and justice authorities in pursuing alternative measures to conviction or

26 countries have adopted a model of **decriminalisation**

Credit: Juan Fernandez Ochoa, IDPC

punishment for appropriate drug related offences of a minor nature',[308] and by a number of UN agencies and entities that have called for the decriminalisation of people who use drugs, including the UNODC,[309] the OHCHR,[310] UNAIDS,[311] WHO,[312] the United Nations Development Programme,[313] a number of UN Special Rapporteurs on human rights,[314] the UN Committee on Economic Social and Cultural Rights,[315] UN Women,[316] as well as the UN High Commissioner for Refugees, UNICEF, the World Food Programme, the International Labour Organization, UNESCO, the UN Population Fund and the International Organization for Migration.[317] Similarly, various regional bodies have given visibility to the issue. In 2015, CICAD commissioned a study on the availability and effectiveness of alternatives to incarceration to inform the debate in the Americas,[318] and also concluded that 'Decriminalization of drug use needs to be considered as a core element in any public health strategy'.[319] More recently, the Inter-American Commission on Human Rights recommended the decriminalisation of drug use and possession for personal use as a way of reducing pre-trial detention and improving prison conditions.[320] The European Union also released a study on the various alternatives to incarceration across the region[321] and adopted Council Conclusions in support of the practice.[322] Finally, the need for 'alternatives to incarceration for minor offenses' featured in the African Union's 2013-2017 Plan of Action on Drug Control.[323]

At national level, only 26 countries have adopted a decriminalisation model, whether *de jure* (enshrined in the law), or *de facto* (in practice only), focusing on all substances for some or only cannabis for many others.[324] These include: Armenia, various provinces in Australia, Belgium, Chile, Colombia, Costa Rica, Croatia, the Czech Republic, Ecuador, Estonia, Germany, Israel, Italy, Jamaica, Latvia, Mexico, the Netherlands, Paraguay, Peru, Poland, Portugal, Slovenia, Spain, Switzerland, various US states and Uruguay.[325] In Argentina and Georgia, the criminalisation of drug possession for personal use was ruled as unconstitutional, but no legislative reform has yet taken place in either country. Only six of the countries

Box 7 A health and social response to drug use: The case of Portugal

The Portuguese decriminalisation policy emerged in 2000 – under the leadership of former President and current UN Secretary General Antonio Guterres – thanks to a confluence of several political and social factors. At the time, the HIV epidemic among people who use drugs had surged massively, more than 75% of prisoners were incarcerated for drug-related crimes, and mass media was fuelling public fears that people using drugs would inevitably die. As a result, drug policy quickly became the top priority of the government. A commission, composed of experts from different backgrounds and expertise, was established in 1998 to draft a new 'National strategy to fight against drugs'. At the time, the country's strategy already promoted inclusiveness and broad participation of people who use drugs, their families, health and education professionals, the courts, the community, etc. The national strategy was approved in April 1999, enshrining in the law the fundamental principles of humanism, pragmatism, innovation, the importance of scientific evidence, as well as community participation in drug policy design and implementation.

The decriminalisation model was officially adopted with Law 30/2000 in July 2001, and was followed by significant investments in a broad and coordinated network of health and social services. Law 30/2000 introduced a system of referral to administrative panels called 'Commissions for the Dissuasion of Drug Addiction'. A person detained by the police with up to 10 days' worth of drugs is referred to the Commission which can orientate them towards voluntary harm reduction and treatment services, social services, and also impose fines and community service – although sanctions are rarely used in practice.

Although still enshrined in a punitive approach, the model adopted in Portugal has nonetheless greatly improved health outcomes, with a drop in new HIV infections attributed to injection, reduced numbers of overdose deaths, and a significantly lower rate of drug-induced mortality among adults than the European average (3.86 deaths per million recorded in Portugal compared to 21.8 deaths per million across the EU in 2016). The policy has also facilitated access to voluntary drug dependence treatment and harm reduction interventions, and has reduced the incarceration rate for drug offences, while enabling law enforcement efforts to focus on high-level traffickers and organised crime.[326]

However, even the Portuguese decriminalisation model is facing various challenges, not least the issue of funding. Harm reduction services in Portugal are mainly provided by NGOs, with a strong community basis, and are funded by up to 80% by the state, with NGOs covering the remaining 20%. Government budget cuts, combined with the difficulty for NGOs to raise money for an issue that is no longer a top priority for Portuguese society, have resulted in hard working conditions, low salaries and lack of training for harm reduction service providers. The Portuguese Harm Reduction Network submitted a set of recommendations to the Health Secretary of State in October 2017 to improve harm reduction sustainability, including the need to change the funding rules for drug services. So far, however, no change has been made, and the Portuguese policy remains under pressure. Recent reforms have also split the management of drug services into two branches, the first managed by the Portuguese drug agency (Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências) and in charge of defining the national strategy, producing information, introducing innovation and evaluating implementation; and the second concerned with local diagnosis of needs and implementation.[327] Tension and lack of coordination between the two branches are also issues of concern. Finally, although drug use is decriminalised, people continue to rely on the criminal black market to purchase their drug of choice, with no control over the purity or quality of the substance used. Nevertheless, and despite these challenges, the Portuguese decriminalisation policy is regarded as an important model, having proven its effectiveness in protecting the health and improving the social inclusion of people who use drugs.

Credit: Juan Fernandez Ochoa, IDPC

listed above – Croatia, the Czech Republic, Ecuador, Israel, Jamaica and Mexico; the province of Western Australia and several US states made their move towards decriminalisation during the period 2009-2018, with ongoing discussions in several countries such as Ghana, Ireland, Norway and Tunisia. Canada is expected to bring into force, in late 2018, legislation decriminalising possession of cannabis for personal use, although the government continues to reject calls to decriminalise possession of other substances. The low prevalence of decriminalisation among member states as a viable alternative to punitive approaches persists, despite increasing evidence that removing criminal sanctions against people who use drugs can reduce prison overcrowding, improve health outcomes, and address drug use-related stigma and discrimination.[328] The decriminalisation models adopted in the countries mentioned above vary considerably, as do their level of effectiveness.[329] The model with the most solid evidence base is Portugal[330] (see Box 7).

Some countries do not impose criminal sanctions against drug use or possession for personal use *per se* but continue to use excessive and disproportionate administrative punishments that violate a number of human rights, including the rights to health, liberty and privacy. These include compulsory detention (see below), forced urine testing (including in Azerbaijan, Bangladesh, Cambodia, China, Georgia, Indonesia, Iran, Kazakhstan, Kyrgyzstan, Lao PDR, Malaysia, Myanmar, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Tajikistan, Thailand, Turkey, Turkmenistan, Uzbekistan and Vietnam) and compulsory registration requirements for people who use drugs (used in Azerbaijan, Brunei Darussalam, Cambodia, China, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Lao PDR, Malaysia, Myanmar, Pakistan, Tajikistan, Turkmenistan and Uzbekistan).[331] In some countries, including Vietnam, the Philippines and Indonesia, the families of people who use drugs and/or the general public are required, or strongly encouraged, to report people who use drugs to public authorities. In some cases, law enforcement agencies use these registries and the information they contain for interrogation purposes.[332] In 2013, the UN Special Rapporteur on Torture concluded that 'Use of drug registries – where people who use drugs are identified and listed by police and health-care workers, and their civil rights curtailed – are violations of patient confidentiality that lead to further ill-treatment by health providers'.[333] These practices also act as a strong deterrent for accessing life-saving health and social services.[334]

Other countries or jurisdictions which have not decriminalised drug use have nonetheless adopted diversion models for people who use drugs, which can be triggered at time of arrest, during trial and post-incarceration. The level of effectiveness for these alternatives to incarceration varies greatly.[335] For instance, the drug courts model implemented in the USA and promoted in various regions of the world, especially in Latin America, has been subject to considerable criticism. A 2018 comprehensive study of drug courts implemented across the Americas has found that they were 'a costly, cumbersome intervention that has limited, if any,

Box 8 Addressing the health impacts of aerial spraying of crops cultivated for drug production

The 2009 Political Declaration and its Plan of Action focus exclusively on the health aspects of drug use, without considering the health implications of supply reduction efforts in areas affected by illegal crop cultivation. This is despite evidence that forced crop eradication through aerial spraying using harmful herbicides have had severe impacts on the rights and health of local communities. In 2015, the WHO International Agency for Research on Cancer concluded that glyphosate – often used for aerial spraying – 'probably causes cancer',[336] while the UN Special Rapporteur on the Right to Health declared that there was 'trustworthy evidence that aerial fumigation with glyphosate…damages the physical health'[337] of affected communities. This includes respiratory problems, skin rashes, diarrhoea, eye problems and miscarriages.[338]

Aerial spraying also has indirect health impacts. In Colombia, for instance, aerial spraying has damaged legal subsistence food crops such as bananas, beans, plantains and yuca, as well as chicken and fish farms, located near coca fields.[339] In such contexts, subsistence farmers not only lose their main source of income (coca and other crops destined for the illegal drug market), but also their main source of food (as is the case with any form of forced eradication). Furthermore, aerial spraying can damage rivers and waters, threatening to leave entire communities without access to clean water.[340]

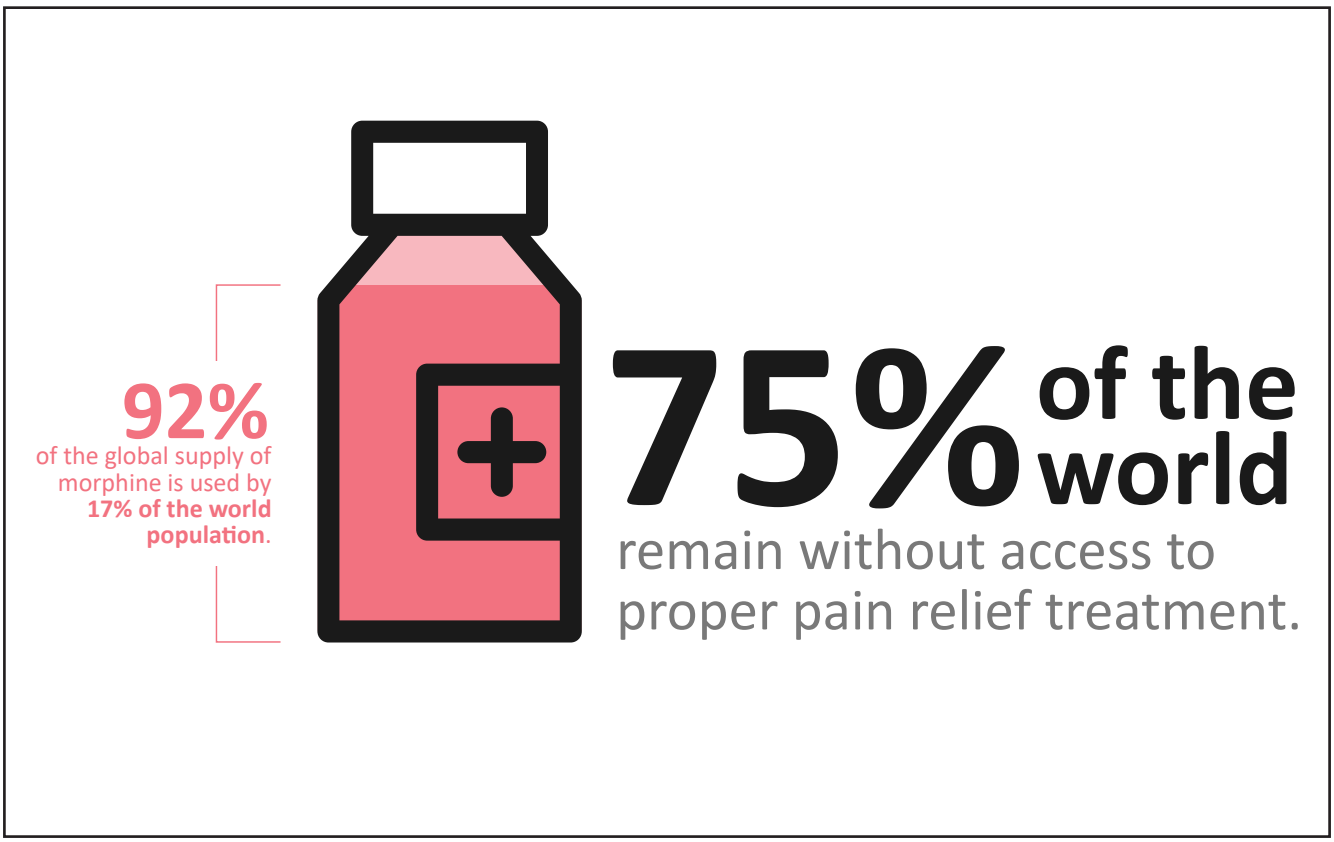
impact on reducing incarceration. Indeed, for many it may have the opposite effect: increasing criminal justice supervision and subjecting participants who fail to graduate to harsher penalties than they may have otherwise received'.[341] In many cases, instead of focusing on people dependent on drugs having committed other offences, drug courts focus on people caught for simple drug use or possession for personal use (generally cannabis). The unavailability of evidence-based treatment programmes in various countries in the region also acts as a significant barrier to an effective drug court system.[342] Other approaches have yielded better results. For example, the Law Enforcement Assisted Diversion (LEAD) programme launched in 2011 in Seattle, USA, has focused on diverting people who use drugs at the time of arrest to a case worker providing health and social guidance on a case-by-case basis. Evaluations of the programme have shown positive results, and similar initiatives are now being implemented in other US cities.[343]

Improving access to controlled substances for medical purposes

2009 Political Declaration and Plan of Action

Action 10(c): 'Continue to comply with the procedures established under the international drug control conventions and relevant resolutions of the Economic and Social Council relating to the submission to the International Narcotics Control Board of estimates of their requirements for narcotic drugs and assessments of requirements for psychotropic substances so as to facilitate the import of the required narcotic drugs and psychotropic substances and to enable the Board, in cooperation with Governments, to maintain a balance between the demand for and the supply of those drugs and substances in order to ensure the relief of pain and suffering and the availability of medication-assisted therapy as part of a comprehensive package of services for the treatment of drug dependence, while bearing in mind, in accordance with national legislation, the World Health Organization Model List of Essential Medicines'

One of the stated key objectives of the UN drug control treaties is to ensure access to controlled substances for medical and scientific purposes – but only one action in the entire 2009 Political Declaration and Plan of Action is dedicated to the issue: Action 10(c). The cornerstone essential medicine for palliative care and pain relief is oral morphine. In its General Comment No. 14, the UN Committee on Economic, Social and Cultural Rights also recognised the obligations for member states to '*respect* the right to health by, inter alia, refraining from denying or limiting equal access for all persons… to preventive, curative and palliative health services', and ensure the availability of 'essential drugs' included on the WHO Model List of Essential Medicines without delay as a 'core obligation'.[344]



Credit: Juan Fernandez Ochoa, IDPC

In 2010, the INCB reported that 'Although medical science has the capacity to provide relief for most forms of moderate to severe pain, over 80 per cent of the world population will have insufficient analgesia, or no analgesia at all, if they suffer from such pain'.[345] In 2015, the INCB published a special report on access to controlled medicines, which showed little improvement from the 2009 data. In its special report, the INCB concluded that 'Around 5.5 billion people still have limited or no access to medicines containing narcotic drugs, such as codeine or morphine, leaving 75 per cent of the world population without access to proper pain relief treatment. Around 92 per cent of morphine used worldwide is consumed in countries in which only 17 per cent of the world population lives: primarily the United States of America, Canada, Western Europe, Australia and New Zealand'.[346] In 2017, a study also estimated that 298.5 metric tonnes of morphine-equivalent opioids were distributed in the world each year, but only 0.1 metric tonnes (0.03%) were made available in low-income countries. As a result, 25.5 million people who died in 2015 – representing 45% of all global deaths that year – experienced serious health-related suffering. 80% of these deaths were in developing regions of the world. The study also found that each year, 2.5 million children die experiencing serious health-related suffering. 98% of these children lived in developing countries, and 93% of these deaths were avoidable.[347]

The need to ensure access to 'essential medicines, including controlled medicines' for surgical care and anaesthesia was also recognised by the World Health Assembly as an essential component of universal health coverage. The World Health Assembly also noted that a large proportion of the global population had limited access to opioid analgesics for pain relief, and that 5.5 billion people (i.e. 83% of the world's population) lived in countries with low to non-existent access to analgesics, with only 710 million people (11% of the world's population) having moderate to adequate access.[348]

In 2013, the Special Rapporteur on torture concluded that 'Ensuring the availability and accessibility of medications included in the WHO Model List of Essential Medicines' was 'a legal obligation under the Single Convention on Narcotic Drugs, 1961', adding that 'When the failure of States to take positive steps, or to refrain from interfering with health-care services, condemns patients to unnecessary suffering from pain, States not only fall foul of the right to health but may also violate an affirmative obligation under the prohibition of torture and ill-treatment'.[349]

The severe lack of access to controlled substances for medical purposes is driven, among other issues, by national rules and regulations around controlled medicines that go far beyond the requirements of the 1961 and 1971 drug control treaties. These

include overly strict requirements such as special prescription forms, limitations on the number of days a prescription can cover, limitations on which healthcare workers can prescribe controlled substances, the criminalisation of healthcare providers for prescribing medications and the resulting fear of arrest, requirements for additional licenses for hospitals, pharmacists and healthcare workers, additional record keeping or reporting requirements, and limitations on the daily doses that can be prescribed. Lack of understanding and training about palliative care and pain relief – in particular 'opiophobia' – are also important barriers to improving the availability of controlled medicines.[350] The funding gap is also a major issue for ensuring adequate access to controlled medicines – although it is estimated that 'the cost of meeting the global shortfall of about 48.5 metric tonnes of morphine-equivalent opioids is about $145 million per year', the equivalent of 0.0002% of global GDP.[351]

Despite the urgency of ensuring better access to controlled medicines, only four CND resolutions were adopted on this issue since 2009 (see Box 9) – representing just 3% of all CND resolutions adopted between 2009 and 2018. The UNGASS Outcome Document has made considerable progress in this area, with an entire chapter aimed at improving access to controlled substances for medical and scientific purposes.[352] In 2014, the World Health Assembly also adopted Resolution 67.19 'Strengthening of palliative care as a component of comprehensive care throughout the life course', noting CND resolutions 53/4 and 54/6, and recognising that 'access to palliative care and to essential medicines…including opioid analgesics such as morphine, in line with the three United Nations international drug control conventions, contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being'.[353] In 2018, in order to provide 'concrete information about actions Member States can take to address the negative health outcomes, such as the enormous burden of untreated pain around the world, associated with inadequate access to controlled medicines', the UNODC released its 'Technical guidance: Increasing access and availability of controlled medicines'.[354]

Some progress has been made in various countries to improve access to and availability of controlled medicines, including in Costa Rica, India, Mexico, Uganda (see Box 10) and Ukraine – with Kenya, Malawi, Nigeria, Rwanda and Swaziland expected to follow similar steps undertaken by Uganda.[355] These have included the removal of regulatory barriers hampering access, increased empowerment and training of frontline healthcare workers, the adoption of a palliative care policy or strategy, and the allocation of more funding towards providing access to palliative care and pain relief.[356]

Box 9 CND resolutions adopted on access to controlled medicines since 2009

Resolution 57/10. Preventing the diversion of ketamine from legal sources while ensuring its availability for medical use (2014)

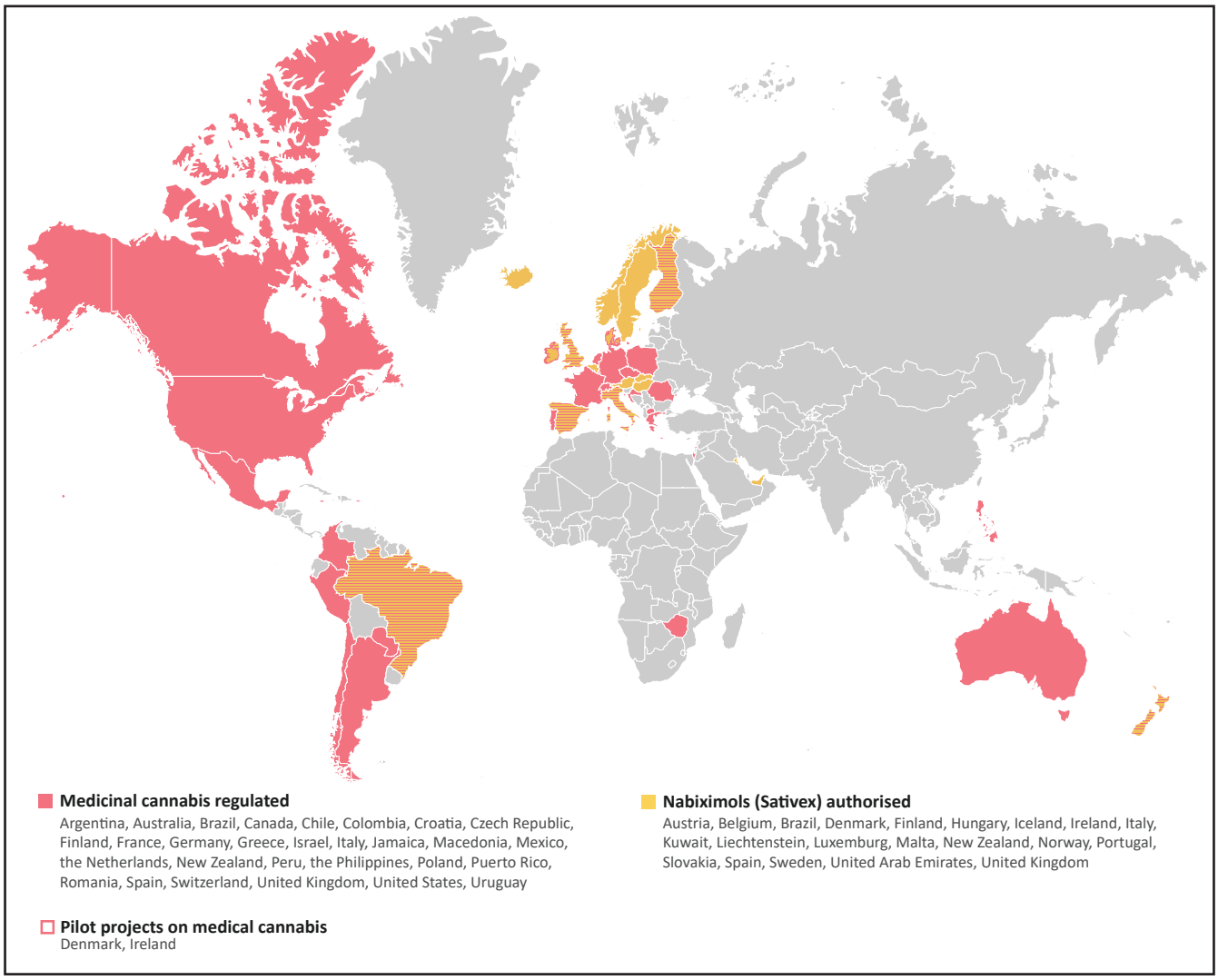
Resolution 54/6. Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse (2011)

Resolution 54/3. Ensuring the availability of reference and test samples of controlled substances at drug testing laboratories for scientific purposes (2011)

Resolution 53/4. Promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse (2010)

It is in the field of medicinal cannabis that most progress has been made since the adoption of the 2009 Political Declaration – despite the UN drug control system delineating cannabis as a drug whose liability 'to abuse and to produce ill effects…is not offset by substantial therapeutic advantages'.[357] 48 countries now provide some form of medicinal cannabis for a number of ailments (see Figure 6).[358] 24 of these countries have adopted or reviewed drug legislations to allow or expand access to medicinal cannabis between 2009 and 2018, including Argentina, Australia, Brazil, Chile, Colombia, Croatia, the Czech Republic, France, Germany, Greece, Italy, Jamaica, Lesotho, Luxembourg, Malta, Macedonia, Mexico, Peru, the Philippines, Poland, Portugal, Romania, various states in the USA and Zimbabwe. In the UK, a recent scandal involving a 12-year old boy whose anti-epileptic medicine (cannabidiol oil) was confiscated by customs agents at a London airport showcased the urgent need to review drug legislations and ensure broader access to

Figure 6. Map of countries having adopted medicinal cannabis schemes[359]



Credit: Updated from IDPC/MUCD briefing paper on medicinal cannabis

medicinal cannabis for children with epilepsy.[360] As a result of intense civil society pressure, the UK Home Office announced that it would make certain products available on prescription imminently based on advice from medical authorities – and would reschedule cannabis to Schedule 2 of the Misuse of Drugs Regulations 2001.[361]

In response to the rapid expansion of medicinal cannabis worldwide, the INCB released guidelines for member states to follow to ensure compliance with the UN drug control treaties.[362] In addition, for the first time in 83 years, a scientific assessment by the WHO Expert Committee on Drug Dependence (ECDD) on cannabis and its derivatives is underway. In its provisional conclusions, the ECDD recommended that pure CBD 'should not be scheduled within the International Drug Control Conventions'. The ECDD also decided to proceed to a critical review of cannabis plant and resin, extracts and tinctures of cannabis, Delta-9-THC and isomers of THC, with conclusions planned to be released on time for the 2019 Ministerial Segment.[363]

2.1.2 The right to enjoy the benefits of scientific research

2009 Political Declaration and Plan of Action

Action 22(l): 'Remain up to date on scientific studies, data and research on the medicinal and other legitimate uses of plants containing narcotic and psychotropic substances, taking into account the provisions of the three international drug control conventions'

Article 15 of the International Covenant on Economic, Social and Cultural Rights[364] recognises 'the right of everyone…to enjoy the benefits of scientific progress and its applications', and 'the freedom indispensable for scientific research and creative activity'.[365] The UN drug conventions also promote access to controlled substances for research purposes, with a view to assessing their potential medicinal use. This is recognised and encouraged in Action 22(l) of the 2009 Political Declaration and Plan of Action.

Box 10 Improving access to controlled medicines in Uganda

Uganda has become a leader in East Africa for improving access to palliative care. Although coverage remains severely limited with 90% of Ugandans in need not being able to access palliative care,[366] over the past 20 years the government has undertaken a number of steps to improve the situation.

These steps have included incorporating palliative care in the Ugandan 'Health sector development plan for 2015/16 to 2019/20',[367] and the approval of the first 'National palliative care policy' in 2015,[368] hence providing a comprehensive framework to scale up palliative care services nationwide. Palliative care was also integrated in the curriculum of healthcare professionals, in an effort to facilitate its application in mainstream healthcare, but also to broaden the range of opioid prescribers – allowing nurses and clinical officers to prescribe oral morphine for pain management.[369] The registration of oral morphine as a palliative care treatment by the National Drug Authority and its inclusion into Uganda's national list of essential medicines was also instrumental to ensure better access to the medicine for pain relief and palliative care. Other factors of success have included a long-standing relationship between the Ministry of Health, Hospice Africa Uganda, the Palliative Care Association of Uganda and the private sector,[370] as well as the allocation of government funding to purchase morphine. Finally, efforts were made to destigmatise and conduct more research on palliative care.

Despite these positive steps, various obstacles remain. For instance, the Narcotic Drugs and Psychotropic Substances (Control) Act, promulgated in 2015, inadvertently made prescription and dispensation of morphine by nurses illegal, hampering efforts to expand palliative care since nurses are at the frontlines of palliative care provision. The 2015 legislation, drafted by the Ministry of Internal Affairs without consultation with the Ministry of Health, also approved an approach overly focused on interdiction of drug use and trafficking, greatly impacting upon access to controlled substances for palliative care and pain relief and hindering the realisation of the right to health.[371] Civil society calls to reform the 2015 Act led to the creation of an ad hoc committee in September 2017. Comprised of representatives from the Ministry of Health, the Ministry of Internal Affairs and civil society, the committee advises the government on issues related to palliative care and harm reduction, and on how to improve the 2015 legislation. In the meantime, the Chief of Counter-Narcotics has committed not to prosecute nurses prescribing and dispensing morphine.

However, there remains significant barriers in medical research on controlled drugs, with little improvement since 2009. The classification of substances like LSD, MDMA, cathinone and psilocybin in Schedule I of the 1971 Convention and of cannabis in Schedules I and IV of the 1961 Convention has resulted in tight controls at national level, severely restricting their access for scientific research due to the bureaucracy associated with conducting research or clinical trials.[372] In the UK, for example, obtaining a Schedule 1 licence under the Misuse of Drugs Act to conduct scientific research takes over a year, costs around GBP 5,000 (US$ 6,500), and requires high levels of security for the research facility.[373] Obtaining the substance itself may also present difficulties as they are usually unavailable from standard chemical manufacturers. Furthermore, the fact that these substances are placed in Schedule I – and are therefore considered as dangerous with little therapeutic value – was found to be 'a powerful deterrent to grant-giving bodies', further hampering research.[374] Finally, the fear and threat of prosecution of doctors and scientists involved in such research may also act as yet another barrier.[375]

This is despite growing evidence of the potential benefits of these substances to treat a number of illnesses. Available scientific evidence, for instance, supports the potential therapeutic use of cannabis in neurological diseases[376] such as multiple sclerosis[377] and epilepsy,[378] chronic pain[379] and appetite stimulation.[380] Similarly, several studies have highlighted the possible benefits of MDMA for patients with treatment-resistant post-traumatic stress disorder, of LSD for cluster headaches, and of psilocybin for obsessive-compulsive disorder and cluster headaches, among others.[381]

It should nonetheless be recalled that 'science' may be conceptualised differently from one country to another. This issue was particularly visible in 2015

during the negotiation of CND Resolution 58/7[382] on strengthening cooperation with the scientific community on drug demand and supply reduction policies. Proposed by the Russian Federation, the resolution was the subject of concerns among civil society groups since the country's discourse around harm reduction, and OST in particular, has failed to recognise available scientific evidence of effectiveness for these interventions. Instead, the Russian Federation has long promoted its science of 'narcology', which draws its roots from Soviet Russian psychiatry.[383] In such contexts, the UNODC, WHO and other UN entities have a key leadership role to play in collating and assessing scientific evidence on drug control.

2.1.3 The right to life

2009 Political Declaration and Plan of Action

Action 22(c): 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

Action 41(c): 'Ensure that measures to control precursors and amphetamine-type stimulants are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

'Although drugs and crime kill, governments should not kill because of them', UNODC Executive Director Foreword of the 2009 Political Declaration[384]

The right to life, enshrined within Article 3 of the Universal Declaration of Human Rights,[385] Article 6 of the International Covenant on Civil and Political Rights,[386] and Article 6 of the Convention on the Rights of the Child,[387] is the precondition for the full realisation of human dignity and the effective exercise of all human rights.[388] The UN Human Rights Committee has stressed that the 'right to life…should not be interpreted narrowly and that governments should adopt "all positive measures" to "increase life expectancy"'.[389] This includes several elements, particularly a range of economic, social and cultural rights which are essential to meet the basic needs and lead a dignified life.

The death penalty for drug offences

Although the death penalty is not specifically mentioned in the 2009 Political Declaration, international human rights mechanisms and the INCB are unanimous in their conclusion that drug offences do not meet the threshold of 'most serious crimes', which are the only crimes under international law to which the death penalty may conceivably be applied.[390] However, 33 jurisdictions worldwide still prescribe capital punishment for drug-related crimes. Although only a minority execute for these offences (see Table 4),[391] since 2009 at least 3,940 people were executed for drug offences.[392] This figure is likely to amount for only a fraction of those executed because of the under-reporting and secrecy surrounding the practice in various countries – most notably China, where thousands of people are believed to have been executed for drug offences in the past decade.[393]

In addition to the serious human rights implications of such an approach, available evidence shows that the death penalty has no measurable impact on deterring involvement in drug-related offences, the prevalence of drug use and drug-related health and social harms. In fact, Asia – where most countries imposing the death penalty for drugs are located – is one of the regions where drug use overall is increasing.[394]

A growing number of human rights mechanisms, drug control bodies and governments have called for an end to the death penalty for drug offences, including the UNODC[395] and the INCB.[396] The wide opposition to capital punishment for drugs was evident during the 2016 UNGASS, where 66 member states spoke against the practice.[397] Regrettably, as in 2009, no consensus could be achieved between member states on the issue, leading to its omission from the UNGASS Outcome Document.[398]

3,940

people have been executed for drug offences over the past decade

33 jurisdictions retain the death penalty for drug-related crimes.

Credit: Juan Fernandez Ochoa, IDPC

At national level, positive trends have been documented since 2009. The number of reported executions (excluding those carried out in secret) dropped from over 600 in 2010 to 280 in 2017.[399] Countries are progressively moving away from the death penalty as a mandatory punishment for drug crimes, either by removing it from their legal system or allowing more discretion for judges when imposing the sentence (e.g. India[400] and Malaysia[401]) or by limiting its scope (e.g. Singapore[402]). Other initiatives aimed at curbing the use of the death penalty were adopted by Thailand[403] and Palestine.[404] One of the most significant developments was the amendment approved in November 2017 by Iran which raised the minimum quantity of drugs required to incur capital punishment.[405] This reform had impressive effects, with the number of executions for drug crimes dropping from 242 in 2017 (an average of one execution every 1.5 days), to just three in the first seven months of 2018.[406]

At the same time, however, some governments have revamped their war on drugs approach. In the Philippines, a bill reinstating the death penalty for a wide range of drug-related offences was approved in the House of Parliament and is now sitting in the Senate,[407] despite the fact that the reintroduction of capital punishment would also contravene the Philippines' obligations under the Second Optional Protocol to the International Covenant on Civil and Political Rights,[408] an international treaty ratified by the country in 2007 which categorically prohibits executions and commits countries to abolish the death penalty. Similar bills aimed at widening the use of the death penalty for drugs are being considered in Bangladesh[409] and Sri Lanka.[410] Furthermore, since 2009, countries which had previously abandoned or strongly limited this practice resumed executions – in particular Indonesia and Singapore[411] – while other countries, such as Saudi Arabia, continue to execute large numbers of drug offenders each year.

Extrajudicial killings of suspected drug offenders

The recent trend of targeting and killing suspected drug offenders has raised many concerns over violations to the right to life. Such practices have been reported in the Philippines (see Box 11),[412] Indonesia[413] and Bangladesh.[414] In Indonesia, the police were involved in the killing of an estimated 79 suspected drug dealers in 2017 – a sharp rise from the 14 killings recorded in 2016 and 10 killings in 2015.[415] In Bangladesh, between May and July 2018, at least 200 people were killed at the hands of the police and more than 25,000 were arrested for suspicion of involvement in the illegal drug trade.[416] The UN High Commissioner for Human Rights condemned these killings and expressed concern that marginalised communities were being particularly targeted.[417] Similarly, the approach of 'shoot to kill' while enforcing drug laws, in violation of the right to life, has been condemned by the UNODC which concluded that 'Such responses contravene the provisions of the international drug control conventions, do not serve the cause of justice, and will not help to ensure that "all people can live in health, dignity and peace, with security and prosperity"'.[418] The INCB,[419] various UN human rights bodies[420] and governments[421] also condemned the practice of extrajudicial killings as a drug control strategy.

2.1.4 The right to be free from torture and other cruel, inhuman and degrading treatment or punishment

2009 Political Declaration and Plan of Action

Action 6(a): 'Ensure that demand reduction measures respect human rights and the inherent dignity of all individuals and facilitate access for all drug users to prevention services and healthcare and social services, with a view to social reintegration'

Action 22(c): 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

The right to be free from torture and other cruel, inhuman and degrading treatment or punishment is enshrined in Article 7 of the International Covenant on Civil and Political Rights[422] and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.[423] This prohibition is absolute and non-derogable, even in time of public emergency, and can never be justified whether on the basis of 'exceptional circumstances', 'superior orders', 'necessity' or other reason. In 2009, member states committed to ensure that both demand reduction and supply reduction measures would respect human rights. However, a large number of human rights violations associated with drug control efforts have been documented by the UN and civil society between 2009 and 2018. Perhaps in response to these abuses, in 2016 member states committed to 'uphold the prohibition of…torture and other cruel, inhuman

Box 11 Extrajudicial killings in the Philippines

While campaigning for the Philippines' presidential election in 2016, Rodrigo Duterte committed to launch a war against drugs that featured killing people suspected of using or supplying drugs, which he justified to the public by the extensive level of drug-related activities in the country. On the day of his inauguration as president on 31 July 2016, he made a plea to the people: 'If you know of any addicts, go ahead and kill them yourself as getting their parents to do it would be too painful'.[424] He also encouraged the police to kill drug offenders and promised them immunity.[425]

According to the Philippines government, 4,075 'drug personalities' were killed by security forces during drug law enforcement operations in the period 1 July 2016 to 20 March 2018.[426] The Philippine National Police reported that an additional 22,983 people were killed from 1 July 2016 to 21 May 2018 – this represents at least 33 people killed each day during this period, in cases classified as 'deaths under inquiry'.[427] In total, this amounts to over 27,000 people killed since 1 July 2016.[428] Recognising that the reported numbers of people killed are disputed by some NGOs, a project supporting multidisciplinary and evidence-based research on the drug control campaign in the Philippines known as the 'Drug Archive' has collated and analysed data on verified cases of killings from 10 May 2016 to 28 September 2017, which represent only a fraction of the killings.[429]

During the first 15 months of the Duterte presidency, there were only 19 days where no deaths were reported in the media, including four days in February 2017 after the Philippines National Police drug law enforcement operations were suspended following the kidnapping and murder of a South Korean businessman; and five days in August 2017 after public outrage against the killing of 17-year old Kian delos Santos, where CCTV footage showed him being dragged away by police then shot to death in an alley.[430]

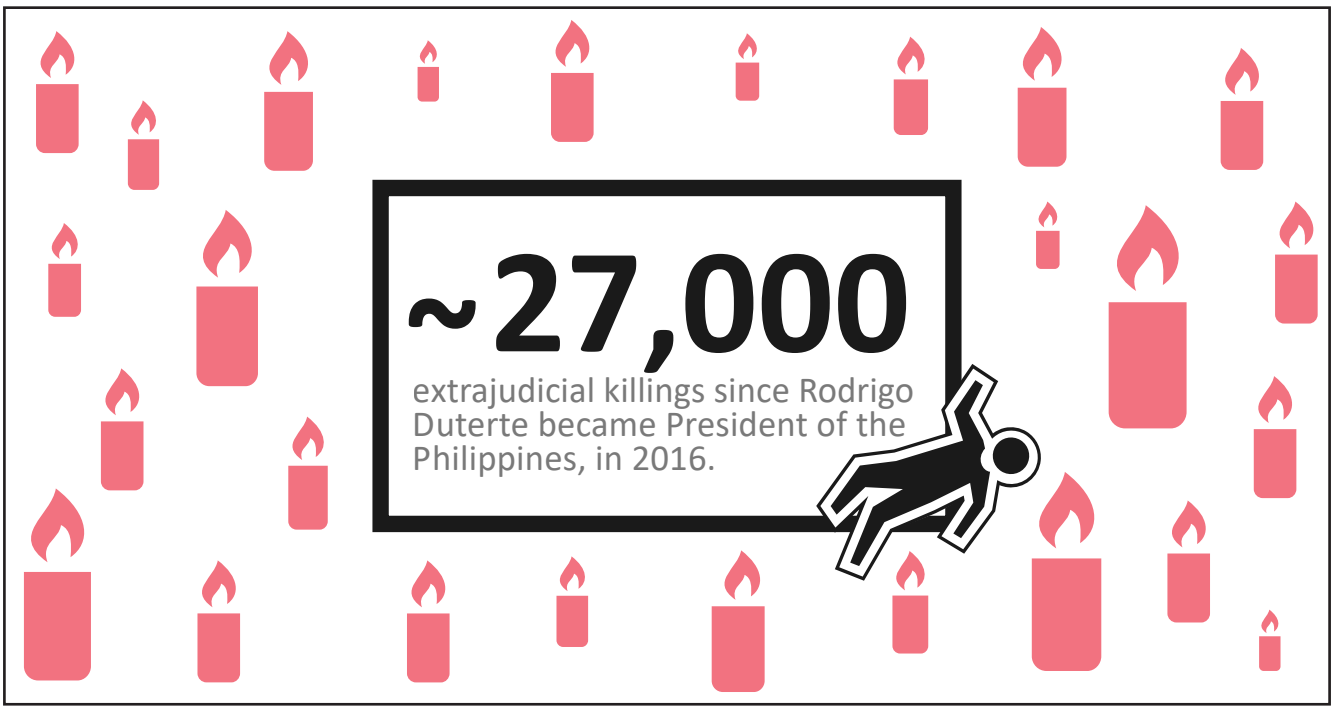
Reports from civil society organisations also unveiled a network of links between state authorities and unidentified armed persons, and under-the-table payments to police to kill suspects. In addition, 'drug watch lists', used to identify people suspected of using or selling drugs, have acted as unsubstantiated blacklists, in violation of the right of due process.[431]

Despite the thousands of people unlawfully killed in police operations or cases of 'deaths under inquiry', as of September 2017 the Philippines Department of Justice reported that prosecutors had only filed 19 murder and homicide cases nationwide in connection with the government's war on drugs, with no convictions.[432] The UN High Commissioner for Human Rights has condemned the impunity for extrajudicial killings related to the Philippines' war on drugs, as well as the ongoing threats by Duterte against people suspected of drug-related activities and people working to uphold and protect human rights (including national and international human rights defenders such as Senator Leila de Lima,[433] the Philippines Commission on Human Rights and the UN Special Rapporteur on extrajudicial, summary or arbitrary executions).[434]

According to civil society organisations, this wave of deliberate and widespread extrajudicial executions, which appear to be systematic, planned and organised by the authorities, may constitute crimes against humanity. In February 2018, the International Criminal Court opened a preliminary examination into whether crimes against humanity had been committed in the Philippines' war on drugs,[435] prompting President Duterte to announce, a few weeks later, that the Philippines would withdraw from the Rome Statute.[436]

Memorial during the 2017 Support. Don't Punish Global Day of Action

Credit: Support. Don't Punish



Credit: Juan Fernandez Ochoa, IDPC

or degrading treatment or punishment' within the UNGASS Outcome Document.[437]

Corporal punishment for drug offences

Under the laws and religious practices of several countries, criminal courts and/or administrative bodies may impose corporal punishment for a number of drug offences, either as the main sanction or in addition to a prison sentence. The offences range from simple drug use, to possession of certain amounts of drugs and drug trafficking. Corporal punishments can include caning, whipping, lashing, flogging, stoning and bodily mutilation. Such practices have been reported in Brunei Darussalam, Indonesia, Iran, Malaysia, the Maldives, Nigeria, Saudi Arabia, Singapore, the United Arab Emirates and Yemen.[438] Brunei Darussalam, Malaysia, Saudi Arabia and Singapore were also reported to use corporal punishment on children.[439] The intensity of application of corporal punishment varies from country to country, with Singapore and Malaysia being some of the most active states in the number of cases for which corporal punishment is applied.[440] This practice has been condemned by UN human rights bodies and entities as amounting to cruel, inhuman and degrading punishment and contravenes the absolute prohibition of torture.[441]

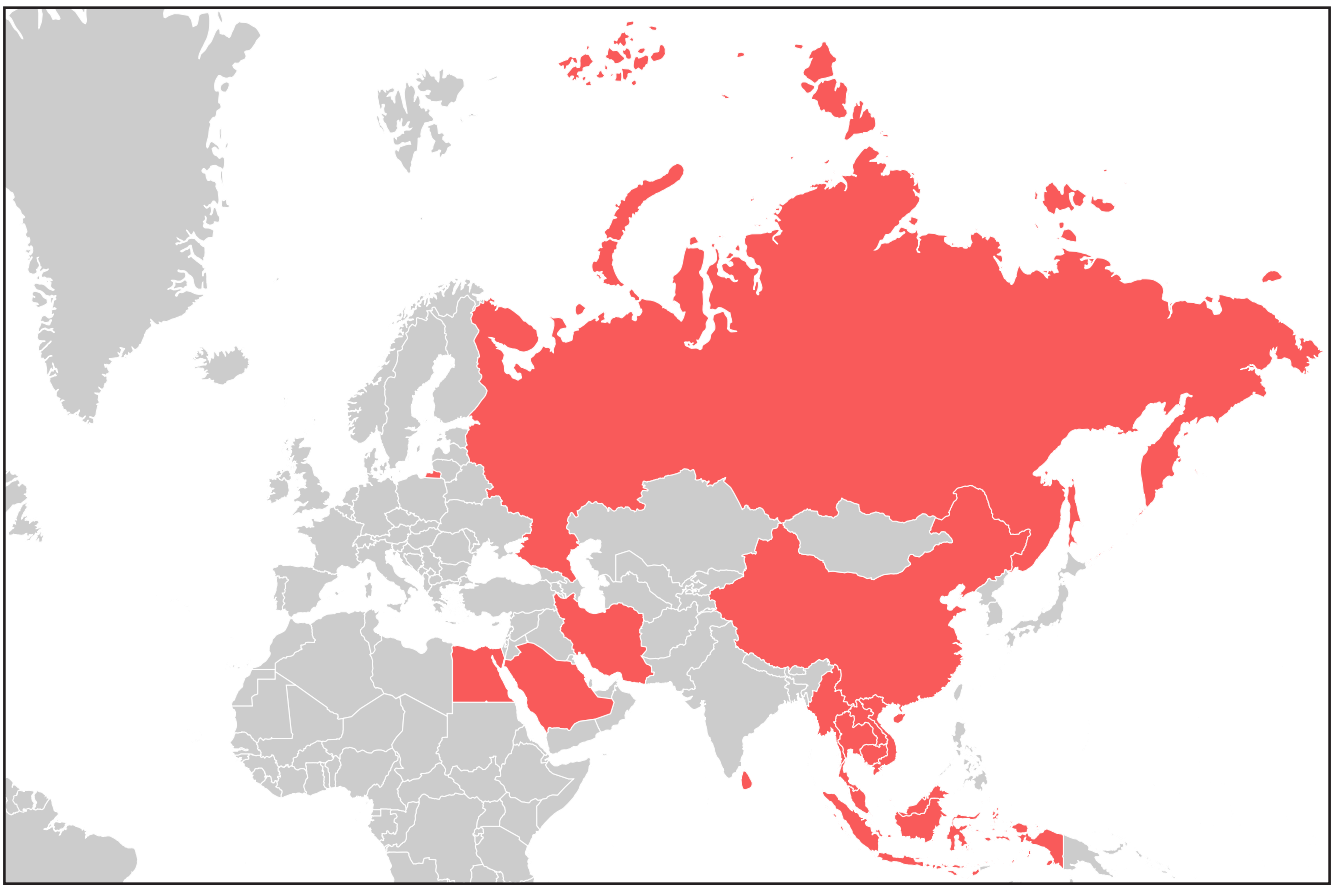
Compulsory detention as 'treatment'

In 2012, 12 UN entities – including the UNODC, WHO, UNAIDS, UNICEF, UN Women, OHCHR and others – called for the closure of compulsory drug detention centres, concluding that they 'raise human rights issues and threaten the health of detainees, including through increased vulnerability to HIV and tuberculosis (TB) infection'.[442] The UN Working Group on Arbitrary Detention found that compulsory detention regimes for the purposes of drug 'rehabilitation' through confinement or forced labour are inherently arbitrary.[443]

However, various countries retain this practice today: Brunei Darussalam, Cambodia, China, Egypt, Indonesia, Iran, Lao PDR, Malaysia, Myanmar, Russia, Saudi Arabia, Singapore, Sri Lanka, Thailand and Vietnam (see Figure 7).[444] Several Latin American and Caribbean countries also use some form of compulsory detention, although these practices are generally not sanctioned by national laws and are often run by private actors, including by religious groups and other non-governmental organisations with little or no supervision by state authorities. This is the case in Brazil, the Dominican Republic, Ecuador, Guatemala, Mexico, Peru and Puerto Rico.[445] Numerous studies from NGOs, UN agencies and academics have reported widespread cases of human rights violations associated with compulsory detention, including lack of due process, inhuman, cruel and degrading treatment (including beatings, whipping and flogging) sometimes amounting to torture, arduous physical exercises, forced labour, denial of medical treatment, imposition of unscientific and abusive methods of 'treatment', and humiliation of various kinds.[446]

In 2015, the UNODC issued a discussion paper providing recommendations to support member states to transition from compulsory detention to

Figure 7. Map of countries officially (including by law) engaged in compulsory detention of people who use drugs



Credit: Juan Fernandez Ochoa, IDPC

voluntary community-based treatment.[447] The UN Special Rapporteur on the right to health has highlighted the mounting evidence that healthcare and support in community settings yield better health outcomes, particularly for marginalised groups.[448] However, little progress has been made to close down the centres since 2009.

Violence and ill-treatment by law enforcement agencies

In various countries around the world, UN entities and civil society organisations have documented widespread cases of violence, excessive use of force and ill-treatment of people who use drugs and drug offenders at the hands of the police or the military. Furthermore, in several contexts the police have adopted militarised drug law enforcement strategies, including through training, equipment and techniques to dismantle the illegal drug market. This has been the case, for instance, in countries like Argentina, Brazil and Mexico, where the armed forces are granted increasing powers to tackle the drug trade, resulting in an exacerbation of violence.

In the midst of Mexico's drug war, between 2011 and mid-2014, 3,260 complaints of torture, enforced disappearances and other human rights violations have been attributed to the armed forces – with only a handful being investigated.[449] In 2010, the Special Rapporteur on Torture reported that in Indonesia drug offenders were tortured, including through beatings, to provide information about their drug suppliers.[450] Another study found that people who use drugs in Russia were regular victims of physical violence, ill-treatment and rape at the hands of law enforcement officers to obtain information and 'facilitate "confession"'.[451] The UN Special Rapporteur on Torture also documented cases of people dependent on drugs being denied OST 'as a way of eliciting criminal confessions through inducing painful withdrawal symptoms', which is recognised as a form of torture.[452] The UN Committee against Torture has recently raised concerns over this practice.[453] Additional studies found that women are particularly at risk of physical and mental abuse at the hands of the police.[454] In Zimbabwe[455] and Mexico[456] for example, women who use drugs are regularly asked for sexual favour by the police in exchange for their release.

Credit: 2011 Private, Human Rights Watch

Table 4. Global overview of sanctions against drug offenders that contravene human rights[457]

	Forced urine testing for traces of drug use	Compulsory registration of people who use drugs	Duty to report drug use to third parties	Compulsory detention centres for people who use drugs	Corporal punishment for drug offenders	Death penalty for drug offences			
						High application	Low application	Symbolic application	Insufficient data
Azerbaijan	✕	✕							
Bangladesh	✕							✕	
Bahrein								✕	
Brunei D		✕		✕	✕			✕	
Cambodia	✕	✕		✕					
China	✕	✕		✕		✕			
Cuba								✕	
Egypt				✕			✕		
Georgia	✕								
India		✕						✕	
Indonesia	✕	✕	✕	✕	✕	✕			
Iran	✕			✕	✕	✕			
Iraq							✕		
Japan		✕							
Kazakhstan	✕	✕							
Kuwait								✕	
Kyrgyzstan	✕	✕							
Lao PDR	✕	✕		✕				✕	
Libya									✕
Malaysia	✕	✕		✕	✕	✕			
The Maldives					✕				
Myanmar	✕	✕		✕				✕	
Nigeria					✕				
North Korea									✕
Oman								✕	
Pakistan	✕	✕					✕		
Palestine							✕		
Philippines	✕		✕						
Qatar								✕	
Russia				✕					
Saudi Arabia				✕	✕	✕			
Singapore	✕			✕	✕	✕			
South Korea	✕							✕	
South Sudan								✕	
Sudan								✕	
Syria									✕
Sri Lanka	✕			✕				✕	
Taiwan							✕		
Tajikistan	✕	✕							
Thailand	✕			✕			✕		
Turkey	✕								
Turkmenistan	✕	✕							
Vietnam	✕		✕	✕		✕			
UAE								✕	
United States								✕	
Uzbekistan	✕	✕							
Yemen									✕

Note that the list of countries for each category may not be exhaustive

2.1.5 The right to liberty and to be free from arbitrary detention

2009 Political Declaration and Plan of Action

Action 6(a): 'Ensure that demand reduction measures respect human rights and the inherent dignity of all individuals and facilitate access for all drug users to prevention services and health-care and social services, with a view to social reintegration'

Action 15(a): 'Working within their legal frameworks and in compliance with applicable international law, consider allowing the full implementation of drug dependence treatment and care options for offenders, in particular, when appropriate, providing treatment as an alternative to incarceration'

Action 22(c): 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

According to Article 9 of the International Covenant on Civil and Political Rights,[458] the right to liberty entails that no one shall be subjected to arbitrary arrest or detention, and that no one shall be deprived of their liberty except on such grounds and in accordance with such procedure as are established by law.[459] Under the right to liberty, people who are arrested must be informed of the reasons of their arrest and notified of their rights at time of arrest, and must be brought promptly before the judge. Everyone deprived of their liberty has the right to challenge the lawfulness of their detention before a court, and a person unlawfully detained has the right to reparation, including compensation.

The UN Working Group on Arbitrary Detention found various instances in which people who use drugs were particularly at risk of arbitrary detention,[460] and declared that compulsory detention for the purpose of drug 'rehabilitation' was 'inherently arbitrary'.[461] Civil society studies have supported these findings. A report on Russia, for instance, found that people who use drugs were regularly victims of arbitrary arrest, planting of evidence to expedite arrest and extortion of money or drugs for police gains.[462] In response, a person who uses drugs in Russia brought his complaint of arbitrary detention all the way to the UN Working Group on Arbitrary Detention (in the case of Matveev v. Russian Federation) which concluded that Russia had violated his rights under the International Covenant on Civil and Political Rights.[463] In Cambodia, the drug war launched in January 2017 has resulted in 17,700 people arrested for suspected drug activities – an 80% increase from the previous year.[464] In Bangladesh, more than 13,000 people wer e arrested between May and June 2018.[465]

The UN Working Group on Arbitrary Detention also concluded that 'the right to liberty of persons in Article 9 of the International Covenant on Civil and Political Rights requires that states should have recourse to deprivation of liberty only insofar as it is necessary to meet a pressing societal need, and in a manner proportionate to that need'. Regarding pretrial detention, the Working Group 'noted with concern the practice of over-incarceration…as well as the factors that lead to over-incarceration, including detainees' ethnic or social origin, poverty and social marginalization'.[466] According to international human rights law and standards, pre-trial detention must be an exceptional measure and based on an individualised determination that it is reasonable and necessary only when there is a substantial risk of flight, harm to others or interference with the evidence or investigation that cannot be allayed by other means. The UN Human Rights Committee has further established that pre-trial detention should not be mandatory for any particular crime nor should it be ordered for a period based on the potential sentence.[467]

The same year, the UN CCPCJ estimated that one in five prisoners worldwide was incarcerated for a drug offence.[468] In various regions, women have been particularly affected, with over half of women in prison being incarcerated for drug offences. Although they continue to represent a small proportion of the general population, female prisoners are the fastest growing prison population, and this is driven by overly punitive drug laws (see Box 12).[469] The UN CCPCJ also concluded that the overwhelming majority of all drug offences recorded by law enforcements were drug possession offences.[i] The rest are generally accused of low-level dealing and micro-trafficking, with a minor proportion imprisoned for high-level, violent drug offences. In Colombia, for example, only about 2% of all prisoners convicted of drug offences are medium to high-ranking figures.[470]

1 in 5
prisoners worldwide are incarcerated for **drug offences**

In some parts of the world, **over 80% of women** incarcerated are serving sentences for drug-related offences.

~21%
serve sentences for drug possession for personal use

Credit: Juan Fernandez Ochoa, IDPC

These minor, non-violent drug offences are often punished with longer prison sentences than for violent offences such as rape or murder. In Bolivia, for example, the maximum penalty for drug trafficking is 25 years, compared to 20 years for homicide and 15 years for rape.[471] In various countries, drug laws and criminal codes impose mandatory minimum sentences for drug offences, preventing any flexibility on the part of the judge to impose less severe punishment for first-time, non-violent offences. The disproportionate nature of criminal sanctions for drug offences not only violates the right to liberty; it can also undermine the rule of law where criminal systems have to absorb a high number of minor offences instead of focusing scarce resources on crimes that have a higher impact on society. Over-incarceration for drug offences can also exacerbate poverty and marginalisation, as many people involved in low-level dealing or micro-trafficking are in a situation of vulnerability (see Box 12).

The sheer number of people incarcerated for drug offences, as well as the proportion of people held in pre-trial detention for drug crimes, have contributed to severe prison overcrowding and dire conditions in detention in many parts of the world – with little progress made to tackle this phenomenon since 2009. In 2015, the OHCHR raised concerns over 'reports of persons detained for drug-related offences not being registered or promptly brought before a judge', adding that 'In some States…an arrested person suspected of a drug-related offence can be kept in custody without being charged for a substantially longer time than a person detained for other offences can be'.[472] In countries like Bolivia, Brazil, Ecuador and Mexico, for example, pre-trial detention is mandatory for all drug offences, whether of minor or high-level nature, and people can await trial for months up to several years.[473] This runs counter to the recommendations by the UN Working Group on Arbitrary Detention to 'ensure that persons are not held in pretrial detention for periods longer than those prescribed by law or proportionate, and *that they are promptly brought before a judge*' (emphasis added).[474] The principles of proportionality of sentencing and of alternatives to incarceration are welcome additions within the UNGASS Outcome

Credit: Adam Schaffer, WOLA

Box 12 The mass incarceration of women for drug offences in Latin America

The 2009 Political Declaration and Plan of Action each have only one reference to women, and neither acknowledges the growing incarceration of women for drug-related offences. According to the World Female Imprisonment List, more than 714,000 women and girls are currently being held in penal institutions worldwide.[476] The number of women and girls in prison has increased by 53% between mid-2000 and mid-2016, a period in which the global male prison population increased by only 20%.[477] In the most extreme example of Brazil, the country's female prison population increased by 342% between 2000 and 2016[478] and women incarcerated for drug offences account for about 60% of the total female prison population.[479] The highest levels of incarceration of women, however, can be found in East and South East Asia, where the mass incarceration of individuals charged with low-level, non-violent drug offences has led to severe prison overcrowding. As of 2015, over 47,000 women were behind bars in Thailand, 80% of whom were convicted of drug offences.[480]

In Latin America, most women are arrested for first time, non-violent, low-level but high-risk drug-related activities, such as small-scale drug dealing or transporting drugs, or for simple drug use – and generally engage in illegal drug activities because of poverty, lack of opportunities and/or coercion. They often have little or no education and live in conditions of poverty. A large number are single mothers, and the sole care provider of their children because of entrenched gender norms.[481] They may also need harm reduction or treatment services for drug dependence, mental health issues or physical problems, which are often hard to access in prison. Most have suffered some form of sexual violence before and/or during their incarceration.[482] Their incarceration can have severe and long-lasting consequences not only for themselves, but also for their families and communities.[483]

The 'UN Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders' (the Bangkok Rules), adopted in December 2010 by the UN General Assembly, were instrumental in recognising the specific characteristics and needs of women deprived of their liberty.[484] Those rules, as well as reports from the UN Special Rapporteur on violence against women[485] and the Committee on the Elimination of all forms of Discrimination against Women,[486] have called upon governments to develop gender-sensitive alternatives to incarceration. In Vienna, it was not until March 2016 that the CND adopted a landmark resolution (Resolution 59/5) on 'Mainstreaming a gender perspective in drug-related policies and programmes', which recognised the many risks faced by women in the illegal drug trade and called on member states to adopt gender-sensitive drug policies and programmes.[487] The UNGASS Outcome Document was a significant step forward on gender issues, by highlighting the importance of promoting gender-sensitive drug policies, and recognising both the particular vulnerabilities and specific needs of women in primary care and treatment programmes, as well as within the criminal justice system. With regards to incarceration, operational paragraph 4.n encourages 'the taking into account of the specific needs and possible multiple vulnerabilities of women drug offenders when imprisoned', in line with the Bangkok Rules.[488]

Nationally, since 2009 only a handful of countries have adopted gender sensitive policies to address the high rates of incarceration of women for drug offences. Today, there is an urgent need to ensure proportionate penalties for drug offences, allowing for the consideration of mitigating factors such as socio-economic marginalisation, being the sole care provider of dependents, and drug dependence, and make better use of gender-sensitive alternatives to incarceration for minor offenders.

2.1.6 The right to a fair trial and due process

2009 Political Declaration and Plan of Action

Action 6(a): 'Ensure that demand reduction measures respect human rights and the inherent dignity of all individuals and facilitate access for all drug users to prevention services and health-care and social services, with a view to social reintegration'

Action 22(c): 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

Action 41(c): 'Ensure that measures to control precursors and amphetamine-type stimulants are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

The right to due process and a fair trial – protected in Article 10 of the Universal Declaration of Human Rights[489] and Articles 14 and 16 of the International Covenant on Civil and Political Rights[490] – includes the right to a fair and public hearing by a competent, independent and impartial tribunal established by law; to be presumed innocent until proven guilty; to be tried without delay; to access interpreters, consular assistance and legal aid; and to receive prompt and detailed information and legal assistance in a language and format that is accessible.

The recognition, in the UNGASS Outcome Document, of the need to 'Promote and implement effective criminal justice responses to drug-related crimes to bring perpetrators to justice that ensure legal guarantees and due process safeguards…and ensure timely access to legal aid and the right to a fair trial'[491] has been a significant step forward in ensuring more human rights protections in demand and supply reduction strategies. This operational recommendation is particularly relevant in light of the recent surge in extrajudicial killings of people suspected of engaging in illegal drug activities in South and South East Asia. The UN High Commissioner for Human Rights characterised this practice as 'dangerous…and indicative of a total disregard for the rule of law'.[492] The compulsory detention of people who use drugs also raises concerns over the lack of due process associated with this practice.[493]

In less extreme cases, the right to a fair trial and due process is hampered in a number of ways for people accused of drug offences. The OHCHR, for instance, reported country cases where a person is automatically presumed guilty of drug trafficking in specific conditions, thereby reversing the burden of proof in criminal proceedings.[494] In several countries, trials rely on statements made under coercion during police investigation.[495] In other cases, investigations, arrests and house searches are conducted without judicial authorisation and with reports of incommunicado detention without charges.[496]

2.1.7 The rights of indigenous peoples

2009 Political Declaration and Plan of Action

Action 22(e): 'Promote supply reduction measures that take due account of traditional licit uses, where there is historical evidence of such use, as well as environmental protection, in conformity with the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988'

The UN Declaration on the Rights of Indigenous Peoples (UNDRIP), adopted in 2007, reinforces the basic cultural rights embedded in Article 27 the Universal Declaration of Human Rights[497] and Article 15 of the 1966 International Covenant on Economic, Social and Cultural Rights.[498] In particular, it establishes that indigenous peoples have the right not to be subjected to forced assimilation or destruction of their culture (Article 8); to practice and revitalise their cultural traditions and customs (Article 11); to be secure in the enjoyment of their own means of subsistence and development and to engage freely in all their traditional and other economic activities (Article 20); and to maintain, control, protect and develop their cultural heritage (Article 31).[499] According to Julian Burger, former coordinator of the OHCHR Indigenous Peoples and Minorities Unit, this 'gives indigenous peoples the possibility of continuing to produce crops and plants that they have traditionally grown for their own religious, medicinal, or customary purposes, and which constitute a part of their cultural practice and identity'.[500]

Credit: Caroline S. Conzelman

Aymara women collectively harvesting coca in Bolivia's Nor Yungas province

Perhaps as a result of the inherent contradictions between indigenous rights and the international drug control regime (see Box 13), only a handful of member states have adopted laws and regulations to protect the rights of indigenous groups to grow and use controlled substances. The most emblematic example is Bolivia's constitutional protection of the traditional use of the coca leaf. Other examples include the protection of coca use among indigenous communities in Colombia, Peru and Argentina;[501] the 2015 legislation in Jamaica allowing the religious use of cannabis among the Rastafari;[502] ayahuasca use for traditional and religious purposes in Brazil, Peru, Colombia and Canada (in the latter, limited to the Ceu do Montreal religious group); the ancestral use of peyote among Native Americans in the USA; and the traditional use of khat in Ethiopia, Somalia and Yemen.[503]

The 1989 Indigenous and Tribal Peoples Convention (No. 169) also enshrines indigenous peoples' right to free prior and informed consent in all matters that affect them.[504] In practice, drug control strategies in indigenous peoples' lands have largely been designed and implemented without consultations with local communities, and have mostly consisted in forced crop eradication campaigns, as will be further discussed below.

2.1.8 The right to be free from discrimination

2009 Political Declaration and Plan of Action

Action 2(g): 'Develop and implement, in cooperation with international and regional agencies, a sound and long-term advocacy strategy, including harnessing the power of communication media, aimed at reducing discrimination that may be associated with substance abuse, promoting the concept of drug dependence as a multifactorial health and social problem and raising awareness, where appropriate, of interventions based on scientific evidence that are both effective and cost-effective'

The right to be free from discrimination is recognised in the Universal Declaration of Human Rights,[505] the International Covenant on Civil and Political Rights,[506] the International Covenant on Economic, Social and Cultural Rights,[507] as well as the International Convention on the Elimination of All Forms of Racial Discrimination,[508] the Convention on the Elimination of All forms of Discrimination Against Women[509] and the Convention on the Rights of Persons with Disabilities.[510]

Box 13 Addressing the tensions between the rights of indigenous groups and UN drug control obligations

There is an undeniable conflict between the obligations imposed by the UN drug control system and indigenous rights – which is reflected in action 22(e). When the UN drug control regime was established, the rights of indigenous peoples had not yet acquired the international legal recognition that they have today. Indigenous peoples had no say at all in the negotiation of the drug treaties, while today consultation and consent are accepted principles for all matters of law and policy that impact indigenous peoples.

The Single Convention allowed 'transitional reservations' for the traditional uses of opium, coca leaf and cannabis (Article 49), but by December 1989 the chewing of coca leaf, the use of cannabis in religious ceremonies, and all other non-medical indigenous practices involving these plants were to be abolished. The 1971 Convention on Psychotropic Substances addresses another range of substances and departs slightly from the zero-tolerance regime imposed for 'narcotic drugs' by leaving legal space for the use of 'psychotropic substances' in religious ceremonies, specifically for the peyote cactus, hallucinogenic mushrooms and ayahuasca (Article 32.4). More importantly, plants containing psychotropic substances were not brought under international control; only the extracted alkaloids are included in the 1971 Schedules.[511]

Subsequent diplomatic efforts led to the inclusion of Article 14.2 in the 1988 Convention stating that measures to eradicate the cultivation of coca, opium poppy and cannabis 'shall respect fundamental human rights and shall take due account of traditional licit uses, where there is historic evidence of such use'. However, the same article specifies that any measures under the 1988 Convention 'shall not be less stringent than the provisions applicable to the eradication of illicit cultivation of plants containing narcotic and psychotropic substances' under the 1961 and 1971 treaties (an obligation further reinforced by Article 25[512]). Therefore, while the insertion of the first and only mention of human rights across the three drug conventions was politically significant, its legal standing remains contentious.

Although the 2009 Political Declaration was adopted only two years after the adoption of the UNDRIP, it made no mention of it and kept with the contradictions enshrined in the 1988 Convention. At the same time the Political Declaration was being adopted, the UN Permanent Forum on Indigenous Issues ruled that certain provisions of the 1961 Convention were 'inconsistent with the rights of indigenous peoples to maintain their traditional health and cultural practices' and recommended that those treaty articles 'be amended and/or repealed'.[513] In 2016, whilst referring briefly to UNDRIP, the UNGASS Outcome Document once again failed to address the contradictions between indigenous rights and international drug control obligations.[514] In his UNGASS statement, the UN High Commissioner for Human Rights, Zeid Ra'ad Al Hussein, stated that the language regarding indigenous rights in the 2016 document was 'ambiguous', concluding that 'it would have been better if it were clearly indicated that indigenous peoples should be allowed to use drugs in their traditional, cultural or religious practices when there is historical basis for this'.[515]

The high level of stigma and discrimination people who use drugs are facing severely hampers their access to life-saving services and increases their risks of contracting infections. Data suggests that women who use drugs are particularly vulnerable to stigma and discrimination as they are seen as breaking with the traditional image of the woman as a care giver.[516] An additional layer of discrimination exists for people of colour. In the UK, for instance, it is estimated that black people are nine times more likely to be stopped and searched than white people, even though their prevalence of drug use is lower than for white people.[517]

In recognition of these issues, the UN released a joint statement on 'ending discrimination in healthcare settings' in 2017, calling on member states to review and strengthen their drug laws to prohibit discrimination in the provision of healthcare, repeal punitive laws that have negative health outcomes, including the criminalisation of drug use and possession of drugs for personal use, and strengthen

policies, regulations and standards related to the prevention of discrimination on all grounds in healthcare settings.[518] It is worth noting here that the UNODC is not among the 12 signatory UN agencies and entities. In 2018, the CND adopted its first ever resolution on the need to address the stigma associated with drug use: Resolution 61/11 'Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users'.[519]

Although limited to a small number of countries, several interventions have recently been developed with a focus on reducing stigma and improving access to healthcare. The 'Stop the Stigma' campaign, launched by Citywide Drug Crisis in Ireland, uses information sharing to break down stigma and promote respect and dignity for people who use drugs, support community programmes, understand the complexity of dependence and end the criminalisation of people who use drugs.[520] Similarly, the Vancouver Canucks hockey team and the provincial Ministry of Mental Health and Addictions launched the 'Stop overdose' campaign in 2018 in the Province of British Columbia, Canada. As part of this programme, US$ 322 million are being invested over three years to reduce stigma, show the human face of people who use drugs and provide a health and social response to drug use.[521]

2.2 Promoting peace and security

Following the devastation of the Second World War, one of the core goals of the UN in 1945 was to maintain international peace and security. The UN and its member states aimed to achieve this objective by working to prevent conflict, helping parties in conflict to make peace, peacekeeping, and creating the conditions to allow peace to hold and flourish. This section will assess how drug control in the past decade has contributed to promoting and consolidating peace and security worldwide.

2.2.1 The 'balloon effect' and escalating levels of violence

2009 Political Declaration and Plan of Action

Action 22(c): 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

Action 24(g): 'Implement strategies to disrupt and dismantle major organizations involved in trafficking in narcotic drugs and psychotropic substances and to address emerging trends'

Strategies aiming to dismantle major trafficking hubs and routes, cultivation areas or eradicate a certain substance have generally resulted in market changes, rather than an overall reduction in illegal drug activities globally. The phenomena of 'geographical' and 'substance' displacement resulting from drug control operations had already been identified in the 2008 World Drug Report, and data collected by the UNODC between 2009 and 2018 have confirmed this trend. For instance, crackdowns on opium have led to reductions in cultivation in South East Asia, but opium cultivation has surged in Afghanistan which is now producing 86% of the world's opium (see Box 14).[522] Opium cultivation also went up in Mexico, which is the main supplier for the growing US heroin market.[523] Meanwhile, people who use drugs in East and South East Asia have been drawn towards pharmaceutical opioids and ATS which are often more available than heroin.[524]

Similarly, in the Andean region, while Bolivia has seen a consistent reduction in coca cultivation since 2009, production has largely increased in Colombia since 2014 – and overall, the global area cultivated has increased by 30% between 2009 and 2016 (see Figure 9). Drug control operations to shut down retail markets for substances like cocaine, ecstasy, heroin and cannabis in Europe and North America have also led to hundreds of synthetic NPS flooding onto the market – with increasing levels of overall drug use[525] and, in some cases, elevated levels of drug-related harm compared to more traditional drugs.

Instead of redressing this situation, policing and militarised drug control campaigns have generally

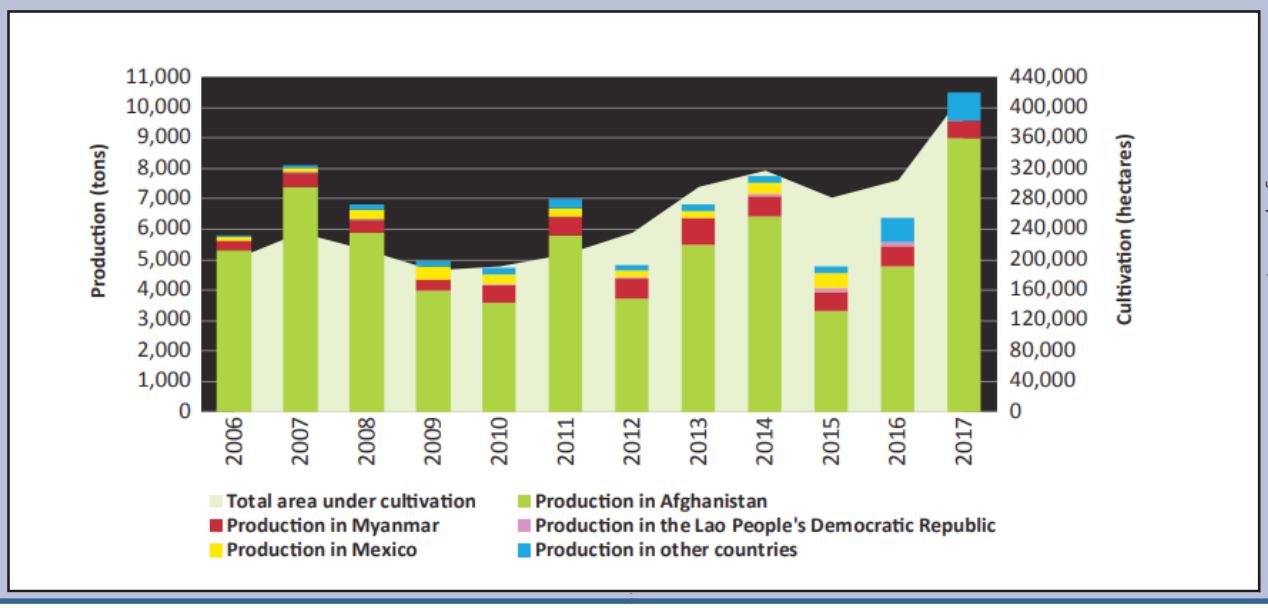
Credit: Juan Fernandez Ochoa, IDPC

Box 14 Unprecedented levels of opium cultivation in Afghanistan

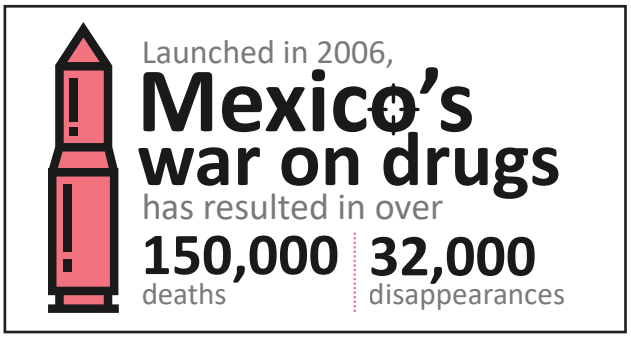
When the Political Declaration and its Plan of Action were devised in 2009, Afghan poppy cultivation stood at 123,000 hectares and potential opium production at 6,900 tons.[526] According to the latest annual report produced by the UNODC and the Afghan Ministry of Counter Narcotics, the opium industry reached unprecedented levels in 2017, with an area of 328,000 hectares under cultivation and potential opium production up to 9,000 tons (see Figure 8).[527] Cultivation of poppy increased by 63% since 2016 and passed the previous highest level (in 2014) by 46%, or 104,000 hectares. Potential production of opium increased by 87% between 2016 and 2017. This is despite sustained and intensive intervention on the part of the international community – including regular CND resolutions on the issue[528] – and the Afghan government to curb opium cultivation over the past decade.

The failure to curb illegal opium cultivation in Afghanistan can be explained by a number of reasons. First and perhaps most importantly, the rise in illegal cultivation reflects the progressive erosion of the Afghan government control, influence and presence in recent years, and the continued and the progressive deterioration in security and political uncertainty in the aftermath of the 2014 presidential election.[529] Secondly, the global demand for drugs derived from opium has continued to drive production in the country, especially with the decline in opium poppy cultivation in the Golden Triangle region (Thailand, Myanmar and Lao PDR). Thirdly, drug control efforts in the country have mainly consisted of alternative development programmes focused on crop eradication and the replacement of opium poppy with other licit crops (e.g. wheat) – but with limited success as the country's climate makes it well suited for poppy cultivation relative to other crops. In the absence of more lucrative alternatives, and with the reduction in international aid for broader socio-economic development in rural areas, opium production remains at the heart of the Afghan economy with thousands of families relying on it to survive.[530] In its 2018 World Drug Report, the UNODC concluded that the large-scale production of opiates was likely to 'fuel further instability and insurgency and increase funding to terrorist groups in Afghanistan', and to further 'constrain the development of the licit economy and potentially fuel corruption'.[531] However, the UNODC pointed out elsewhere that the opium economy also stimulated the wider, licit rural economy as 'Afghan farmers purchase food, have medical expenses, and purchase daily needs products. These expenses – paid from opium money – benefited local bakers, butchers and other small-scale businesses in rural Afghanistan'.[532] Tackling the illegal cultivation of opium in the country therefore necessitates a thorough understanding of these complex development and peacekeeping dynamics.

Figure 8. Evolution in opium poppy cultivation and opium production, 2006-2017[533]



Credit: UNODC World Drug Report 2018, Booklet 3



Credit: Juan Fernandez Ochoa, IDPC

undermined peace and security. The emergence of new trafficking routes in developing or fragile states where governance is weak has contributed to destabilising affected countries, undermining the rule of law and facilitating high-level corruption. This has been observed in several West African countries, with Mali, Niger, Nigeria and Guinea-Bissau now recognised as major trafficking hubs, where the collusion between high-level officials and drug traffickers constitutes a major threat to security, governance and development.[534] In South East Asia, punitive drug control policies aiming at curbing the expanding market for ATS have translated into an escalation in violence and human rights abuses, including extrajudicial killings. On the other side of the world, Mexico launched a militarised war on drugs in 2006, which has caused over 150,000 drug trade-related deaths[535] and more than 32,000 disappearances.[536] Between 2011 and 2015, 282,300 people were internally displaced as a consequence of violence,[537] and 12,120 drug-related kidnappings were reported between 2009 and April 2018.[538] In Brazil, violent encounters between drug traffickers and security forces in Rio's favelas have led to 5,400 killings between 2009 and 2016.[539] In Colombia, forced crop eradication campaigns have led to violent clashes with the police and the military and millions of people internally displaced (see Box 15).[540]

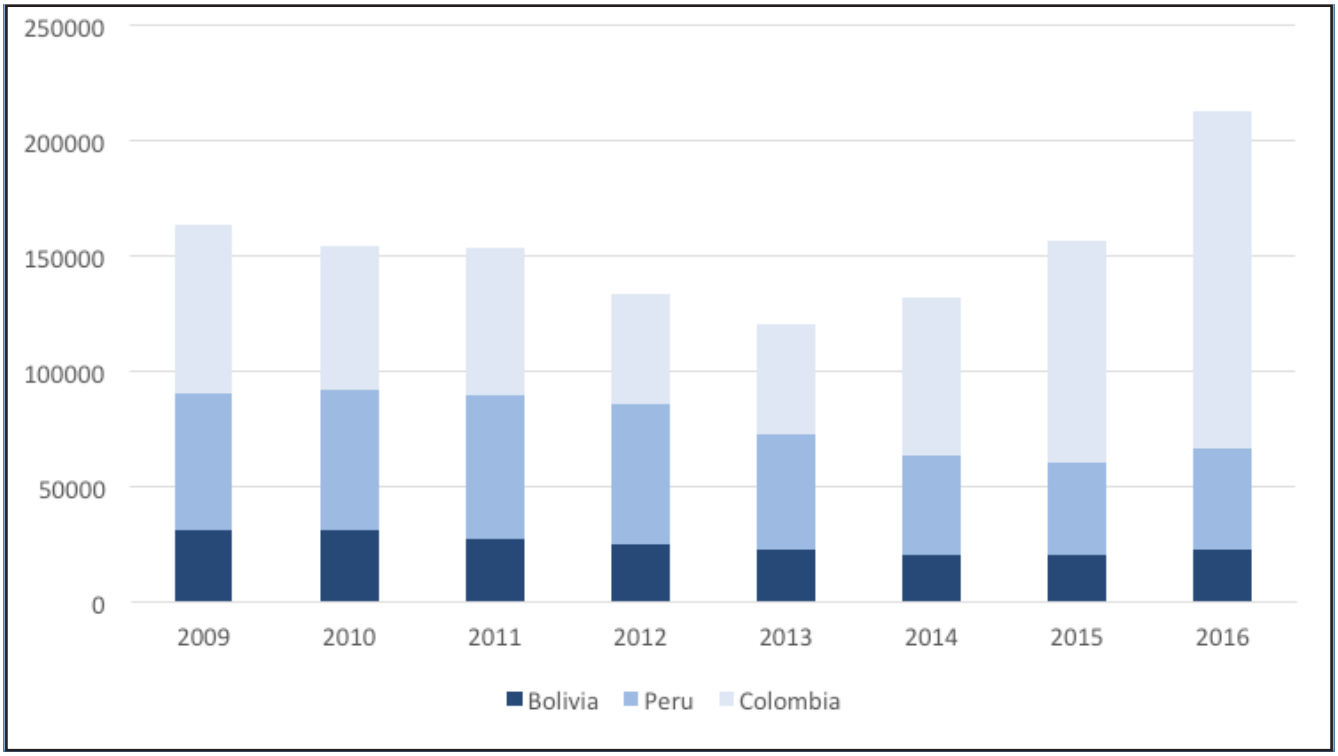
The focus on p olicing and militarised drug control operations has also shifted often scarce resources away from health and development programmes towards the police and the military. Recognising the severe consequences of this approach, prominent academic institutions, NGOs, UN agencies and various national-level policy makers have engaged in strategic discussions on how to modernise drug law enforcement. Illegal drug markets are not inherently violent, and although drug control may not be able to curb the scale of the illegal drug trade, it might help shape the market in a way that minimises the harms caused to affected communities and society as a whole.[541]

2.2.2 The rise of crypto-drug markets

2009 Political Declaration and Plan of Action

Action 36(a): 'Address through concerted action the illegal sale of preparations containing amphetamine-type stimulants via the Internet and the misuse of postal and courier services for smuggling such preparations'

Figure 9. Cultivation of coca bush in Bolivia, Colombia and Peru, 2009 to 2016 (in hectares)[542]



Credit: Marie Nougier, IDPC

Box 15 Colombia's peace process: Great hopes, significant challenges

Colombia's internal armed conflict dates back to the 1960s, but it was not until the 1980s that coca cultivation started to expand in areas controlled by the FARC (Fuerzas Armadas Revolucionarias de Colombia) and paramilitary groups started engaging in the booming cocaine market. In the past four decades, Colombia has implemented forced eradication strategies to combat illegal drug supply, including aerial spraying, manual eradication, criminalisation of growers, destruction of processing 'laboratories' and interdiction. This strategy has had serious financial, environmental, social and human rights implications,[543] among them the internal displacement of millions of people as a result of the conflict with the FARC and violent clashes with the military in coca cultivation areas.[544]

In 2012, the Colombian government and the FARC began peace talks, with an agenda item on 'Solution to the illicit drug problem'. Chapter 4 of the 2016 Peace Agreement, dedicated to drug issues, paved the way to a new approach towards illegal drug production, with due regard to rural development (chapter 1). Under the National Comprehensive Substitution Programme, farmers involved in illegal crop cultivation are encouraged to sign agreements with the state to voluntarily eradicate coca crops. In exchange, they receive a state subsidy, and the government committed to improving land ownership, access to public goods, markets and infrastructure and access to credit.[545] 124,000 families across Colombia have expressed willingness to benefit from the Programme – representing approximately 100,000 hectares of coca. Individual agreements were signed with 77,000 families. The UNODC supports this initiative by monitoring compliance with the required 'voluntary' self-eradication.[546] As of July 2018, the UNODC confirmed the self-eradication of 18,000 hectares, with another 10,000 hectares still under verification.

The pilot for this 'voluntary substitution' programme started in Briceño, Antioquia where, in an effort to generate trust, the government and the FARC committed to work with the farming community of 11 villages in the municipality to foster economic change and reduce their dependence on coca. Although the peace agreement itself included references to coca-growing communities' right to participate in decision-making processes in order to facilitate the voluntary and peaceful destruction of coca plants, those communities were in fact given no space at all to negotiate the terms of the contracts and were forced to sign up under the threat of forced eradication.[547]

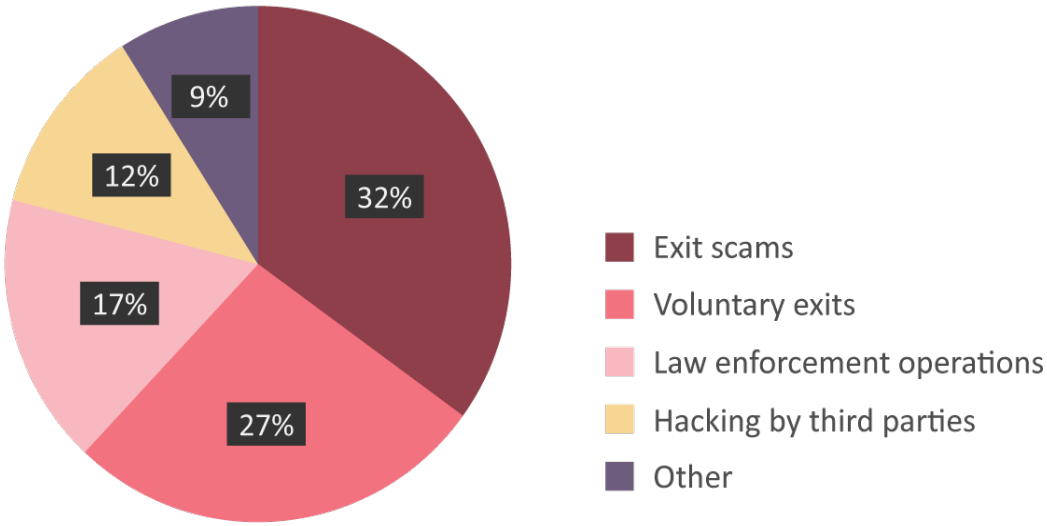
The joint substitution effort is also faced with several challenges, not least the serious setback created by the referendum vote against the original Peace Agreement in October 2016, the fact that the government and the FARC only released implementation protocols in February 2017, and the overall lack of coordination between state institutions. In addition, bureaucratic processes created delays in payments to participating families, while agricultural technical assistance, access to land and lack of basic infrastructure are lagging behind.[548] In parallel, the bill providing differential criminal treatment for coca farmers has not yet been passed, making them vulnerable to arrest and incarceration. Moreover, although financial subsidies are offered to families in exchange for voluntary eradication, the programme lacks a comprehensive, long-term development strategy that is able to deliver alternative crop cultivation and income generation.

Cases of violence also continue to be reported in affected areas – with the UN estimating that 106 community leaders were killed in 2017 alone.[549] Finally, Colombia is facing growing international pressure due to the recent surge in coca cultivation, making the country the world leader in coca cultivation. The recent election of President Duque, who openly pronounced himself in favour of forced crop eradication, presents yet another key challenge for the years ahead.[550] It is equally worrying that, in its 2017 'Colombia coca cultivation survey', the UNODC seems to encourage this approach, recommending that 'Forced eradication should be implemented on coca lots where growers did not sign agreements to achieve continuous, coca-free territories'.[551] These many issues highlight the urgency of guaranteeing more security, human rights protection and sustainable development in the implementation of the Peace Process.

Box 16 Crypto-drug market operations

Crypto-drug markets have been in operation since 2010, but have gained importance with the Silk Road website in February 2011. Dark net markets usually remain active for just a few months up to a few years, and so the landscape changes rapidly, making it all the more difficult for drug law enforcement to target these online markets. Most closures, however, do not result from law enforcement action (only 17% of crypto-drug market closures), but are generally the result of 'exit scams' (where operators suddenly close down the site and steal the money), voluntary exits and hacking by third parties[552] (see Figure 10).

Figure 10. Causes of closure of crypto-drug markets[553]



Since 2009, the use of the internet to facilitate transnational illegal drug transactions has become a phenomenon of growing significance. In the past decade responses to crypto-drug markets have been undertaken either unilaterally or through pre-existing strategic and security cooperation alliances, often on an ad-hoc basis, and in a vacuum left by the absence of clear international policy. According to the UNODC, 42% of member states have a system in place to monitor the sale of illegal drugs over the internet – with no increase since 2009.[554] Policy making in the area has been constrained by an inadequate technological understanding of the phenomenon, and without the required common legal frameworks necessary to adequately address the trans-jurisdictional nature of the issue.

A 2016 study[555] noted that crypto-drug markets continue to account for a relatively small percentage of drug sales globally, with all internet-facilitated transactions totalling around 1% of the total market, but that percentage represented an increase of 50% in the period 2013-2015. Since the first mention of dark net markets in the UNODC's World Drug Report 2014,[556] the UNODC has consistently – and with an increasing sense of alarm – described the issue as 'growing',[557] and recognised the need for more research, money, and innovative thinking.[558] In practical terms, although the usage of these markets remains dominated by the Global North,[559] their international reach has extended in recent years with the appearance of Chinese vendors of NPS, precursors, fentanyl and fentanyl analogues. As such, crypto-drug markets are growing in several areas – in relation to traditional markets, in political significance, and in global reach. In 2017, UNODC's Executive Director also conceded that drugs bought and sold online frequently utilise postal services for distribution,[560] highlighting the lack of progress made by the international community towards the 2009 goal of curbing postal trafficking.

Many state-level law enforcement and criminal justice systems remain ill-equipped to deal with the issue of crypto-drug markets.[561] Although there has been some international law enforcement cooperation on the issue – most notably between US federal agencies, Europol, and state-level

enforcement – cooperation has occurred despite muddled international policy direction. States taking action have done so in response to pressing and immediate domestic law enforcement or public health challenges, rather than as part of any coherent policy landscape.[562] Other states – such as the UK and Germany – have also taken action in response to requests for security cooperation from long-standing allies. More recently, individual member states have worked within pre-existing alliances to coordinate several high-profile market interventions. In general, US agencies continue to lead on the issue, as they have since the closure of the original Silk Road website in October 2013. Of European states, the Netherlands has been notably proactive in the area, playing a key role alongside Europol in *Operation Bayonet* in 2017.[563]

In the absence of cohesive national and international policy in the area, law enforcement agencies have continued the approach of shutting down markets, apprehending administrators, and seizing server assets in strategies reminiscent of the traditional offline drug law enforcement operations. So-called 'takedown' operations seek to exploit either of two key structural weaknesses: the markets' centralised authority (by apprehending the human administrators of the sites), and/or the physically-centralised servers themselves. In each case, the takedowns result in the market sites going offline, but the subsequent effect on vendors and buyers is less clear. Recent research suggests that takedown strategies may play a significant role in provoking technological innovation,[564] and the UNODC acknowledges that more research is required to better understand the effects of 'hard'[565] interventions.[566]

Indeed, it is not yet clear whether closure undermines trust in – or the will to use – crypto-drug markets among people who use drugs. In 2018, only 15% of respondents to the Global Drug Survey said they felt closures discouraged their use of online markets, and only 9% had stopped altogether, with more than 50% reporting that takedown had no effect on their usage patterns.[567] Further, there is evidence of market migration, fragmentation, and online 'turf wars' similar to patterns observed in traditional markets, as surviving markets vie for market share following takedowns. This has led Europol to conclude that 'law enforcement interventions in the form of darknet market take-downs disrupt darknet markets, although the overall ecosystem appears to be fairly resilient with new markets quickly becoming established', and vendors and customers migrating to the latest trading platform to continue their operations.[568] Acknowledging this phenomenon, *Operation Bayonet* represented a somewhat evolved approach, with Europol and the US Department of Justice working together to quietly seize and operate AlphaBay as an intelligence 'honeypot',[569] in advance of taking down Hansa Market. Despite the new approach, there is evidence that crypto-drug markets are already evolving toward decentralised and distributed models.[570]

Nevertheless, there is also evidence demonstrating the potential of such online platforms to reduce health harms for people who use drugs. Available research has shown that anonymised user forums and online chat rooms facilitate peer-based reviews and feedback about the quality of drug purchases, reliability of sellers, the purity and effects of certain products, representing a novel form of peer-based harm reduction, as well as 'an entry point for drug support services'.[571]

Today, crypto-drug markets continue to operate as an efficient and growing means to transact cannabis, cocaine, and prescription opioids.[572] They also facilitate the 'marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs'[573] as well as precursors. Furthermore, crypto-currencies provide a means to launder money associated with the drug trade (see Section 2.2.4 below). In short, the continued proliferation of crypto-drug markets speaks directly to many of the goals of the 2009 Political Declaration, and shows lack of progress for each.

2.2.3 Tackling money-laundering

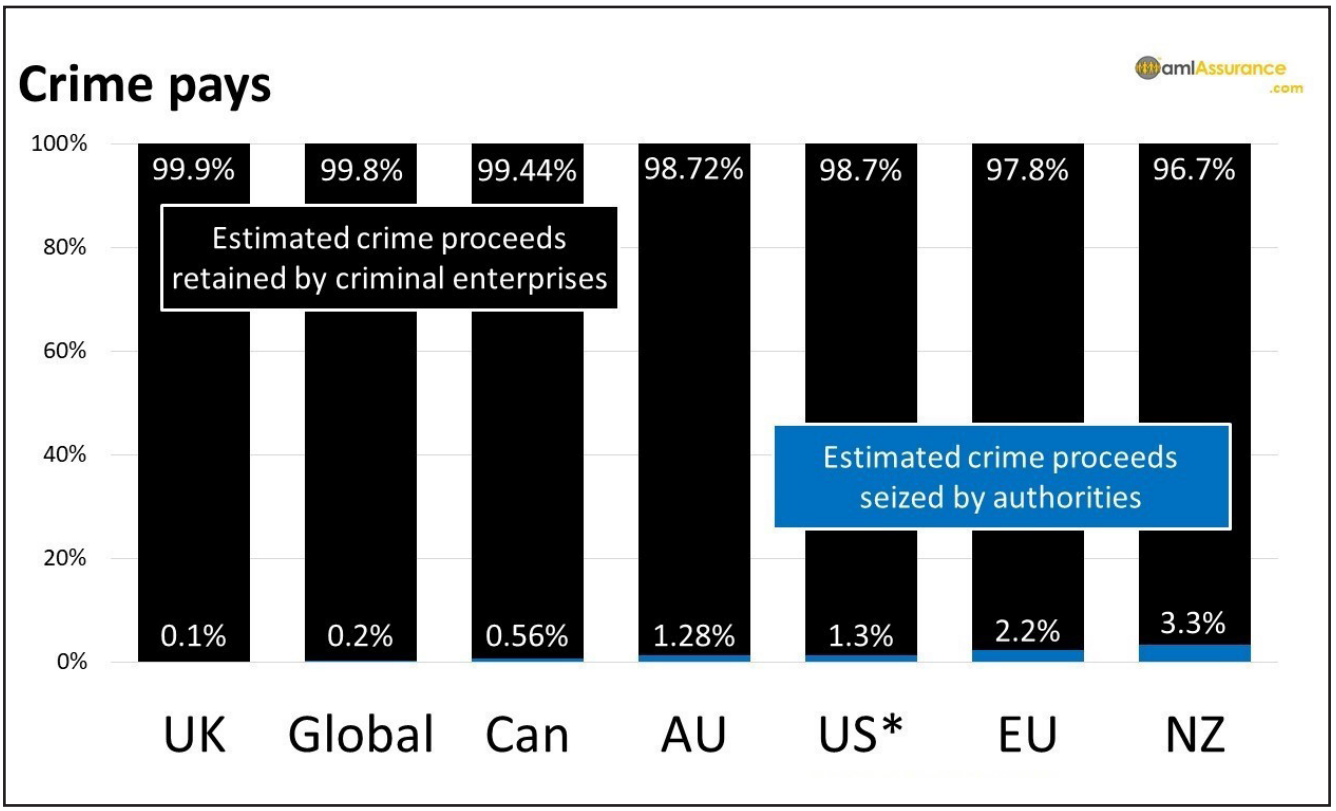
2009 Political Declaration and Plan of Action

Action 51(a): 'Establishing new or strengthening existing domestic legislative frameworks to criminalize the laundering of money derived from drug trafficking, precursor diversion and other serious crimes of a transnational nature in order to provide for the prevention, detection, investigation and prosecution of money laundering'

Action 51(d): 'Promoting effective cooperation in strategies for countering money-laundering and in money-laundering cases'

International provisions against money-laundering were first included in the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances as a strategy against drug trafficking by criminal organisations. The implementation of concrete measures was entrusted

Figure 11. Interdiction rates and criminal proceeds retained by criminal enterprises in selected high-income countries[574]



Credit: 'Uncomfortable truths? ML=BS and AML= BS2', Journal of Financial Crime

by the G7 to the Paris-based Financial Action Task Force (FATF) in 1989, which became the global anti-money-laundering standard-setter.[575] A number of regional task forces modelled on the FATF were established in the 1990s and the 2000s – such as the Asia/Pacific Group on Money-laundering,[576] the Financial Action Task Force for Latin America,[577] the Inter-Governmental Action Group Against Money Laundering in West Africa,[578] among others.

Since 2009, several instruments have been adopted to consolidate the work of the FATF. These include the adoption, in 2012, of the 'International standards on combating money-laundering and the financing of terrorism & proliferation – the FATF recommendations', which aim to strengthen international safeguards and protect the integrity of financial systems by providing governments with stronger tools to take action against financial crime.[579] A year later, member states adopted the 'Methodology for Assessing Compliance with the FAFT Recommendations and the Effectiveness of [Anti-Money-laundering/Countering the Financing of Terrorism] Systems', to help determine whether a country is sufficiently compliant with the 2012 standards, and whether their systems work effectively – with rounds of evaluation taking place regularly.[580]

The UNODC has its own programmes to tackle money-laundering, in particular the 'Global programme against money-laundering, proceeds of crime and the financing of terrorism' which encourages member states to develop policies to counter money-laundering and the financing of terrorism, monitors and analyses related problems, raises awareness and coordinates initiatives carried out by the UN and other international organisations.[581] Through this programme, the UNODC has cooperated with a range of international and regional organisations, including with the World Bank, the International Monetary Fund, the Organisation for Security and Cooperation in Europe, Interpol and others.[582] In April 2009, just a month after the adoption of the 2009 Political Declaration, the UNODC published its 'Model provisions on money-laundering, terrorist financing, preventive measures and proceeds of crime',[583] which are meant to be a 'starting point for State authorities as they evaluate the measures that should be incorporated into domestic law in order to prevent, detect, and effectively sanction money-laundering, the financing of terrorism and the proceeds of crime'.[584] The World Bank also provides technical assistance to member states in developing effective laws, regulations and institutional framework, assessing the impact of money-laundering, training the financial sector supervisors, investigators, prosecutors, judges, designing effective asset disclosure

systems for public officials, conducting national risk assessments.

Evaluation of anti-money-laundering efforts by the UNODC have mainly focused on 'process' or 'activity' indicators. The data available through ARQ responses show that despite these global efforts, little progress has been recorded at national level in the past decade. In 2018, the UNODC reported a slight increase, from 37% in 2010 to 40% in 2016, in the percentage of states having legislation providing for the conclusion of bilateral or multilateral asset-sharing agreements. However, it recorded a slight fall between 2010 and 2016 in the percentage of states having measures in place to manage seized assets, for banks and other financial institutions to identify customers and verify their information to trace proceeds of crime, and to detect and monitor the cross-border transport of cash. There was also a slight decrease in the proportion of states in which it is mandatory to report suspicious transactions.[585] Despite the recorded slight fall, all these percentages remain relatively high, at around 70% of reporting states – although it should be noted that only about 10% or less of member states in Sub-Saharan Africa, Oceania and the Caribbean provided consistent data on this issue (see Box 1).

When one looks into the impacts that these processes have yielded on the scale of money-laundering, the results have been minimal. Despite an expansion in global tools and collaboration at regional and international level to tackle money-laundering, the illegal drug trade remains the second largest source of income of transnational organised crime groups,[586] who continue to launder money with impunity. Indeed, as discussed above, UNODC research concluded that less than 1% of the total amounts laundered were seized.[587] In 2016, Europol's Asset Recovery Unit frankly admitted that in Europe from 2010 to 2014, only 2.2% of the estimated proceeds of crime were provisionally seized or frozen, and ultimately just 1.1% of the criminal profits were finally confiscated at EU level.[588] A 1.1% interception rate means that '98.9 percent of estimated criminal profits are not confiscated and remain at the disposal of criminals',[589] that is, in addition to the accumulated criminal wealth from previous years. The 2013 HSBC money-laundering scandal[590] and the Panama Papers in 2016[591] are merely two examples of the scale of the issue.

Figure 11 highlights the interdiction rates and criminal proceeds retained by criminal enterprises in high-income countries. Tackling money-laundering in lower-income countries, with fewer resources, may prove to be even more challenging. New technologies present additional challenges to the current anti-money-laundering framework, with growing volumes of transactions and large data sets requiring computational analysis to reveal patterns, trends and associations. The growing demand for online services and related internet payment systems also pose challenges with borderless virtual environments requiring an adaptation of current strategies.[592] In its 2018 World Drug Report, the UNODC concluded that drug-related money-laundering affected the economy in a number of ways, including by inflating property prices, distorting export figures, as well as by exacerbating unfair competition, the gap in wealth distribution and corruption, while negatively affecting foreign investment in developing countries.[593]

This is not to say that the anti-money-laundering regime has entirely failed. Since 2000, most countries have adopted more legislation to tackle money-laundering and extended the scope of their surveillance activities. There have also been more convictions for money-laundering, and countries are better equipped to cooperate against serious crimes and to seize proceeds. However, a thorough cost-benefit analysis remains to be undertaken on anti-money-laundering efforts, both globally and nationally.[594] Furthermore, the anti-money-laundering regime may also generate harms – efforts to control money-laundering may lead banks to cut down overseas remittances to 'the most vulnerable populations in the poorest countries'.[595] The failure to control illegal money flows also extends to the failure to counter tax evasion, tax avoidance and trade mispricing, which is eroding the tax base for development. Finally, it is worth nothing that the anti-money-laundering regime – which requires tighter government controls over the banking sector – was developed at a time when the world was in a process of complete deregulation of financial markets. It is unlikely that any significant improvement in tackling money-laundering will materialise until there is political will to better control the financial sector.[596]

2.3 Advancing development

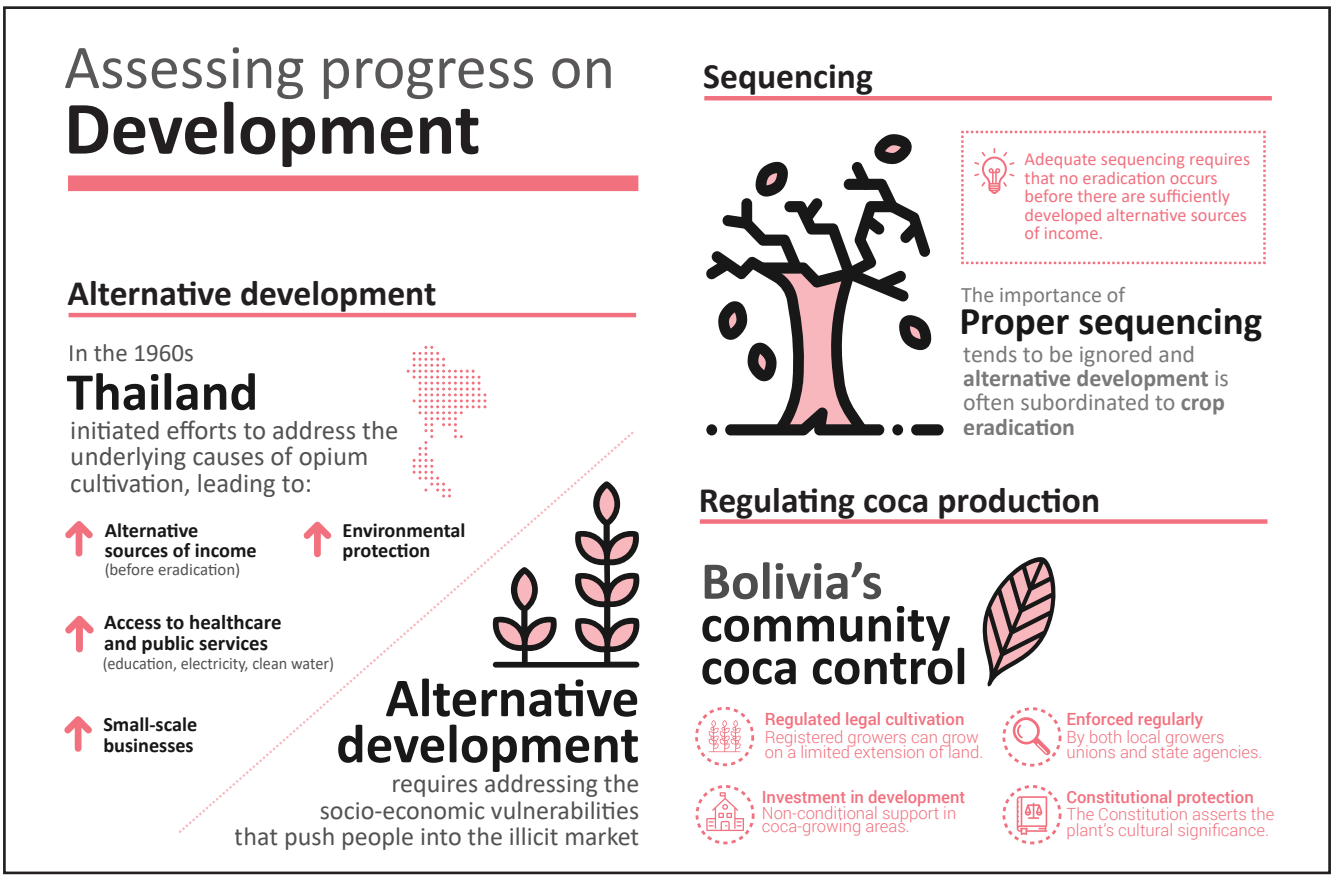
The third key priority of the UN, as established in its founding Charter, was to 'achieve international co-operation in solving international problems of an economic, social, cultural, or humanitarian character',[597] and improving people's well-being worldwide through a comprehensive development approach that 'promotes prosperity and economic opportunity, greater social well-being, and protection of the environment'.[598] This approach was first reflected in the Millennium Development Goals (2000-2015),[599] and has since then been consolidated in the 2030 Sustainable Development Agenda.[600]

2.3.1 Analysing factors leading to illegal cultivation

> **2009 Political Declaration and Plan of Action**
>
> **Action 43(b):** 'Conduct research to assess the factors leading to the illicit cultivation of drug crops used for the production of narcotic drugs and psychotropic substances'

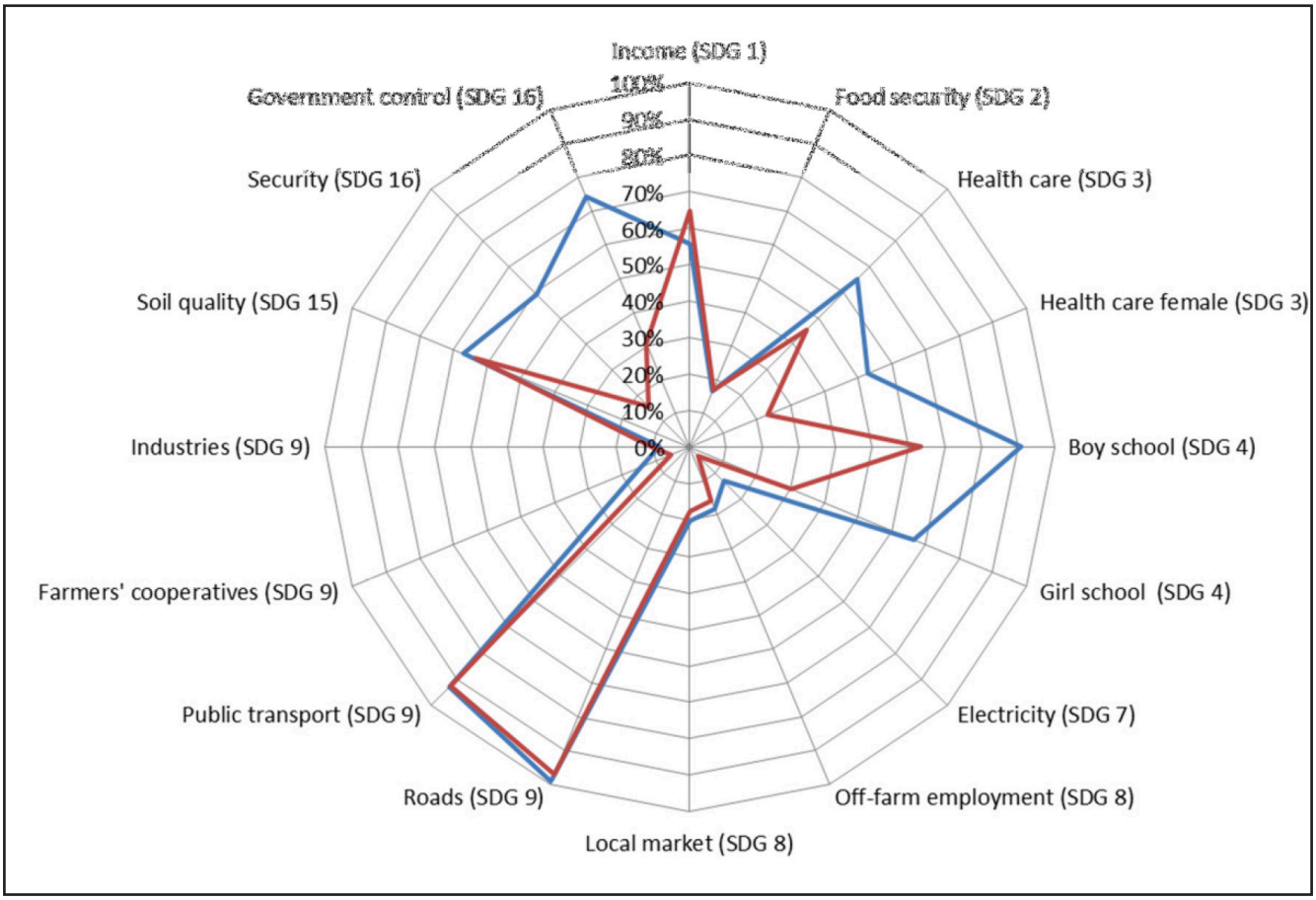
There are many factors leading to the cultivation of crops; primary among them is insecrity, armed conflict, poverty, marginalisation and lack of opportunities in the licit market. Another is cultivation for personal recreational use, and yet another is traditional usage. While cultivation for recreational and traditional use have so far not been adequately discussed at global level, progress has been made in identifying the developmental factors linked to illegal crop cultivation. For instance, the UNGASS Outcome Document requests member states to address the factors related to illegal crop cultivation 'by implementing comprehensive strategies aimed at alleviating poverty…and by promoting sustainable development aimed at enhancing the welfare of the affected and vulnerable population through licit alternatives'.[601] The UNODC, which had traditionally mostly focused on assessing the impact of alternative development programmes through reductions in hectares of crops cultivated, is also taking steps to broaden its traditional 'Crop Monitoring' surveys to include socio-economic issues. An example of this new approach is the 2016 Afghanistan opium survey, in which the UNODC documented the links between illegal crop cultivation and various SDGs[602] (see Figure 12).

In its contribution to the 2016 UNGASS, the United Nations Development Programme was also instrumental in documenting and analysing the links between poverty and engagement in the illegal drug trade, in particular,[603] and is now engaged in a very important exercise being carried out with the University of Essex to elaborate *International Human*



Credit: Juan Fernandez Ochoa, IDPC

Figure 12. Percentage of villages with and without opium poppy cultivation progressing towards selected SDGs in Afghanistan, 2016[604]



Credit: UNODC Afghanistan Opium Survey Report 2016

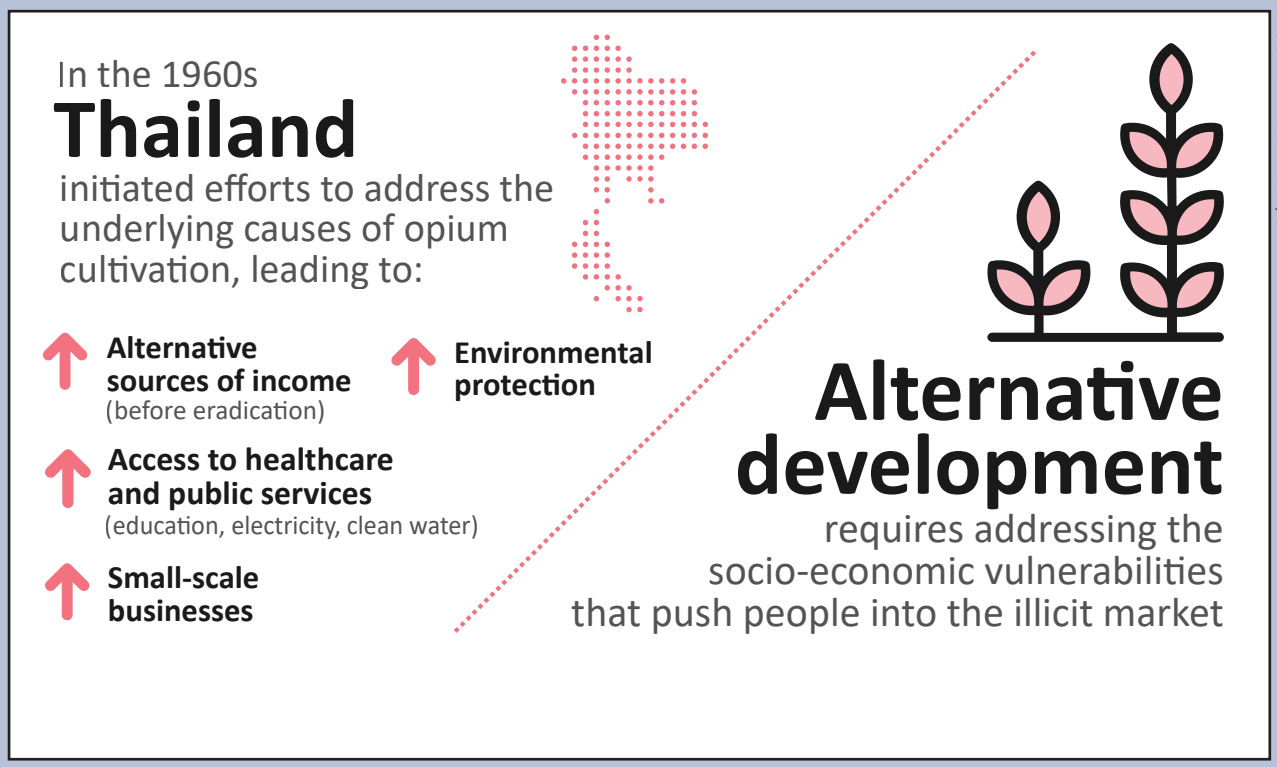
Rights Guidelines on Drug Control, including sections devoted to cultivation, rural development and indigenous uses of psychoactive plants. Similarly, several NGOs have conducted valuable research to better understand the factors leading to illegal crop cultivation and engagement in other aspects of the illegal drug trade.[605]

At national level, in 2018 the UNODC reported that only 'some member states' had conducted studies evaluating the impact of their alternative development programmes, while 'others' (not quantified) used human development indicators to review impact.[606] Although limited, this is a recognition of the need to address the developmental factors pushing many vulnerable people to engage in illegal drug activities. Furthermore, since 2009, several new initiatives have led to the production of detailed research[607] and tools[608] and have facilitated constructive dialogue among the UN, member states, civil society and academia, to better understand the development factors contributing to engagement in illegal cultivation and trafficking. This includes the 'Global Partnership on Drug Policies and Development' (GPDPD) programme led by the German development agency GIZ,[609] and the Cooperation Programme between Latin America, the Caribbean and the European Union on Drug Policies (COPOLAD) project.[610] At the same time, the need to evaluate alternative development projects by utilising human development indicators has been an issue of debate in UN expert meetings on alternative development for nearly two decades, yet remains the exception rather than the rule.

Box 17 Adopting a development approach to illegal cultivation: The case of Thailand

In the 1960s, Thailand was one of the main producers of opium. However, instead of prioritising forced crop eradication, the government decided to undertake major long-term development efforts to address the underlying causes of involvement in opium cultivation. The strategy focused on providing agricultural alternatives, improving access to healthcare and education and developing basic infrastructure such as roads, electricity and clean water supplies. The alternative livelihoods programme was incorporated in the broader local and national development strategy and consisted in a bottom-up approach, driven by community engagement and strong partnerships with community leaders. The programme was also adequately sequenced, ensuring that opium poppy fields would not be eradicated until basic services and alternative livelihoods were in place.[611]

A 2018 study by the Mae Fah Luang Foundation found that this approach had contributed to reducing poverty levels among subsistence farmers who were able to turn to alternative sources of income before opium poppy was eradicated, increasing household incomes and facilitating the development of small-scale businesses. The regions in which the programme was implemented now benefit from more diverse economic activities, including the cultivation of crops like tea, Inca peanut and bamboo, and increased tourism thanks to improved infrastructure. Access to healthcare (including drug dependence treatment), education, electricity and clean water was also improved, and environment protection became an essential component of the approach through sustainable land distribution, reforesting initiatives and environmental education incorporated in school curriculums.[612] However, it is also important to point out that poppy cultivation migrated to other countries, mainly to neighbouring Myanmar, and that the Thai drug market shifted from opium/heroin to methamphetamines being the primary drug of concern.



Credit: Juan Fernandez Ochoa, IDPC

2.3.2 Promoting sustainable development in cultivation and trafficking areas

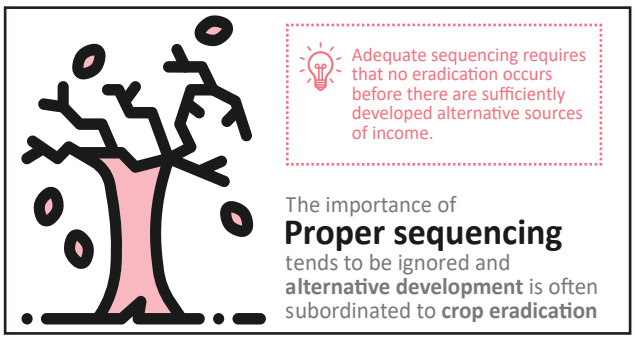
2009 Political Declaration and Plan of Action

Action 45(c): 'Establish, where possible, sustainable alternative development programmes, in particular in drug-producing regions, including those with high levels of poverty, as they are more vulnerable to exploitation by traffickers and more likely to be affected by the illicit cultivation of drug crops and the illicit production of and trafficking in narcotic drugs and psychotropic substances'

Action 45(d): 'Consider, where appropriate, including in their national development strategies, integrated and sustainable alternative development programmes, recognizing that poverty and vulnerability are some of the factors behind illicit drug crop cultivation and that poverty eradication is a principal objective of the Millennium Development Goals; and request development organizations and international financial institutions to ensure that alternative development strategies, including, when appropriate, preventive alternative development programmes, are incorporated into poverty reduction strategy papers and country assistance strategies for States affected by the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances'

Action 47(f): 'Ensure the proper and coordinated sequencing of development interventions when designing alternative development programmes; and, in this connection, the issues of the establishment of agreements and viable partnerships with small producers, favourable climatic conditions, strong political support and adequate market access should be taken into account'

In 2009, UN member states had recognised the need to address the socio-economic vulnerabilities pushing people to engage in illegal drug cultivation and trafficking via sustainable development strategies, with mention made to the Millennium Development Goals. Since 2009, most countries affected by illegal crop cultivation have adopted some form of alternative development programme, generally alongside eradication campaigns. These include Afghanistan, Bolivia, Colombia, Ecuador, Indonesia, Lao PDR, Morocco, Myanmar, Peru, the Philippines and Thailand.[613] However, few have embedded



Credit: Juan Fernandez Ochoa, IDPC

these programmes in a comprehensive, long-term sustainable development strategy.

In this regard, 'proper and coordinated sequencing of development interventions' is perhaps one of the most problematic issues related to alternative development. Proper sequencing means that no eradication should take place until there are sufficiently developed alternatives in place to ensure subsistence farmers' survival.[614] In theory, most alternative development programmes implemented since 2009 have included the concept of adequate sequencing. However, in practice only Bolivia and Thailand seem to have respected this core component of an effective sustainable development approach. Others have merely implemented alternative development programmes as a complementary aspect of, or to justify, crop eradication, rather than as the primary means of creating the conditions that would improve people's livelihoods and reduce their dependence on illegal crop cultivation.[615] The cases of Colombia (see Box 12) and Peru are particularly illustrative of these concerns. In Thailand, efforts were made to implement a long-term development strategy for about 15 years before opium poppy started being eradicated, in close consultation with the local communities (see Box 17). In Bolivia, the government's approach has focused on ensuring that farmers could grow a sufficient amount of coca for subsistence purposes, facilitating access to a national legal market for coca products, improving access to safe water, education and promoting additional sources of income.[616]

With regards to drug trafficking, it was only recently that the UN started recognising the complex vulnerabilities of those engaging in drug trafficking, with most debates revolving around women. The conversation made a significant step forward at the UNGASS, and with the adoption of Resolution 59/5 'Mainstreaming a gender perspective in drug-related policies and programmes' which 'Urges Member States to implement broad-based programmes aimed at preventing women and girls from being used as couriers for trafficking in drugs'.[617] The UNGASS Outcome Document also includes various

Box 18 Addressing the vulnerabilities faced by women: The case of Costa Rica

In 2017, Costa Rica had the fifth highest incarceration rate in Latin America, at 374 per 100,000 inhabitants. Two in ten prisoners are currently in prison for drug offences – reaching a ratio of six in ten among female prisoners. The most common offences for which people are incarcerated include smuggling drugs in prisons, micro-trafficking, drug transportation and small-scale selling (drug possession for personal use is not criminalised in Costa Rica). Women incarcerated for drug offences are usually first time non-violent offenders, single mothers of several children, with limited formal education or employment possibilities. Their mass incarceration has had a devastating impact on women and their families and has led to serious prison overcrowding and poor prison conditions. In an effort to decongest the criminal justice system and guarantee basic rights for prisoners, the Costa Rican government has carried out a series of legislative and political reforms.

Starting in 2013, Law 9161 (known as '77bis') was approved and reduced the prison sentence for women accused of smuggling drugs in prison (a reduction from 8-20 years to 3-8 years), guaranteeing more proportionality and a gender perspective in Costa Rica's drug legislation. The law opened up the possibility of alternatives to incarceration for women in situations of vulnerability accused of this specific drug offence.[618] The approval of the law directly benefited a quarter of women incarcerated for drug offences with the immediate release of more than 120 women.[619] The mass release of women from prison led to the creation of an inter-institutional network for the social reintegration of women in conflict with the law. This network includes eight public institutions working in the areas of health, gender, family, employment, the judiciary, prisons and drug control. The active coordination of the Ministry of Women for the provision of a wide range of services and direct support to formerly incarcerated women has been instrumental to the network's success.[620]

The most recent reform was the approval of Law 9361 in early 2017, which reduces the time for which a criminal record is kept, according to the offence committed and the penalty imposed. This was in recognition of the difficulty faced by formerly incarcerated individuals to find employment after their release, increasing their vulnerability to poverty and re-engagement in criminal activities. The law also allows the immediate elimination of the criminal record for people found in situation of vulnerability. Before the reform, criminal records were kept in the judicial registrar for 10 years, without distinction between serious or minor crimes.[621] Interestingly, this reform initiative was initially going to target those who had committed drug offences and was then expanded to cover more offences. It has nonetheless had a major impact for drug offenders. The Costa Rican experience is therefore an excellent example of how to address the situation of poverty, marginalisation and exclusion faced by people engaged in criminal activities for subsistence purposes.

Credit: Jessamine Bartley-Matthews, WOLA

Buen Pastor prison for women in San Jose, Costa Rica

Box 19 CND resolutions on alternative development adopted between 2009 and 2018

Resolution 61/6. Promoting the implementation of the United Nations Guiding Principles on Alternative Development and related commitments on alternative development and regional, interregional and international cooperation on development-oriented, balanced drug control policy addressing socioeconomic issues (2018)

Resolution 58/4. Promoting the implementation of the United Nations Guiding Principles on Alternative Development (2015)

Resolution 57/1. Promoting the implementation of the United Nations Guiding Principles on Alternative Development and proposal to organize an international seminar/workshop on the implementation of the Guiding Principles (2014)

Resolution 56/15. Follow-up to the Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem with respect to the development of strategies on voluntary marketing tools for products stemming from alternative development, including preventive alternative development (2013)

Resolution 55/8. Follow-up to the Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem with respect to the development of strategies on special marketing regimes for alternative development, including preventive alternative development (2012)

Resolution 55/4. Follow-up on the proposal to organize an international workshop and conference on alternative development (2012)

Resolution 54/4. Follow-up on the proposal to organize an international workshop and conference on alternative development (2011)

Resolution 53/6. Follow-up to the promotion of best practices and lessons learned for the sustainability and integrality of alternative development programmes and the proposal to organize an international workshop and conference on alternative development (2010)

Resolution 52/6. Promoting best practices and lessons learned for the sustainability and integrality of alternative development programmes (2009)

key operational recommendations urging member states to take into account the specific vulnerabilities faced by women engaging in the illegal drug trade.[622]

Nationally, only a few UN member states have translated these recommendations into practice. In 2012, the UK revised its sentencing guidelines to take into account the role of women in the overall drug trafficking chain during trial, with the recognition of various situations of vulnerability as mitigating factors – although the failure to review drug legislations has meant that these new guidelines only had a limited impact.[623] In 2014, Ecuador adopted a new criminal code to ensure more proportionate sentencing for drug offenders, in particular micro-traffickers, in recognition that those at the lowest level in the drug trafficking chain were generally involved in drug activities because of socio-economic issues. However, the legislation was revised in 2015 which severely limited the positive impacts of the new policy on reducing prison overcrowding.[624] Costa Rica is by far the country which has made most progress on this issue (see Box 18).

2.3.3 Support and cooperation for alternative development

2009 Political Declaration and Plan of Action

Action 43(d): 'Ensure that States with the necessary expertise, the United Nations Office on Drugs and Crime and other relevant United Nations organizations assist affected States in designing and improving systems to monitor and assess the qualitative and quantitative impact of alternative development and drug crop eradication programmes with respect to the sustainability of illicit crop reduction and socio-economic development; such assessment should include the use of human development indicators that reflect the Millennium Development Goals'

The UNODC is currently supporting alternative development programmes in various countries, including Afghanistan, Bolivia, Colombia, Lao PDR, Myanmar and Peru.[625] However, donors' financial support for alternative development initiatives has

been steadily reduced since 2009. The 2015 World Drug Report included a dedicated section on alternative development, concluding that: 'Despite the amount of attention given to alternative development at the international level, there is a disconnect between international rhetoric and funding'.[626] Despite the level of visibility given to alternative development in the CND (see Box 19) and the UN General Assembly,[627] the report continues, 'the funding for it has decreased considerably in the last few years'. In fact, 'overall gross disbursements of alternative development funds from OECD countries have declined by 71 per cent since the adoption of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem'.[628]

As noted above, GPDPD and COPOLAD have taken the lead in facilitating country visits in areas benefiting from alternative development programmes, providing technical support, providing guidance for assessing the impacts of different alternative development strategies on broader human development indicators and aligning alternative development efforts with the SDGs.

2.3.4 Ensuring collaboration with local communities in illegal crop cultivation areas

2009 Political Declaration and Plan of Action

Action 45(f): 'Ensure that the design and implementation of alternative development programmes, including, when appropriate, a preventive approach, involve all stakeholders, take into account the specific characteristics of the target area and incorporate grass-roots communities in project formulation, implementation and monitoring'

Action 47(b): 'Develop alternative development programmes and eradication measures while fully respecting relevant international instruments, including human rights instruments, and, when designing alternative development interventions, taking into consideration the cultural and social traditions of participating communities'

Action 47(d): 'Ensure that the implementation of alternative development and preventive alternative development, as appropriate, enhances synergy and trust among the national Government, local administrations and communities in building local ownership'

Credit: OCCD Global

Community Assembly on crop substitution in San José del Guaviare, 2017

The need to involve affected communities in the design, implementation and monitoring of alternative development programmes is recognised in three actions. Community involvement in these programmes is critical to ensure that they are realistic and adapted to the local terrain, market access and know-how of affected communities. This key principle was recognised in the UN General Assembly Resolution 68/196 'United Nations guiding principles on alternative development' and in the UNGASS Outcome Document.[629] In its 2018 report on UNGASS implementation, the OHCHR also recognised that 'In terms of the design of alternative development programmes, the participation of those affected, including women, minorities and indigenous peoples, should be essential'.[630]

On the ground, however, and with some notable exceptions, meaningful community participation in alternative development programmes is sorely lacking. For example, while the Colombian Peace Agreement recognises that poverty and conflict are at the root of coca cultivation in that country and calls for significant community involvement in rural development efforts,[631] in reality community participation was very limited. Despite being called to participate in many meetings, they were not given a significant role in negotiating the terms of crop substitution contracts, were forced to sign up for 'voluntary' coca eradication under the threat of forced eradication and had little opportunity for meaningful input into development plans, which lag way behind in implementation (see Box 15). Thailand and Bolivia seem to have yielded better results. In Bolivia, a social control system enables farmers to cultivate a certain amount of crops, while the community is responsible for ensuring that households do not produce more than the quantity authorised (see Box 18).[632] In Thailand, the government's long-term development strategy in opium cultivation areas has promoted a bottom-up approach aiming to identify the needs and problems of affected communities, building partnerships with local communities and community leaders, and incorporating local know-how in all aspects of the programme (see Box 17).[633]

Box 20 Bolivia's community coca control

Andean indigenous communities have used the coca leaf in cultural rituals, social and economic interactions, and medicinal uses for centuries.[634] From 1980s until the early 2000s, Bolivia's drug control strategy fuelled forced coca eradication leading to human rights violations and exacerbating the poverty of affected farmers. From 2006 onwards, Bolivia has shifted its strategy to expand and protect the rights of indigenous coca growers.

In 2004, the Bolivian government allowed registered farmers in the Chapare to cultivate 1,600 m^2 of coca for the legal market, shifting away from defining coca growers as active participants in the illegal drug trade to identify them as subsistence farmers working to feed their families. Article 384 of the 2009 Constitution defends coca in its natural state, asserting its cultural significance and granting it legal protection.[635] In an effort to address the tensions between the licit national coca market and the international drug control regime, Bolivia withdrew from the 1961 Single Convention on Narcotic Drugs in 2011 and re-acceded it a year later with a reservation allowing coca cultivation and sales for cultural, medicinal and traditional uses.[636]

In 2010, the government implemented a participatory Community Control Support Programme, based on sovereignty, shared responsibility and respect for human rights.[637] The 2017 General Coca Law further differentiated coca from cocaine, decriminalising coca cultivation with the hope of reducing the stigma surrounding coca cultivation. The Bolivian model for community coca control has promoted:

- A reduction in illegal crop cultivation via a development strategy seeking to address affected communities' basic needs and by limiting repression[638]
- Citizenship and access to information, empowering and involving communities in the formulation and implementation of development policies, providing subsistence income through legal plots, while working to voluntarily reduce excess coca production and diversifying their economy[639]
- Development and poverty alleviation in coca growing regions by strengthening public services and institutional frameworks for marginalised communities[640]
- Respect for the fundamental human rights and wellbeing of families and vulnerable communities, preventing illegal cultivation of coca, while taking into account traditional licit uses[641]
- Cooperation between farmers, the state, and international stakeholders such as the EU and the UNODC to develop crop monitoring systems and impact assessment tools focusing on broader development considerations.[642]

Credit: Juan Fernandez Ochoa, IDPC

2.3.5 Protecting the environment in drug control strategies

2009 Political Declaration and Plan of Action

Action 22(e): 'Promote supply reduction measures that take due account of traditional licit uses, where there is historical evidence of such use, as well as environmental protection, in conformity with the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988'

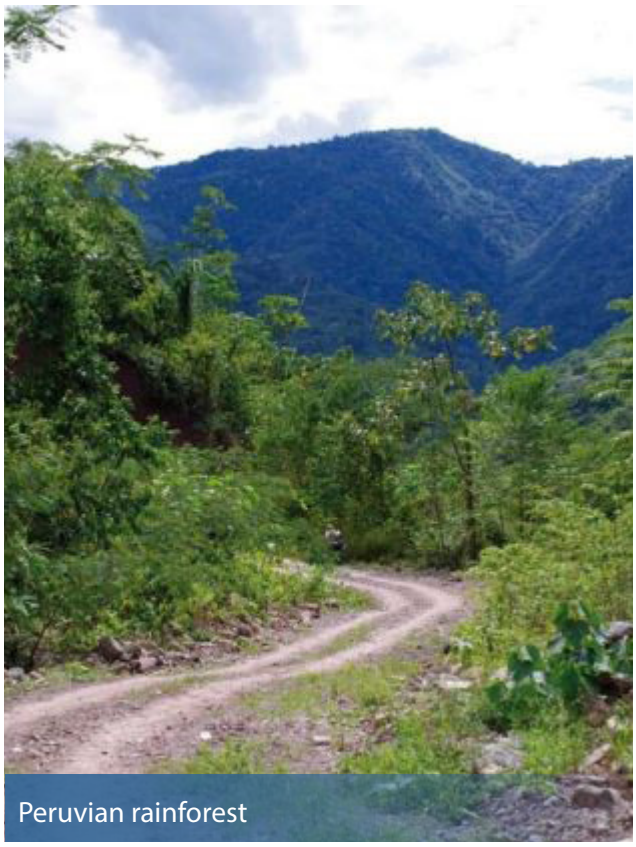
Action 49(e): 'Ensure that development partners, affected States and other relevant key development actors examine innovative ways to promote alternative development programmes, including preventive alternative development programmes, where appropriate, that are environmentally friendly'

In various areas, illegal crop cultivation has contributed to the deforestation and degradation of the environment because of the chemicals used to grow and process crops, such as agrochemicals, sulfuric acid, kerosene and others, being discharged into soil and streams.[643] This, however, is not limited to the cultivation of crops destined for the illegal drug market, with similar environmental harms associated with many other forms of agriculture. Rather than minimising harms to the environment, forced crop eradication campaigns have exacerbated environmental damage, by displacing subsistence farmers into new, more remote environments, including national parks and indigenous territories.[644] In Colombia, for instance, the UNODC estimated in 2016 that 32% of coca was being cultivated in national parks, indigenous reserves and Afro-Colombian Community Lands, and that the areas cultivated within these territories had been in 'constant increase in the last years'.[645]

The use of harmful pesticides to destroy crops destined for the illegal drug market has also damaged fish and other aquatic life due to contaminated water, as well as fauna, insects and soil composition.[646] The destruction of natural habitats and tropical ecosystems is likely to result in harms to native species.[647] In recognition of concerns over both human and environmental harms, Peru, Bolivia, Ecuador and Thailand have all banned the use of chemical agents in eradication efforts.[648] Colombia's discontinuation of aerial spraying is likely to be reversed under the new government, while substances like glyphosate[649] continue to be used for manual fumigation.[650]

A 2015 report by Open Society Foundations concluded that there was 'little evidence' to suggest that alternative development programmes would alleviate the environmental impacts of drug crop eradication. For instance, in reference to Colombia and Bolivia, researchers found that 'under alternative development initiatives, coca farmers cleared *more* primary forest to plant "land hungry substitute crops" that could not be cultivated as intensively as coca'. The report also concluded that 'The loss of forests and the degradation of natural habitats in drug production and drug trafficking zones contributes to the crisis of biodiversity decline worldwide'.[652] It should be recalled here that forest conservation is essential to tackling climate change, since 11% of global emissions originate from deforestation.[653] Nevertheless, environment protection is barely discussed at the CND, while discussions at the High Level Political Forums on the SDGs, at the UN Framework Convention on Climate Change or within the UN Environment Programme have so far largely ignored the links between drug control and environment degradation.

In recognition of this worrying trend, the UNODC reported that since 2010 an increasing number of member states have included environmental conservation in their alternative development strategies. This includes reforestation, soil restoration, the use of bio-fertilisers, the diversification of crops, organic production, and more rarely ecotourism.[654]



Credit: Health Poverty Action

Peruvian rainforest

The need to ensure 'environmental sustainability' is also recognised within paragraph 7.g of the UNGASS Outcome Document.[655]

As an example, Thailand has incorporated a strong environment protection component in its alternative development strategy, including in land distribution, which areas should be cultivated and which should be reforested, how to use natural resources sustainably, etc. The programme also includes environmental education 'so that new generations can continue to be stewards of environmental sustainability'.[656] Similarly, in Colombia the UNODC – with support from GPDPD and the climate protection project REDD+[657] – has conducted a comprehensive analysis of the environmental impact of coca cultivation in the country, offering a set of criteria and recommendations to address this critical issue, including the use of traditional production models, as well as the creation of partnerships with affected communities.[658]

2.3.6 Ensuring that development assistance protects human rights

> **2009 Political Declaration and Plan of Action**
>
> **Action 47(c):** 'Ensure that development assistance provided to communities in areas affected by illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances takes into account the overall aims of human rights protection and poverty eradication'

Until recently, the links between drugs and development have been largely misunderstood and have generally been ignored by international donors. In other cases, foreign aid has been conditioned to the adoption of a drug control approach by recipient countries, including eradicating all cultivation prior to receiving any development assistance, resulting in a variety of human rights violations. In Afghanistan, for instance, militarised interventions funded first by the USA and then by the Russian Federation have resulted in a more precarious security situation with increased levels of crime, an ongoing Taliban insurgency and official and unofficial militias remaining active in the region – with severe consequences for subsistence farmers.[659] A 2017 Brookings Institution report found that this had resulted in increased support from the population to the Taliban which provides armed security, jobs and subsistence, especially in remote rural areas of the country.[660] The recent shift towards broader development strategies in illegal crop production areas by donors like GIZ and the European Union is therefore welcome, but remains the exception.

References to human rights and alternative development are often put in the context of ensuring that human rights are taken into account in implementing drug control programmes. These, however, are not policy choices per se, but rather obligations that need to be respected. Eradication prior to the establishment of alternative livelihoods pushes people deeper into poverty, and fosters human rights violations, social unrest, instability and violence, among other negative impacts. It exacerbates stigmatisation and marginalisation of small-scale producers, and can result in imprisonment, displacement, and the criminalisation of indigenous and traditional cultural practices. According to the Transnational Institute: 'People have the right to be free from hunger, to an adequate standard of living, to live a life in dignity, and to social security. When states fail in meeting their obligations to secure these rights, a strong argument can be made that they cannot interfere when people as a consequence are forced to find their own ways to do so, even if that means their involvement in illicit cultivation in absence of viable licit alternatives'.[661]

Part 3:

What next?
Designing new benchmarks for global drug policy

1 The UNGASS Outcome Document as a policy framework beyond 2019

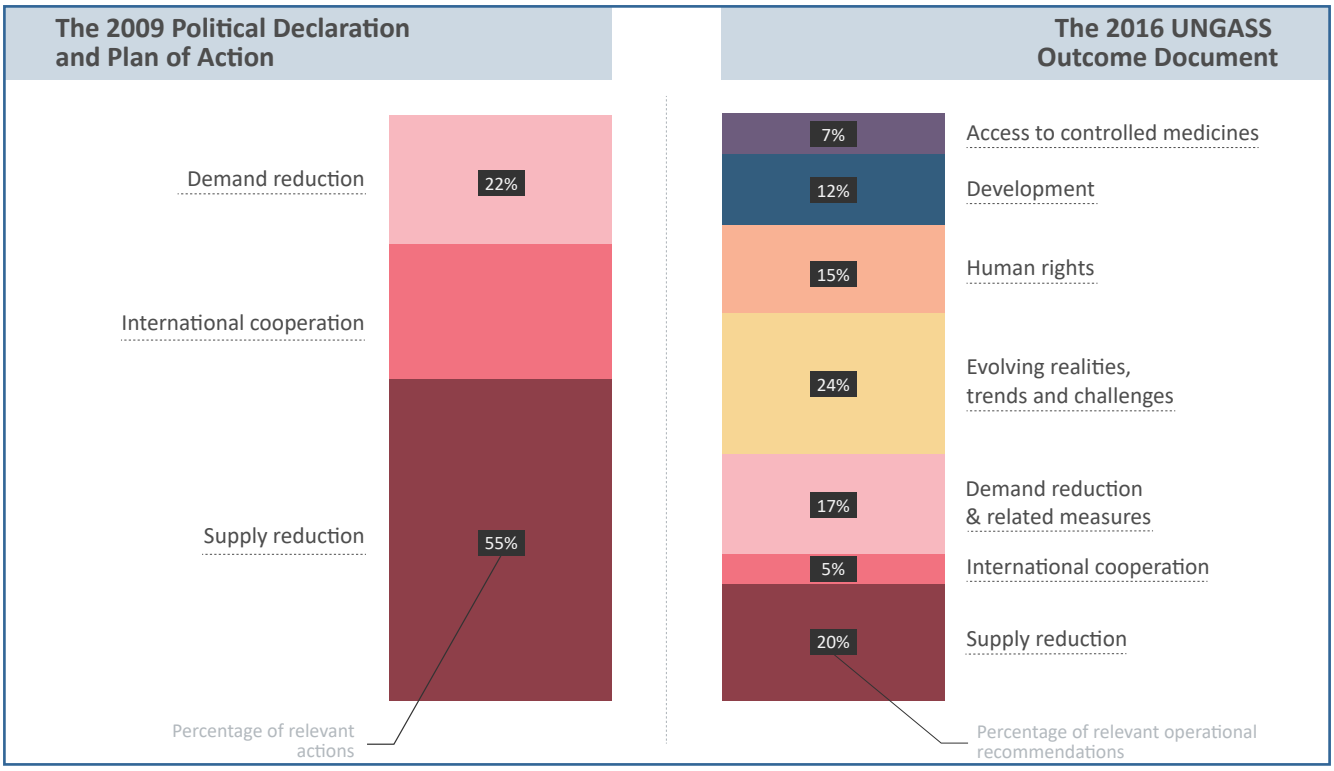
'The cross-cutting UNGASS 2016 approach constitutes a new and better linkage of the objective of drug-control – protection of the health and welfare of humanity – with the key priorities of the UN system, including the SDGs. I encourage the continuation of this structure for future UN drug policy debates', UN High Commissioner for Human Rights, 2018[662]

When it was adopted in April 2016, the UNGASS Outcome Document was criticised by civil society[663] and a number of government officials[664] for failing to question the punitive approach to global drug control, and for failing to mention decriminalisation and the abolition of the death penalty for drug offences, among other issues. The call, in the preamble of the Outcome Document, for the achievement of a 'society free of drug abuse', remains particularly problematic considering the lack of progress and severe consequences associated with efforts to achieve this goal over the past 10 years. Perhaps unsurprisingly, the issue of regulated markets for certain substances likewise did not make it into the final document (see Box 21).

Initial analysis by IDPC – to be published later in 2018 – confirms that all recommendations and thematic areas covered in the 2009 Political Declaration and Plan of Action were also incorporated in the Outcome Document, apart from one issue (witness protection, mentioned in Paragraphs 61 and 62 of the Plan of Action). Both the spirit and themes of the 2009 Political Declaration are therefore largely reflected within in the 2016 Outcome Document.

Nonetheless, in many regards the Outcome Document represents a significant improvement over past high-level drug policy documents – including the 2009 Political Declaration and its plan of action. Indeed, a number of critical drug policy issues which were either not included or only partially covered in 2009 were incorporated in the 2016 document. This includes issues affecting women and

Figure 13. Comparing the structure and number of actions/recommendations of the 2009 Plan of Action with that of the 2016 UNGASS Outcome Document[665]



Credit: Juan Fernandez Ochoa, IDPC

Box 21 The UN drug control conventions and the legal regulation of cannabis for non-medical use

One of the greatest disconnects between contemporary reality and the UN's 2019 drug policy targets has to do with cannabis. The UN drug control treaties expressly limit cannabis use to medical and scientific purposes, and cannabis is placed under the strictest of the conventions' control schedules, meaning that its liability 'to abuse and to produce ill effects… is not offset by substantial therapeutic advantages'. However, cannabis is by far the world's most widely used illegal drug.[666] Instead of persisting with efforts to ban cannabis markets, an increasing number of jurisdictions are choosing to provide for legal, regulated access to cannabis for adults for non-medical purposes. These jurisdictions have concluded – in somxe cases by public ballot – that regulation would be better suited to promote the health, security, and human rights of their citizens.

Movement toward regulation of non-medical cannabis is most obvious in the Americas, namely in Uruguay,[667] Canada,[668] and the USA,[669] and these policy shifts are prompting renewed debate on cannabis regulation elsewhere in the world, such as in the Netherlands,[670] Switzerland[671] and New Zealand.[672] In the Caribbean, where Jamaica already allows for cannabis use in religious ceremonies[673] and St Vincent and the Grenadines is about to adopt a similar bill, a recent report of the Caribbean Community (CARICOM) Regional Commission on Marijuana recommends that 'the end-goals for CARICOM should be the removal of a prohibitionist regime that has proven to be ineffective, unjust and caused more harm than it sought to prevent' and that 'CARICOM Member States should negotiate the tensions arising between redundant treaties and other requirements, not unilaterally, but as a unified entity'.[674]

There is little doubt that legal regulation of non-medical cannabis is beyond the bounds of what the drug control treaties permit. But regulation is moving ahead all the same, and the resulting treaty tensions are now a matter of intense debate at UN drug policy forums.[675] The so-called 'Vienna consensus' is fractured, and the starkly different approaches to cannabis are among the key reasons why. Reaching a new global consensus to revise or amend the UN drug control conventions in order to accommodate legally regulated markets for cannabis does not appear to be a viable scenario for the foreseeable future. Meanwhile, the limits of flexible treaty interpretations have been reached, and overstretching them any further would result in undermining the basic principles of international law. States that intend to move towards legal regulation, or that have already done so, are therefore obliged to explore other options to reconcile such policy changes with their obligations under international law. Only a few options are available that do not require the consent of all the treaty parties.

The WHO can recommend, after a critical review by its ECDD, to change the schedule of a controlled substance or remove it from the schedules altogether, and the CND is then asked to adopt the recommendation by a simple or two-thirds majority vote (for the 1961 and 1971 conventions, respectively). The ECDD's first-ever critical review of cannabis is indeed underway.[676] This review is likely to result in WHO recommendations by the end of 2018 to re-schedule cannabis (plant, resin and extracts) within the 1961 treaty and its active THC compounds within the 1971 treaty, although reaching the required CND majority to adopt them may prove difficult. The other options that do not require UN consensus are either a unilateral procedure by late reservations to the treaties or denunciation and re-accession with new reservations (as Bolivia did with regard to coca), or collective *inter se* modifications negotiated between like-minded countries – a procedure provided for under Article 41 of the Vienna Convention on the Law of Treaties.[677]

The *inter se* procedure was specifically designed to find a balance between the stability of treaty regimes and the necessity of change in the absence of consensus. This option would require the like-minded agreement to include a clear commitment to the original treaty aim to promote the health and welfare of humankind and to maintaining the original treaty obligations vis-à-vis countries not party to the *inter se* agreement. The situation in which the

Continued overleaf

UN drug control treaty regime finds itself today – systemic challenges and inconsistencies, increasing tensions with state practices, huge political and procedural obstacles to amendments, and unilateral escape attempts – merit a careful exploration of the legitimacy and viability of *inter se* agreements. As more countries opt for legal regulation of cannabis, the coordinated collective response entailed by inter se agreements has clear benefits compared to a chaotic scenario of a growing number of different unilateral reservations and questionable re-interpretations.[678]

children, key harm reduction interventions (such as overdose prevention and NSPs, although the term 'harm reduction' failed once again to feature in the final text), proportionality of sentencing, key human rights issues (including the right to a fair trial and due process, to be free from torture and cruel punishment, among others), as well as developmental considerations with a strong link to the need to alleviate poverty and to achieve the SDGs in both rural and urban settings. Finally, it is worth noting that the UNGASS Outcome Document does not include the unrealistic drug-free world targets that were incorporated in both the 1998 and 2009 Political Declarations. This omission leaves the door open to consider new metrics and indicators through which progress can be evaluated.

The seven-pillar structure of the Outcome Document (i.e. demand reduction, supply reduction, international cooperation, access to controlled medicines, human rights, evolving realities, trends and challenges, and development) is also a welcome departure from the siloed three-pillar approach of the 2009 Declaration (i.e. demand reduction, supply reduction and international cooperation). In addition to better reflecting the complexities of the illegal drug market, this new structure enables member states to address a broader range of drug policy issues that do not fit under the headings of 'demand reduction', 'supply reduction' and 'Countering money-laundering and promoting judicial cooperation to enhance international cooperation'. The inclusion of separate chapters on access to controlled medicines, human rights and development are particularly important for drug control to better contribute to the broader UN objectives of protecting human rights, peace and security, and development.

Furthermore, the level of visibility allocated to each of the seven themes within the Outcome Document is much more balanced than in 2009. Then, the Plan of Action included 122 actions to reduce supply compared to only 50 on demand reduction. In comparison, the Outcome Document provides a much more balanced alternative (see Figure 13).

2 The 2019 Ministerial Segment: Establishing a timeline for the next decade

The 2019 Ministerial Segment is a critical moment to take stock of what has – and has not – been achieved over the past decade, as well as to build on the important progress reflected in the UNGASS Outcome Document. It is also a key opportunity to re-orientate international drug policy away from harmful punitive approaches towards more effective and humane policies. Ahead of the Segment, the IDPC network[679] developed four recommendations to inform the 2019 event and global drug policy going forward.

2.1 Moving away from 'drug-free world' targets

The data presented in this Shadow Report show that the targets aiming to 'eliminate or reduce significantly and measurably' the illegal drug market have failed to materialise. Over the past decade, these targets have distorted policy priorities, diverting funding away from proven public health and development approaches, and have been used to justify a number of human rights abuses. Beyond 2019, the international community should consider adopting more meaningful goals and targets in line with the 2030 Agenda for Sustainable Development, the UNGASS Outcome Document and international human rights commitments. Examples of possible new targets are available below.

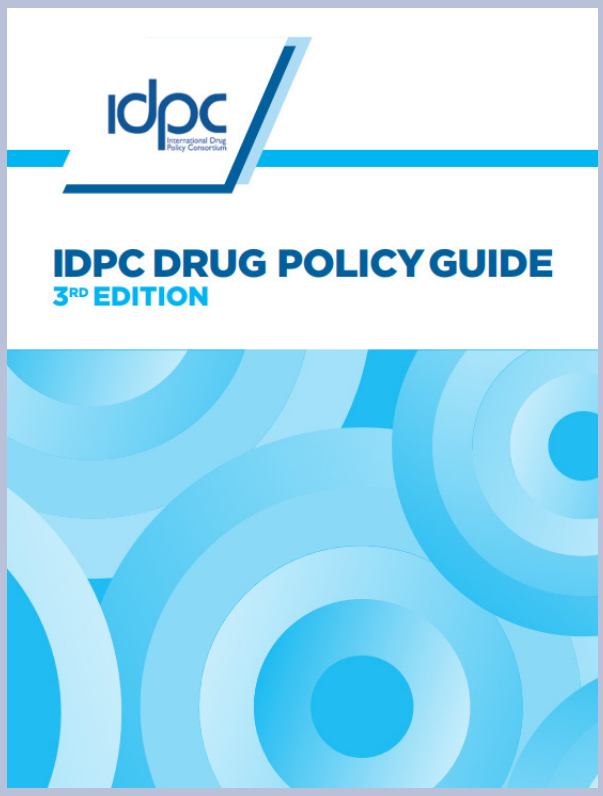
2.2 Meaningfully reflect the impacts of drug policies on the UN goals of promoting health, human rights, development, peace and security

Most drug policies worldwide have undermined or run counter to the overarching priorities of the UN to protect human rights, consolidate peace and security and advance development. Undeniable progress has been made within the UNGASS Outcome Document to better reflect these key priorities, in particular with references to the SDGs. Going forward, the overall objective of global drug policies should actively seek to contribute to advancing the 2030 Agenda for Sustainable Development, including protecting basic

Box 22 Options for drug policy reform

Ahead of the 2016 UNGASS, IDPC released the third edition of its Drug Policy Guide.[680] Bringing together global evidence and best practices, the Guide provides expert analysis across the spectrum of drug policy, including on aspects related to public health, criminal justice and development. Each theme explores the latest available evidence of effectiveness, illustrated by country case studies, and offers advice and recommendations for effective, balanced and humane drug policies. These include:

- The scale up, expansion and funding of evidence-based drug prevention, harm reduction and drug dependence treatment services in the community and in prison settings
- The removal of legislative, regulatory and technical barriers that hampers access to controlled medicines, especially in the Global South
- The decriminalisation of people who use drugs and subsistence farmers engaged in illegal crop cultivation
- The consideration of legally regulated markets to address the harms associated with punitive drug control, in particular mass incarceration, human rights abuses, stigma and discrimination
- The use of effective and humane alternatives to incarceration for non-violent drug offenders, and the review of current drug laws to ensure more proportionate sentencing for all drug offences
- The abolition of the death penalty for drug offences
- The incorporation of a development perspective in drug policies to address poverty, marginalisation and vulnerability, with the goal of leaving no one behind
- The recognition and protection of the rights of indigenous peoples, including the right to grow and use internationally controlled substances
- The consideration of new metrics and indicators to measure the effectiveness of drug policy, using the Universal Human Rights Index and the SDGs
- The inclusion of civil society, in particular affected communities, in all aspects of the design, implementation, monitoring and evaluation of drug policy.[681]



human rights, strengthening good governance and promoting the well-being of society, especially those most marginalised and vulnerable.

2.3 Reflecting the realities of drug policies on the ground, both positive and negative

The Shadow Report highlights significant changes in the global drug policy landscape since 2009, with unprecedented reforms taking place at local and national levels in the fields of harm reduction, treatment, decriminalisation, alternatives to incarceration, medicinal cannabis, and the creation of legally regulated markets for non-medical use, among others. 2019 will be a critical juncture at which these reforms should be discussed, in particular with regards to the possible resulting tensions with the international drug control regime (see Box 21). On the other side of the policy spectrum, it is equally important to acknowledge the human rights abuses committed in the name

of drug control, including the continued use of the death penalty for drug offences, extrajudicial killings, compulsory detention centres, mass incarceration and dire prison conditions, stigma and discrimination against people who use drugs, and others. These serious human rights concerns should feature prominently in the 2019 debates to ensure a paradigm shift in drug policy that is enshrined in international human rights law, health and social inclusion.

2.4 Ending punitive approaches and putting people and communities first

This Shadow Report has showcased how drug policies have so far placed a disproportionate emphasis on the substances they seek to control, rather than on the well-being of people and communities they seek to serve. Beyond 2019, the global drug strategy should focus on putting people and communities at the centre, and seek to improve their living conditions, address their vulnerabilities and protect their human rights – in line with the SDG vision of 'leaving no one behind'. This entails embracing a social justice approach to drug policy, in order to redress some of the social harms associated with punitive drug control. Putting people first also requires that the UN address the ongoing tensions between UN drug control obligations and the rights of indigenous peoples. In this context, a rights-centred approach should aim to protect the traditional and medicinal practices of indigenous communities, including their right to cultivate and use controlled substances.

This shift in focus requires civil society and community involvement in all aspects of the design, implementation, evaluation and monitoring of drug policies at local, national, regional and international levels. This imperative had already been recognised within the 2009 Political Declaration and Plan of Action (Actions 10 and 12(b)) and was reiterated in the 2016 UNGASS Outcome Document (Preamble and paragraphs 1.q, 4.g, 7.l and 9). Beyond 2019, global drug policy should include the continued and meaningful participation of most affected groups, in particular people who use drugs, people involved in subsistence farming of crops destined for the illegal drug market, formerly incarcerated drug offenders, indigenous peoples, and other communities such as affected women, children and youth.

3 Identifying new indicators for measuring the success of drug policy: How to leverage the Sustainable Development Goals

The success of drug control strategies should be measured through an assessment of the impact of drug control efforts in the enjoyment of human rights and other critical aspects such as security, health and social-economic development', OHCHR, 2018[682]

Reconsidering the overall goals of global drug policy beyond the mere objective of achieving a drug-free society entails a rethink of the metrics and indicators being used to evaluate progress achieved by drug policies and strategies worldwide. If drug control no longer has a singular focus on reducing cultivation, trafficking and use – objectives that have not been achieved over the past 20 years – but rather on minimising drug-related health harms, improving access to healthcare, upholding basic human rights, reducing poverty in cultivation and trafficking areas, improving citizen safety and reducing corruption, the use of indicators focusing on measuring the scale of the illegal drug market will no longer be enough. Furthermore, the additional thematic areas covered in the UNGASS Outcome Document require the development of additional indicators to measure progress, and their inclusion in a revised ARQ. Finally, the adoption of the SDGs in 2015 poses an additional layer of complexity, requiring the UN and its member states to recalibrate their policies – including those relating to drug control – to achieve the 2030 Agenda for Sustainable Development. By continuing to promote drug-free targets while side-lining other critical aspects of drug policy, governments may run the risk of failing to achieve many of the SDGs agreed upon in 2015.

The difficulty now lies in defining which new metrics and indicators member states and the UN should use to measure progress. The SDGs are highlighted within the UNGASS Outcome Document's preamble and paragraph 7.g. The Goals, along with their detailed targets and indicators, provide an invaluable resource for every aspect of policy making at the UN level. The interrelationship between the SDGs and drug policy has been extensively discussed elsewhere[683] and this analysis will therefore not be repeated here. Instead, this section proposes possible new metrics and indicators based on the SDGs and closely aligned with the UNGASS Outcome Document's operational recommendations. While not every SDG may be relevant to drug policy, the targets and indicators they provide can be used and adapted to meas-

Credit: Sustainable Development Goals website

ure the success of drug policies, strategies and programmes. This is also an opportunity to identify 'outcome' or 'impact' metrics and indicators, instead of solely using 'process' or 'activity' indicators. These proposed indicators are based upon the work currently being undergone by NGOs, UN agencies and government bodies on the issue, and aim to offer a starting point for further discussion on the matter.[684]

3.1 Chapter 1: Demand reduction and related measures

The current UNODC data reporting mechanism already covers levels of drug use and dependence, as well as some drug use-related health issues. However, various SDG targets and indicators may be helpful to consider, in particular to track progress in removing the political, legislative and practical barriers (including discrimination, cases of abuse, lack of adequate services, etc.) hampering access to healthcare settings:

Original SDG target/indicator	Possible drug policy target/indicator & relevant paragraph in the UNGASS Outcome Document
Indicator 1.1.1: Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	Proportion of people who use drugs below the international poverty line, by sex, age, employment status and geographical location (urban/rural) (para 1.h)
Target 3.3: By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	By 2030 end the epidemics of AIDS, tuberculosis and combat hepatitis and other communicable diseases among people who inject drugs (para 1.o)
Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Number of new HIV infections per 1,000 uninfected people who inject drugs, by sex, age (para 1.o)
	Number of people who inject drugs living with HIV under ART, by sex, age (para 1.o)
Indicator 3.3.2: Tuberculosis incidence per 1,000 population	Tuberculosis per 1,000 people who inject drugs, by sex, age (para 1.o)
	Proportion/Number of people who inject drugs infected by tuberculosis who have been treated and cured, by sex, age (para 1.o)
Indicator 3.3.4: Hepatitis B incidence per 100,000 population	Hepatitis B and C[685] incidence per 100,000 people who inject drugs, by sex, age (para 1.o)
	Number of people who inject drugs infected by hepatitis B and C under treatment, by sex, age (para 1.o)
Target 3.5: Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	Adoption of minimum quality standards for drug prevention and treatment, modelled on those developed by UNODC (para 1.h)
Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for drug dependency both in the community and in prison, by sex, age (para 1.j, 4.m)
	Proportion/number of people dependent on drugs accessing voluntary and evidence-based drug dependence treatment, number of those having completed their treatment, and retention rate, by sex, age (para 1.j)
Indicator 10.3.1: Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	Proportion/number of people who use drugs reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law, by sex, age (para 1.j)
Indicator 11.7.2: Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months	Proportion/number of people who use drugs victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months (para 4.c)

3.2 Chapter 2: Ensuring access to controlled medicines

The issue of improving access to controlled medicines was only covered in one action in the 2009 Political Declaration and Plan of Action, but was allocated an entire chapter in the UNGASS Outcome Document. This is a key opportunity for member states to report on progress made in this regard. Within the SDGs, two targets are particularly relevant for this topic:

Original SDG target/indicator	Possible drug policy target/indicator & relevant paragraph in the UNGASS Outcome Document
Target 3.5: Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	Ensure access to controlled medicines included in the WHO Model List of Essential Medicines for the treatment of drug dependence, including methadone, buprenorphine and morphine (para 2.a, 1.k, 1.o))
	% of people dependent on opioids receiving substitution therapy with methadone, buprenorphine or morphine, in the community and in prison, by sex, age (para 1.k, 1.o, 2.a, 4.b, 4.m)
	Availability of naloxone (among peers, in hospitals, in healthcare facilities, etc.) (para 1.m)
Target 3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Achieve universal health coverage, including access to essential healthcare services, and access to safe, effective, quality and affordable essential medicines for all (para 2)
	Legislation or regulations to improve access to controlled substances for medical and scientific purposes (e.g. substances available, requirements to prescribe; requirements for patients to obtain prior permission or register to be eligible, for physicians to receive special licences, for pharmacies to obtain prior licences to dispense medicines, etc.) (para 2, 2.a)
	% of people suffering from moderate to severe or chronic pain receiving controlled medicines, by sex, age (para 2)
	Number of pharmaceutical establishments that can dispense opioids for pain management per 100,000 inhabitants (para 2.a, 2.d)
	% of medical and nursing schools providing palliative care and pain management training in their curriculum (para 2.e)
	Coverage of training for healthcare professionals on palliative care and the treatment of moderate to severe or chronic pain with controlled medicines (para 2.e)

3.3 Chapter 3: Supply reduction and related measures

Progress in supply reduction has so far mostly been measured according to process indicators tracking numbers of seizures of drugs, crops eradicated and arrests of cultivators, traffickers and dealers. The UNGASS Outcome Document provides an opportunity to develop new indicators assessing the socio-economic conditions of vulnerable communities (para 3.b) and measuring evolutions in levels of violence and corruption, using the following SDG targets and indicators:

Original SDG target/indicator	Possible drug policy target/indicator & relevant paragraph in the UNGASS Outcome Document
Indicator 1.1.1: Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	Proportion of population below the international poverty line in areas affected by illegal drug cultivation, production, trafficking and sale, by sex, age (urban/rural) (para 3.b)
Target 16.1: Significantly reduce all forms of violence and related death rates everywhere	Significantly reduce all forms of violence and related death rates in areas affected by illegal drug cultivation, production, trafficking and sale (para 3.a)
Indicator 16.1.1: Number of victims of intentional homicide per 100,000 population, by sex and age	Numbers of victims of intentional homicide per 100,000 population in areas affected by illegal drug cultivation, production, trafficking and sale, by sex and age (para 3.a)
Target 16.5: Substantially reduce corruption and bribery in all their forms	Significantly reduce corruption and bribery in areas affected by illegal drug cultivation, production, trafficking and sale (para 3.a)
	Increased number of financial investigations and confiscations in relation to the proceeds of drug-related organised crime (para 3.q, 3.r)
	Perception of public sector corruption (para 3.a)
	Number of investigations and prosecutions for drug-related corruption and/or money-laundering cases involving governments (para 3.f)

3.4 Chapter 4: Human rights, youth, children, women and communities

The Outcome Document is the first example in the history of international drug control of a high-level document dedicating a whole chapter to human rights. Despite the sensitivities associated with the issue throughout the negotiations of the Outcome Document, this chapter includes key operational recommendations on proportionality of sentencing, due process, the prevention of torture and ill-treatment, as well as the rights of women and children. This provides an opportunity to develop indicators through which member states – but also UN agencies and civil society – may report back on progress, or lack thereof, towards the achievement of the following SDG targets and indicators:

Original SDG target/indicator	Possible drug policy target/indicator & relevant paragraph in the UNGASS Outcome Document
Target 1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day	Number of people incarcerated for drug offences living below the poverty line and who are the sole care provider of children and other dependent relatives (para 4.d)
Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Availability and coverage of gender-sensitive harm reduction interventions in the community and in prison settings (para 1.k, 1, o, 4.b)
Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	Availability and coverage of gender-sensitive treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) in the community and in prison settings (para 1.i, 4.m, 4.o)
Target 5.1: End all forms of discrimination against all women and girls everywhere	Reported cases of stigma and discrimination in accessing healthcare services by women who use drugs (para 4.b
Indicator 5.1.1: Indicator 5.1.1: Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex	Legal framework adopted/in place to monitor and redress cases of discrimination against women and girls who use drugs (para 4.b)
Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	See Indicator 5.2.2
Indicator 5.2.2: Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	Reported cases of sexual violence against women and girls who use drugs and female drug offenders (para 4.d)
Target 5.C: Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels	Legislation, regulation or measure passed/reviewed to ensure a gender-sensitive approach to drug policies and programmes, including in the implementation of the Bangkok Rules (para 4.n)
Target 10.3: Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard	Legal and/or policy framework adopted/in place to monitor and redress cases of discrimination against people who use drugs and drug offenders (paras 4.b, 4.d, 4.g)
Target 10.3.1: Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	Reported cases of stigma and discrimination in accessing healthcare services, by sex, age (paras 1.k, 4.b, 4.d)
Indicator 11.7.2: Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months	Reported cases of sexual violence against people who use drugs, by sex, age (para 4.d)

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Target 16.1: Significantly reduce all forms of violence and related death rates everywhere	Reported cases of violence against, and extrajudicial killings of, suspected drug offenders, by sex, age (para 4.o)
Indicator 16.1.3: Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	Legislation, regulation or measure passed to eliminate acts of ill-treatment or punishment against drug offenders, by sex, age (para 4.c, 4.o)
	Incidence and prevalence of physical and psychological abuse, including by law enforcement officials, against (suspected) drug offenders, by sex, age (para 4.o)
Target 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children	Reported cases of abuse, exploitation, trafficking and violence by drug traffickers and organised crime organisations against children and youth involved in illegal drug activities, by sex (para 4.d, 4.f)
	Reported cases of abuse and violence by police and law enforcement officers against children and youth involved in illegal activities, by sex (para 4.d, 4.f)
Target 16.3: Promote the rule of law at the national and international levels and ensure equal access to justice for all	Legislation, regulation or measure passed/reviewed to ensure more proportionate penalties and alternatives to incarceration for drug offences (para 4.l, 4.j)
	Legislation, regulation or measure passed to eliminate impunity (para 4.o)
	Reported cases of arbitrary detention, by sex, age (para 4.o)
	Proportion of victims of ill-treatment or punishment accused of drug offences who have received compensation and rehabilitation, by sex, age (para 4.c, 4.o)
	% of people accused of drug offences who received legal aid during trial (para 4.o)
Indicator 16.3.2: Unsentenced detainees as a proportion of overall prison population	Proportion of drug offenders held in pre-trial detention, by sex, age (para 4.j)
Target 16.7: Ensure responsive, inclusive, participatory and representative decision-making at all levels	Legislation, regulation or measure passed/reviewed to ensure the involvement of affected communities in the development, implementation, monitoring and evaluation of drug policies and programmes (para 4.b)

3.5 Chapter 5: Evolving reality, trends and existing circumstances

In an increasingly complex and fast-evolving global drug market, this chapter of the UNGASS Outcome Document is critical, in particular with regards to responding to the possible health and social harms associated with NPS and ATS. Much of the recommendations within this chapter relate to supply reduction efforts, but several also focus on health. In this regard, the following SDG targets may be useful:

Original SDG target/indicator	Possible drug policy target/indicator & relevant paragraph in the UNGASS Outcome Document
Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	By 2030, end the epidemics of AIDS, tuberculosis and combat hepatitis and other communicable diseases among people using NPS or ATS (para 5.d)
	Availability of innovative, accessible interventions to address the adverse health consequences of NPS and ATS use (para 5.d)
Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Number of new HIV infections per 1,000 uninfected people using NPS or ATS, by sex, age (para 5.d)
Indicator 3.3.2: Tuberculosis incidence per 1,000 population	Tuberculosis incidence per 1,000 people using NPS or ATS, by sex, age (para 5.d)
Indicator 3.3.4: Hepatitis B incidence per 100,000 population	Hepatitis B and C incidence per 100,000 people using NPS or ATS, by sex, age (para 5.d)
Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	Proportion/number of people dependent on NPS or ATS receiving evidence-based drug dependence treatment, including substitution treatment (para 5.d)
	Availability of minimum quality standards for the prevention and treatment of NPS or ATS dependence (para 5.d)
Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	% of people dependent on NPS or ATS accessing evidence-based treatment, by sex, age (para 5.d)

3.6 Chapter 6: Strengthening international cooperation

This topic is extensively covered in the 2009 Political Declaration and within the current ARQ. However, two SDG Targets may be useful to consider:

Original SDG target/indicator	Possible drug policy target/indicator & relevant paragraph in the UNGASS Outcome Document
Target 16.A: Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime	Level of information sharing through effective coordination mechanisms at national, regional, sub-regional and international levels on expertise and best practice in drug policy (para 6.c)
Target 17.6: Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism	Formal and informal mechanisms established to enhance North-South, South-South and triangular cooperation among member states on drug policy (para 6.b)
Indicator 17.14.1: Number of countries with mechanisms in place to enhance policy coherence of sustainable development	Legislation, policy and/or strategy adopted and implemented to enhance policy coherence between drug control and sustainable development (para 6.d)

3.7 Chapter 7: Alternative development, development-oriented balanced drug control policy

Here again, the UNGASS Outcome Document made significant progress in expanding the concept of alternative development to include broader development considerations, including addressing socio-economic vulnerabilities, improving access to education, employment, land tenure and natural resources, addressing inequalities and protecting the environment – both in rural and urban settings. Unsurprisingly, there are many relevant SDG targets and indicators relevant to this issue:

Original SDG target/indicator	Possible drug policy target/indicator & relevant paragraph in the UNGASS Outcome Document
Target 1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day	By 2030, eradicate extreme poverty for people living in areas affected by illegal drug cultivation, production, trafficking and sale, currently measured as people living on less than $1.25 a day (para 3.b, 5.v, 7.b)
Indicator 1.1.1: Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	Proportion of people living below the poverty line in communities affected by illegal drug cultivation, production, trafficking and sale (para 3.b, 5.v, 7.b)
	Poverty level among families where illegal drug cultivation is the primary source of income (para 3.b, 5.v, 7.b)
	Poverty levels among people prosecuted/arrested for drug supply/trafficking offences (para 3.b, 5.v, 7.b)
	Comparison of poverty levels before and two years after sustainable development programmes have been implemented, in areas affected by illegal crop cultivation (para 7.b, 7.j)
Target 1.4: By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	By 2030 ensure that all men and women, particularly the poor and the vulnerable in areas affected by illegal drug cultivation, production, trafficking and sale, have equal rights to economic resources, as well as access to basic services, ownership, and control over land and other forms of property, inheritance, natural resources, appropriate new technology, and financial services including microfinance (para 7.j)
	Increase/reduction in the number of people displaced from their land due to crop eradication activities and other drug law enforcement efforts (para 7.j)
Indicator 1.4.2: Proportion of total adult population with secure tenure rights to land, with legally recognized documentation and who perceive their rights to land as secure, by sex and by type of tenure	Percentage of women, men, indigenous peoples, and local communities in areas affected by illegal drug cultivation, production, trafficking and sale with secure rights to land, property, and natural resources, measured by (i) percentage with documented or recognised evidence of tenure, and (ii) percentage who perceive their rights are recognised and protected (para 7.j)
Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes in areas affected by illegal drug cultivation, production, trafficking and sale (para 7.h, 7.j)
Indicator 4.3.1: Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex	Percentage of people having access to primary, secondary and higher education in areas affected by illegal drug cultivation, production, trafficking and sale (para 7.h, 7.j)

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Target 5.A: 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, financial services, inheritance and natural resources, in accordance with national laws	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, financial services, inheritance and natural resources in areas affected by illegal drug cultivation, production, trafficking and sale (para 7.j)
Indicator 5.A.1: (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure	Proportion of total agricultural population in areas affected by illegal crop cultivation with ownership or secure rights over agricultural land, by sex; and share of women among owners or rights-bearers of agricultural land, by type of tenure (para 7.j)
Indicator 5.A.2: Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control	Proportion of countries affected by illegal drug cultivation, production, trafficking and sale where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control (para 7.j)
Target 6.6: By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes	By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes, in areas affected by illegal crop cultivation (para 7.b, 7.i, 7.g)
	Proportion of countries with alternative development programmes having incorporated environmental protection components aiming to protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes (para 7.b, 7.i, 7.g)
Indicator 8.6.1: Proportion of youth (aged 15-24 years) not in education, employment or training	Proportion of youth (aged 15-24 years) not in education, employment or training in areas affected by illegal drug cultivation, production, trafficking and sale (para 7.h, 7.j)
Target 9.3: Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets	Proportion of the population in areas affected by illegal drug cultivation, production, trafficking and sale having increased access to small-scale industrial and other enterprises and financial services, including affordable credit, and their integration into value chains and markets (para 5.v, 7.b)
	Increase in access to licit markets for products derived from local cultivation, production and manufacture in areas affected by illegal crop cultivation (para 7.b)
Target 11.1: By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums	By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums in areas affected by illegal drug cultivation, production, trafficking and sale (para 7.h, 7.j)
	Percentage of people having access to stable housing in communities affected by illegal drug cultivation, production, trafficking and sale, by sex, age (7.h, 7.j)
Target 13.2: Integrate climate change measures into national policies, strategies and planning	Proportion of countries having integrated climate change measures into their drug policies, strategies and planning (para 7.b, 7.i, 7.g)
Indicator 15.3.1: Proportion of land that is degraded over total land area	Proportion of land that is degraded over total land area in areas affected by illegal drug cultivation, production, trafficking and sale (para 7.b, 7.i, 7.g)

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Target 16.7: Ensure responsive, inclusive, participatory and representative decision-making at all levels	Ensure responsive, inclusive, participatory and representative decision-making on drug policies, strategies and programmes at all levels (para 7.b)
	Proportion of countries having adopted mechanisms to ensure responsive, inclusive, participatory and representative decision-making at all levels in drug policies, strategies and programmes (para 7.b)
Indicator 16.7.2: Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group	Proportion of population living in areas affected by illegal drug cultivation, production, trafficking and sale who believe decision-making is inclusive and responsive, by sex, age, disability and population group (para 7.b)

Annex : Actions selected from the 2009 Political Declaration and Plan of Action for the Shadow Report

HUMAN RIGHTS	
Actions from the 2009 Political Declaration and Plan of Action	**Issue of relevance**
Action 2(g): 'Develop and implement, in cooperation with international and regional agencies, a sound and long-term advocacy strategy, including harnessing the power of communication media, aimed at reducing discrimination that may be associated with substance abuse, promoting the concept of drug dependence as a multifactorial health and social problem and raising awareness, where appropriate, of interventions based on scientific evidence that are both effective and cost-effective'	Right to health: enhancing access to evidence-based drug prevention and right to be free from discrimination
Action 4(h): 'Consider developing a comprehensive treatment system offering a wide range of integrated pharmacological (such as detoxification and opioid agonist and antagonist maintenance) and psychosocial (such as counselling, cognitive behavioural therapy and social support) interventions based on scientific evidence and focused on the process of rehabilitation, recovery and social reintegration'	Right to health: ensuring access to evidence-based drug dependence treatment
Action 4(i): 'Strengthen their efforts aimed at reducing the adverse consequences of drug abuse for individuals and society as a whole, taking into consideration not only the prevention of related infectious diseases, such as HIV, hepatitis B and C and tuberculosis, but also all other health consequences, such as overdose, workplace and traffic accidents and somatic and psychiatric disorders, and social consequences, such as family problems, the effects of drug markets in communities and crime'	Right to health: ensuring access to harm reduction interventions
Action 6(a): 'Ensure that demand reduction measures respect human rights and the inherent dignity of all individuals and facilitate access for all drug users to prevention services and health-care and social services, with a view to social reintegration'	Right to be free from torture, cruel, inhuman treatment or punishment, right to life, right to due process and a fair trial, and right to liberty and be free from arbitrary detention
Action 10(b): 'Ensure, where appropriate, the sufficient availability of substances for medication-assisted therapy, including those within the scope of control under the international drug control conventions, as part of a comprehensive package of services for the treatment of drug dependence'	Right to health: ensuring access to harm reduction interventions and evidence-based drug dependence treatment
Action 10(c): 'Continue to comply with the procedures established under the international drug control conventions and relevant resolutions of the Economic and Social Council relating to the submission to the International Narcotics Control Board of estimates of their requirements for narcotic drugs and assessments of requirements for psychotropic substances so as to facilitate the import of the required narcotic drugs and psychotropic substances and to enable the Board, in cooperation with Governments, to maintain a balance between the demand for and the supply of those drugs and substances in order to ensure the relief of pain and suffering and the availability of medication-assisted therapy as part of a comprehensive package of services for the treatment of drug dependence, while bearing in mind, in accordance with national legislation, the World Health Organization Model List of Essential Medicines'	Right to health: improving access to controlled substances for medical purposes
Action 14(a): 'Ensure that a broad range of drug demand reduction services, including those in the areas of prevention, treatment, rehabilitation and related support services, provide approaches that serve the needs of vulnerable groups and are differentiated on the basis of scientific evidence so that they respond best to the needs of those groups, taking into account gender considerations and cultural background'	Right to health: ensuring access to drug services for women

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Action 14(b) 'Ensure that prevention programmes target and involve youth and children with a view to increasing their reach and effectiveness'	Right to health: ensuring access to drug services for children
Action 14(c): 'Provide specialized training for those who work with vulnerable groups, such as patients with psychiatric co-morbidities, minors and women, including pregnant women'	Right to health: ensuring access to drug services for women
Action 15(a): 'Working within their legal frameworks and in compliance with applicable international law, consider allowing the full implementation of drug dependence treatment and care options for offenders, in particular, when appropriate, providing treatment as an alternative to incarceration'	Right to health: ensuring access to drug services in prisons and providing alternatives to prison or punishment for people who use drugs
	Right to liberty and be free from arbitrary detention
Action 15(c): 'Implement comprehensive treatment programmes in detention facilities; commit themselves to offering a range of treatment, care and related support services to drug-dependent inmates, including those aimed at prevention of the transmission of related infectious diseases, pharmacological and psychosocial treatment and rehabilitation; and further commit themselves to providing programmes aimed at preparation for release and prisoner support programmes for the transition between incarceration and release, re-entry and social reintegration'	Right to health: ensuring access to drug services in prisons
Action 16(d): 'Provide appropriate training so that criminal justice and/or prison staff carry out drug demand reduction measures that are based on scientific evidence and are ethical and so that their attitudes are respectful, non-judgemental and non-stigmatizing'	Right to health: ensuring access to drug services in prisons
Action 22(c): 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'	Right to be free from torture, cruel, inhuman treatment or punishment, right to life, right to due process and a fair trial, and right to liberty and be free from arbitrary detention
Action 22(e): 'Promote supply reduction measures that take due account of traditional licit uses, where there is historical evidence of such use, as well as environmental protection, in conformity with the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988'	Rights of indigenous people
Action 22(l): 'Remain up to date on scientific studies, data and research on the medicinal and other legitimate uses of plants containing narcotic and psychotropic substances, taking into account the provisions of the three international drug control conventions'	Right to science
Action 38(c): 'Develop prevention and treatment programmes tailored to the specific characteristics of the phenomenon of amphetamine-type stimulants as key elements in any relevant strategy to reduce demand and minimize health risks'	Right to health: ensuring access to harm reduction interventions and evidence-based drug dependence treatment
Action 41(c): 'Ensure that measures to control precursors and amphetamine-type stimulants are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'	Right to life, and right to due process and a fair trial

PROMOTING PEACE AND SECURITY	
Actions from the 2009 Political Declaration and Plan of Action	**Issue of relevance**
Action 22(c): 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'	Balloon effect & escalating levels of violence, and right to life
Action 24(g): 'Implement strategies to disrupt and dismantle major organizations involved in trafficking in narcotic drugs and psychotropic substances and to address emerging trends'	Balloon effect & escalating levels of violence
Action 36(a): 'Address through concerted action the illegal sale of preparations containing amphetamine-type stimulants via the Internet and the misuse of postal and courier services for smuggling such preparations'	Responses to crypto-drug markets
Action 51(a): 'Establishing new or strengthening existing domestic legislative frameworks to criminalize the laundering of money derived from drug trafficking, precursor diversion and other serious crimes of a transnational nature in order to provide for the prevention, detection, investigation and prosecution of money laundering'	Tackling money-laundering
Action 51(d): 'Promoting effective cooperation in strategies for countering money-laundering and in money-laundering cases'	Tackling money-laundering

ADVANCING DEVELOPMENT	
Actions from the 2009 Political Declaration and Plan of Action	**Issue of relevance**
Action 22(e): 'Promote supply reduction measures that take due account of traditional licit uses, where there is historical evidence of such use, as well as environmental protection, in conformity with the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988'	Protecting the environment in drug control strategies
Action 43(b): 'Conduct research to assess the factors leading to the illicit cultivation of drug crops used for the production of narcotic drugs and psychotropic substances'	Analysing factors leading to illegal crop cultivation
Action 43(d): 'Ensure that States with the necessary expertise, the United Nations Office on Drugs and Crime and other relevant United Nations organizations assist affected States in designing and improving systems to monitor and assess the qualitative and quantitative impact of alternative development and drug crop eradication programmes with respect to the sustainability of illicit crop reduction and socio-economic development; such assessment should include the use of human development indicators that reflect the Millennium Development Goals'	Support and cooperation for alternative development
Action 45(c): 'Establish, where possible, sustainable alternative development programmes, in particular in drug-producing regions, including those with high levels of poverty, as they are more vulnerable to exploitation by traffickers and more likely to be affected by the illicit cultivation of drug crops and the illicit production of and trafficking in narcotic drugs and psychotropic substances'	Promoting sustainable development in cultivation and trafficking areas
Action 45(d): 'Consider, where appropriate, including in their national development strategies, integrated and sustainable alternative development programmes, recognizing that poverty and vulnerability are some of the factors behind illicit drug crop cultivation and that poverty eradication is a principal objective of the Millennium Development Goals; and request development organizations and international financial institutions to ensure that alternative development strategies, including, when appropriate, preventive alternative development programmes, are incorporated into poverty reduction strategy papers and country assistance strategies for States affected by the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances'	Promoting sustainable development in cultivation and trafficking areas
Action 45(f): 'Ensure that the design and implementation of alternative development programmes, including, when appropriate, a preventive approach, involve all stakeholders, take into account the specific characteristics of the target area and incorporate grass-roots communities in project formulation, implementation and monitoring'	Ensuring collaboration with local communities in illegal crop cultivation areas
Action 47(b): 'Develop alternative development programmes and eradication measures while fully respecting relevant international instruments, including human rights instruments, and, when designing alternative development interventions, taking into consideration the cultural and social traditions of participating communities'	Ensuring collaboration with local communities in illegal crop cultivation areas
Action 47(c): 'Ensure that development assistance provided to communities in areas affected by illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances takes into account the overall aims of human rights protection and poverty eradication'	Ensuring that development assistance protects human rights
Action 47(d): 'Ensure that the implementation of alternative development and preventive alternative development, as appropriate, enhances synergy and trust among the national Government, local administrations and communities in building local ownership'	Ensuring collaboration with local communities in illegal crop cultivation areas

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Action 47(f): 'Ensure the proper and coordinated sequencing of development interventions when designing alternative development programmes; and, in this connection, the issues of the establishment of agreements and viable partnerships with small producers, favourable climatic conditions, strong political support and adequate market access should be taken into account'	Promoting sustainable development in cultivation and trafficking areas
Action 49(e): 'Ensure that development partners, affected States and other relevant key development actors examine innovative ways to promote alternative development programmes, including preventive alternative development programmes, where appropriate, that are environmentally friendly'	Protecting the environment in drug control strategies

Endnotes

i. This shadow report initially noted that, according to the UN Commission on Crime Prevention and Criminal Justice (CCPJ), 83% of all people convicted for a drug offence had been sentenced for drug possession. In May 2020, this was amended to reflect the correct interpretation of the CCPJ's finidngs, namely that 83% of all drug offences recorded by law enforcement were offences related to possession. See: UN Commission on Crime Prevention and Criminal Justice (January 2013), World crime trends and emerging issues and responses in the field of crime prevention and criminal justice, note by the Secretariat, E/CN.15/2013/9, http://www.unodc.org/documents/data-and-analysis/statistics/crime/ World_Crime_Trends_2013.pdf

1. See: United Nations Office of Drugs and Crime, 52nd Session, High-Level Segment website (2009), https://www.unodc.org/unodc/en/commissions/CND/session/52_Session_2009/CND-52-Session_HLS.html
2. Commission on Narcotic Drugs (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf
3. The international drug control regime is based on three UN conventions: the 1961 Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. See: http://www.unodc.org/unodc/en/treaties/index.html?ref=menuside
4. Available here: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/S-17/2
5. United Nations General Assembly, Twentieth Special Session, World Drug Problem website (1998), http://www.un.org/ga/20special/
6. Blickman, T. (18 July 2005), *Caught in the crossfire – Developing countries, the UNDCP, and the war on drugs* (London: Transnational Institute & Catholic Institute for International Relations), https://www.tni.org/en/article/caught-in-the-crossfire
7. United Nations General Assembly (1998), *Resolution S-20/2. Political Declaration, A/RES/S-20/2**, https://www.unodc.org/documents/commissions/CND/Political_Declaration/Political_Declaration_1998/1998-Political-Declaration_A-RES-S-20-2.pdf
8. Jelsma, M. (2003), 'Drugs in the UN system: The unwritten history of the 1998 United Nations General Assembly Special Session on drugs', International Journal of Drug Policy, **14**(2): 181-195, https://www.ijdp.org/article/S0955-3959(03)00006-9/pdf
9. United Nations General Assembly (1998), *Political Declaration – Guiding principles of drug demand reduction and measures to enhance international cooperation to counter the world drug problem*, http://www.unodc.org/pdf/report_1999-01-01_1.pdf
10. United Nations Office on Drugs and Crime (2008), *World Drug Report 2008*, https://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf
11. Ibid.
12. International Drug Policy Consortium (2008), *The 2008 World Drug Report – A response from the International Drug Policy Consortium*, http://fileserver.idpc.net/library/IDPC_ResponseWorldDrugReport_Sept08_EN.pdf
13. Costa, A.M. (2008), *"Making drug control 'fit for purpose': Building on the UNGASS decade" - Report by the Executive Director of the United Nations Office on Drugs and Crime as a contribution to the review of the twentieth special session of the General Assembly*, E/CN.7/2008/CRP.17*, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_51/1_CRPs/E-CN7-2008-CRP17_E.pdf
14. Ibid. Note that these 'unintended consequences' were also included in: United Nations Office on Drugs and Crime (2008), *World Drug Report 2008*, https://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf
15. Commission on Narcotic Drugs (2007), *Resolution 50/12. Measures to meet the goal of establishing by 2009 the progress achieved in implementing the declarations and measures adopted by the General Assembly at its twentieth special session*, https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2000-2009/2007/CND_Res-50-12.pdf
16. See background documentation for the 51st CND here: https://www.unodc.org/unodc/en/commissions/CND/session/51_Session_2008/CND-51-Session_Index.html and here: https://www.unodc.org/unodc/en/commissions/CND/session/51_Session_2008/CND-51-Session_CRPs.html
17. Commission on Narcotic Drugs (2008), *Open-ended intergovernmental expert working groups on the preparations for the High-Level Segment of the fifty-second session of the Commission on Narcotic Drugs,* http://www.unodc.org/unodc/en/commissions/CND/session/52_Session_2009/HLS_Preparations_EWG/CND52-EWG_Index.html
18. Commission on Narcotic Drugs (2008), *Resolution 51/4. Preparations for the High-Level Segment of the fifty-second session of the Commission on Narcotic Drugs, relating to the follow-up to the twentieth special session of the General Assembly,* https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2000-2009/2008/CND_Res-2008-4e.pdf
19. Vienna NGO Committee on Drugs (9 July 2008), *Vienna Forum Documents,* http://vngoc.org/beyond-2008/beyond-2008-resolutions-and-follow-up/vienna-forum-documents/
20. For more information, visit the official page of the 52nd session of the CND: http://www.unodc.org/unodc/en/commissions/CND/session/52_Session_2009/CND-52-Session_HLS.html
21. Commission on Narcotic Drugs (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,* https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf
22. Ibid.
23. Ibid.
24. Germany spoke on behalf of Australia, Bolivia, Bulgaria, Croatia, Cyprus, Estonia, Finland, Georgia, Greece, Hungary, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Saint Lucia, Slovenia, Spain, Switzerland and the United Kingdom
25. International Drug Policy Consortium (April 2009), *IDPC report of proceedings: The 2009 Commission on Narcotic Drugs and High Level Segment,* http://idpc.net/publications/2009/04/idpc-proceedings-document-on-2009-cnd-high-level-segment
26. The expression of 'Vienna consensus' refers to the decision-making practice at the CND based on an embedded convention among member states of only adopting resolutions by consensus, and never putting decisions to a vote. In 2009 and subsequent years, however, it has become more and more difficult for member states to achieve consensus, especially on issues considered to be controversial such as harm reduction measures, the death penalty, decriminalisation, treaty reform, indicators, and others. This has led to increasingly artificial 'consensus' on paper
27. International Drug Policy Consortium (2014), *The 2014 Commission on Narcotic Drugs and its High-Level Segment – Report of Proceedings,* http://fileserver.idpc.net/library/CND-Proceedings-Document-2014_ENGLISH.pdf
28. Commission on Narcotic Drugs (2014), *Joint Ministerial Statement – 2014 High-Level Review by the Commission On Narcotic Drugs of the implementation by member states of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, https://www.unodc.org/documents/drug-prevention-and-treatment/JOINT_MINISTERIAL_STATEMENT_2014_HIGH_LEVEL_REVIEW_BY_THE_COMMISSION.pdf
29. UN General Assembly (8 July 2011), *Resolution 65/277. Political Declaration on HIV and AIDS: Identifying our efforts to eliminate HIV and AIDS, A/RES/65/277*, http://www.unaids.org/sites/default/files/sub_landing/files/20110610_UN_A-RES-65-277_en.pdf
30. Bolivia's reservation reads as follows: 'The Plurinational State of Bolivia reserves the right to allow in its territory: traditional coca leaf chewing; the consumption and use of the coca leaf in its natural state for cultural and medicinal purposes, such as its use in infusions; and also the cultivation, trade and possession of the coca leaf to the extent necessary for these licit purposes. At the same time, the Plurinational State of Bolivia will continue to take all necessary measures to control the cultivation of coca in order to prevent its abuse and the illicit production of the narcotic drugs which may be extracted from the leaf'. See: https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=VI-18&chapter=6&clang=_en#EndDec
31. As of July 2018, nine US states (Alaska, California, Colorado, Maine, Massachusetts, Nevada, Oregon, Vermont and Washington) and Washington D.C. have established legally regulated markets for the non-medical use of cannabis
32. Poder Legislativo, República Oriental del Uruguay, *Ley No. 19.172: Marihuana y sus derivados: Control y regulación del estado de la importación, producción, adquisición, almacenamiento, comercialización y distribución*, https://legislativo.parlamento.gub.uy/temporales/leytemp5681770.htm
33. Rosmarin, A. & Eastwood, N. (2012), *A quiet revolution: Drug decriminalisation policies in practice across the globe* (Release)
34. International Drug Policy Consortium (2014), *The 2014 Commission on Narcotic Drugs and its High-Level Segment – Report of Proceedings,* http://fileserver.idpc.net/library/CND-Proceedings-Document-2014_ENGLISH.pdf
35. Ibid.
36. Ibid.
37. Declaración conjunta de los Gobiernos de Colombia, Guatemala y México (1 October 2012), https://mision.sre.gob.mx/onu/images/dec_con_drogas_esp.pdf
38. Paragraph 44 in: UN General Assembly (23 April 2013), *Resolution 67/193. International cooperation against the world drug problem*, https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2012/GA_Res-67-193.pdf
39. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our*

joint commitment to effectively addressing and countering the world drug problem, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

40. Bewley-Taylor, D. & Jelsma, M. (June 2016), *UNGASS 2016: A Broken or B-r-o-a-d Consensus? UN summit cannot hide growing divergence in the global drug policy landscape,* Drug Policy Briefing No. 45 (Amsterdam: Transnational Institute & Global Drug Policy Observatory), https://www.tni.org/en/publication/ungass-2016-a-broken-or-b-r-o-a-d-consensus; International Drug Policy Consortium (September 2016), *The United Nations General Assembly Special Session (UNGASS) on the world drug problem – Report of Proceedings*, http://fileserver.idpc.net/library/UNGASS-proceedings-document_ENGLISH.pdf
41. International Drug Policy Consortium (September 2016), *The United Nations General Assembly Special Session (UNGASS) on the world drug problem – Report of proceedings*, http://fileserver.idpc.net/library/UNGASS-proceedings-document_ENGLISH.pdf
42. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf
43. Bridge, J., Hallam, C., Nougier, M., Herrero Cangas, M., Jelsma, M., Blickman, T. & Bewley-Taylor, D. (September 2017), *Edging forward: How the UN's language on drugs has advanced since 1990* (London: International Drug Policy Consortium, Transnational Institute & Global Drug Policy Observatory), http://fileserver.idpc.net/library/Edging-Forward_FINAL.pdf
44. International Narcotics Control Board (1 August 2016), *INCB reiterates its call to States to consider the abolition of the death penalty for drug-related offences*, Press release, UNIS/NAR/1290, http://www.incb.org/incb/en/news/press-releases/2016/press_release010816.html; see also: International Drug Policy Consortium (3 March 2015), *New UN report highlights ongoing conflicts on the death penalty for drugs: As countries ramp up executions, UN drugs meeting in Vienna to be scene of heightened debate*, INCB Watch, https://idpc.net/incb-watch/updates/2015/03/new-un-report-highlights-ongoing-conflicts-on-the-death-penalty-for-drugs-as-countries-ramp-up-executions-un-drugs-meeting-in-vienna-to-be-scene-of-heightened-debate
45. International Drug Policy Consortium (1 August 2016), *Over 300 NGOs call on the United Nations to take immediate action on the hundreds of extrajudicial killings of suspected drug offenders in the Philippines*, Press release, https://idpc.net/media/press-releases/2016/08/over-300-ngos-call-on-the-united-nations-to-take-immediate-action-on-the-hundreds-of-extrajudicial-killings-of-suspected-drug-offenders-in-the-philippines
46. United Nations Information Service (3 August 2016), *INCB expresses concern about reports of violence against persons suspected of drug-related crime and drug use in the Philippines*, Press release, UNIS/NAR/1292, http://www.unis.unvienna.org/unis/en/pressrels/2016/unisnar1292.html
47. International Narcotics Control Board (2008), *Annual report for 2007*, https://www.incb.org/documents/Publications/AnnualReports/AR2007/AR_07_English.pdf
48. See, for instance: International Narcotics Control Board (2017), *INCB holds side-event on proportionality' 60th Session of the CND*, https://www.incb.org/incb/en/news/news_2017/cnd-side-event-on-proportionality.html; International Narcotics Control Board (April 2017), *Application of principle of proportionality for drug-related offences*, INCB Alert, https://www.incb.org/documents/News/Alerts/Alert_on_Convention_Implementation_April_2017.pdf; International Narcotics Control Board (March 2017), *Statement by INCB President Werner Sipp on the need for proportionality*, http://www.incb.org/documents/Speeches/Speeches2017/Speech_60th_CND_proportionality_check_against_delivery_for_website.pdf
49. United Nations Information Service (13 November 2015), *International Narcotics Control Board concludes its 114th session*, Press releases, UNIS/NAR/1255, http://www.unis.unvienna.org/unis/en/pressrels/2015/unisnar1255.html
50. International Drug Policy Consortium (18 January 2016), *INCB President Werner Sipp speaks at CND side event on Portuguese drug policy*, https://idpc.net/incb-watch/updates/2016/01/incb-president-werner-sipp-speaks-at-cnd-side-event-on-portuguese-drug-policy
51. International Narcotics Control Board (March 2013), *INCB President expresses grave concern about inadequately regulated medical cannabis schemes which can lead to increased abuse,* https://www.incb.org/documents/Publications/PressRelease/PR2013/press_release150313.pdf
52. International Narcotics Control Board (June 2017), *The therapeutic use of cannabis*, INCB Alert, https://www.incb.org/documents/News/Alerts/Alert_on_Control_of_Narcotic_Drugs_June_2017.pdf; International Narcotics Control Board (2017), *Annual report for 2016*, https://www.incb.org/incb/en/publications/annual-reports/annual-report-2016.html
53. International Narcotics Control Board (2006), *Annual report for 2005*, https://www.incb.org/incb/en/publications/annual-reports/annual-report-2005.html
54. The INCB concluded that: "'Drug consumption rooms" must be operated within a framework that offers treatment and rehabilitation services as well as social reintegration measures, either directly or by active referral for access, and must not be a substitute for demand reduction programmes, in particular prevention and treatment activities'. See: International Narcotics Control Board (2017), *Annual report for 2016*, http://www.incb.org/documents/Publications/AnnualReports/AR2016/English/AR2016_E_ebook.pdf
55. International Narcotics Control Board (2018), *Annual report for 2017,* https://www.incb.org/documents/Publications/AnnualReports/AR2017/Annual_Report/E_2017_AR_ebook.pdf; See also: International Drug Policy Consortium (2017), *The INCB Annual Report: A significant shift on drug consumption rooms*, https://idpc.net/incb-watch/updates/2017/03/the-incb-annual-report-2016-a-significant-shift-on-drug-consumption-rooms
56. CND Blog (15 March 2017), *Informal dialogue with the INCB President*, http://cndblog.org/2017/03/informal-dialogue-with-the-the-incb/. This position was reiterated a year later: CND Blog (16 March 2018), *Informal NGO dialogue with the INCB President Dr. Viroj Sumyai*, http://cndblog.org/2018/03/informal-ngo-dialogue-with-the-incb-president-dr-viroj-sumyai/
57. Bewley-Taylor (2010), *The International Narcotics Control Board: The need for increased transparency* (London: International Drug Policy Consortium), http://www.undrugcontrol.info/en/un-drug-control/incb/item/2281-the-need-for-increased-transparency; International Harm Reduction Association (2010), *Unique in International Relations: a comparison of the International Narcotics Control Board and the UN Human Rights Treaty Bodies,* https://www.hri.global/files/2010/06/16/Barrett-UniqueinInternationalRelations.pdf
58. International Drug Policy Consortium (10 May 2018), *Civil society meets the INCB on cannabis,* https://idpc.net/incb-watch/updates/2018/05/civil-society-meets-the-incb-on-cannabis
59. See: https://sustainabledevelopment.un.org/sdgs
60. UN General Assembly (21 October 2015), *Resolution 70/1. Transforming our world: The 2030 Agenda for Sustainable Development*, A/RES/71/1, http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E
61. UN Secretary-General (26 June 2013), *Secretary General's remarks at special event on the International Day against Drug Abuse and illicit Trafficking*, https://www.un.org/sg/en/content/sg/statement/2013-06-26/secretary-generals-remarks-special-event-international-day-against
62. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf
63. Commission on Narcotic Drugs (2017), *Resolution 60/1. Preparations for the sixty-second session of the Commission on Narcotic Drugs in 2019*, http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60/CNDres_2017/Resolution_60_1_60CND.pdf; Commission on Narcotic Drugs (2018), *Resolution 61/10. Preparations for the ministerial segment to be held during the sixty-second session of the Commission on Narcotic Drugs, in 2019*, http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_10.pdf
64. The reports for 2012, 2014 and 2016 are available here: http://www.unodc.org/unodc/en/commissions/CND/Political_Declarations/Political-Declarations_2009-Declaration.html; the report for 2018 is available at: Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director*, E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6
65. https://idpc.net/about/vision-mission
66. https://idpc.net/policy-principles
67. Commission on Narcotic Drugs (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf
68. Ibid.
69. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf
70. Ibid.
71. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf
72. Ibid.
73. Ibid.
74. Ibid.
75. Ibid.
76. Ibid.

77. Ibid.
78. Ibid.
79. Ibid.
80. See: https://www.unodc.org/arq/
81. See, for instance: United Nations Office on Drugs and Crime (2018), 'Methodology', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR-2018-Methodology-web.pdf; Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director*, E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6
82. United Nations Office on Drugs and Crime (2018), 'Methodology', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR-2018-Methodology-web.pdf
83. Data based on the methodologies for the World Drug Reports for 2010 to 2018
84. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director*, E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6
85. See, in particular: United Nations Office on Drugs and Crime (29-31 January 2018), *Expert Working Group on improving drug statistics and strengthening the Annual Report Questionnaire (ARQ)*, http://www.unodc.org/unodc/en/data-and-analysis/statistics/expert-consultation-on-arq.html
86. United Nations Office on Drugs and Crime (28 June 2013), *UNODC updates global estimates on injecting drug use and HIV among people who inject drugs,* http://www.unodc.org/lpo-brazil/en/frontpage/2013/06/28-unodc-updates-global-estimates-on-injecting-drug-use-and-hiv-among-people-who-inject-drugs.html
87. Harm Reduction International (November 2013), *Concerns regarding new estimates on HIV, hepatitis C and injecting drug use,* https://www.hri.global/files/2014/08/04/Advisory_v4.pdf
88. United Nations Office on Drugs and Crime (2018), 'Booklet 3: Analysis of drug markets: opiates, cocaine, cannabis, synthetic drugs', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_3_DRUG_MARKETS.pdf
89. See, for instance: Washington Office on Latin America (31 July 2012), *UN and U.S. estimates for cocaine production contradict each other*, https://www.wola.org/analysis/un-and-us-estimates-for-cocaine-production-contradict-each-other/
90. United Nations Office on Drugs and Crime (2011), *World Drug Report 2011*, https://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf
91. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf
92. It is estimated by the World Bank that the total population aged 15 to 64 increased from 4.48 billion to 4.871 billion between 2009 and 2016. See: World Bank, *Population ages 15-64, total,* range 2009-2016, https://data.worldbank.org/indicator/SP.POP.1564.TO?end=2016&start=2009
93. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf
94. United Nations Office on Drugs and Crime (2017), *World Drug Report 2017,* https://www.unodc.org/wdr2017/index.html; United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018,* https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf
95. Ibid.
96. United Nations Office on Drugs and Crime (2011), *World Drug Report 2011*, https://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf
97. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf
98. United Nations Office on Drugs and Crime (2018), *World Drug Report 2018*, https://www.unodc.org/wdr2018/
99. Lewis, D. (24 July 2015), 'Special Report: West Africa's alarming growth industry – meth', *Reuters*, https://www.reuters.com/article/us-africa-drugs-meth-special-report/special-report-west-africas-alarming-growth-industry-meth-idUSKCN0PY0WS20150724
100. United Nations Office on Drugs and Crime (2018), *World Drug Report 2018*, https://www.unodc.org/wdr2018/
101. Ibid.
102. Ibid.
103. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf
104. United Nations Office on Drugs and Crime (2014), 'Chapter 2: Precursor control', in: *World Drug Report 2014*, https://www.unodc.org/documents/wdr2014/Chapter_2_2014_web.pdf
105. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director*, E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6
106. Ibid.
107. Ibid.
108. Ibid.
109. United Nations Office on Drugs and Crime (2018), *Understanding the synthetic drug market: The NPS factor – Global Smart Update*, https://www.unodc.org/documents/scientific/Global_Smart_Update_2018_Vol.19.pdf
110. International Narcotics Control Board (18 October 2017), *INCB: Scheduling of fentanyl precursors comes into force*, Press release, https://www.incb.org/incb/en/news/press-releases/2017/press_release_20171018.html
111. Similarly to the ARQ data collection issue, there is a widespread failure to report data regarding the seizure of precursors to the Board. In the 2016 reporting cycle, 60 States Parties did not report, two states have never reported, and 28 have not reported in the past five years. A number of states submitted blank forms, while 42% of those that did submit supplied incomplete forms
112. International Narcotics Control Board (2018), *Precursors and chemicals frequently used in the manufacture of narcotic drugs and psychotropic substances*, https://www.incb.org/documents/PRECURSORS/TECHNICAL_REPORTS/2017/E_ebook_with_annexes.pdf
113. United Nations Office on Drugs and Crime (2011), *Estimating illicit financial flows resulting from drug trafficking and other transnational organized crimes*, p. 131, https://www.unodc.org/documents/data-and-analysis/Studies/Illicit_financial_flows_2011_web.pdf
114. United Nations Office on Drugs and Crime (25 October 2011), *Illicit money: How much is out there?* https://www.unodc.org/unodc/en/frontpage/2011/October/illicit-money_-how-much-is-out-there.html
115. United Nations Office on Drugs and Crime (2017), *World Drug Report 2017*, https://www.unodc.org/wdr2017/index.html
116. United Nations Office on Drugs and Crime (2017), 'Booklet 5: The drug problem and organized crime, illicit financial flows, corruption and terrorism', in: *World Drug Report 2017*, https://www.unodc.org/wdr2017/field/Booklet_5_NEXUS.pdf
117. Global Financial Integrity (March 2017), *Transnational crime and the developing world*, http://www.gfintegrity.org/wpcontent/uploads/2017/03/Transnational_Crime-final.pdf
118. United Nations Office on Drugs and Crime (2017), 'Booklet 5: The drug problem and organized crime, illicit financial flows, corruption and terrorism', in: *World Drug Report 2017*, https://www.unodc.org/wdr2017/field/Booklet_5_NEXUS.pdf
119. See: European Monitoring Centre for Drugs and Drug Addiction (2018), *European drug report: Trends and developments,* http://www.emcdda.europa.eu/system/files/publications/8585/20181816_TDAT18001ENN_PDF.pdf
120. Paravicini, G. (4 February 2018), 'Europe is losing the fight against dirty money', *Politico*, https://www.politico.eu/article/europe-money-laundering-is-losing-the-fight-against-dirty-money-europol-crime-rob-wainwright/
121. Inter-Governmental Action Group Against Money Laundering in West-Africa (2015), *Annual report 2015*, https://www.giaba.org/media/f/1036_Final%20-GIABA%20-%20Annual%20Raport%202015-Anglais-CMJN-BAT.pdf
122. United Nations (1945), *Charter of the United Nations,* https://treaties.un.org/doc/publication/ctc/uncharter.pdf
123. See United Nations website: http://www.un.org/en/sections/what-we-do/
124. International Narcotics Control Board (June 2018), *Alert 5: Respect for human rights as an integral part of a balanced approach to addressing the world drug problem,* http://www.incb.org/documents/News/Alerts/Alert5_on_Convention_Implementation_June_2018.pdf
125. United Nations (1945), *Charter of the United Nations,* https://treaties.un.org/doc/publication/ctc/uncharter.pdf
126. United Nations (1948), *Universal Declaration of Human Rights*, http://www.un.org/en/universal-declaration-human-rights/index.html
127. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem,* https://www.unodc.org/documents/postungass2016/outcome/

V1603301-E.pdf

128. Human Rights Council (23 March 2015), *Resolution 28/28. Contribution of the Human Rights Council to the special session of the General Assembly on the world drug problem of 2016*, A/HRC/28/L.22, http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/28/L.22

129. Office of the High Commissioner for Human Rights (2015), *Study on the impact of the world drug problem on the enjoyment of human rights - Report of the United Nations High Commissioner for Human Rights*, A/HRC/30/65, http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Pages/ListReports.aspx

130. UN General Assembly (19 March 2018), *Resolution 37/42. Contribution to the implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights*, A/HRC/37/L.41, http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/37/L.41

131. United Nations (1966), *International Covenant on Economic, Social and Cultural Rights*, https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

132. UN Committee on Economic, Social and Cultural Rights (2 July 2009), *General Comment No. 20: Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights*, E/C.12/GC/20, https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2FGC%2F20&Lang=en

133. UN Committee on Economic, Social and Cultural Rights (2 May 2016), *General Comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, E/C.12/GC/22, http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1a0Szab0oXTdImnsJZZVQfQejF41Tob4CvIjeTiAP6sGFQktiae1vlbbOAekmaOwDOWsUe7N8TLm%2BP3HJPzxjHySkUoHMavD%2Fpyfcp3Ylzg

134. United Nations (1989), *Convention on the Rights of the Child*, https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

135. United Nations (1979), *Convention on the Elimination of All Forms of Discrimination against Women*, https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx

136. United Nations (1965), *International Convention on the Elimination of All Forms of Racial Discrimination*, https://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx

137. For more information, see: Committee on Economic, Social and Cultural Rights (11 August 2000), *CESCR General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, http://www.refworld.org/pdfid/4538838d0.pdf

138. UNODC video campaign for 2013 International Day against Drug Abuse and Illicit Trafficking, available here: https://www.youtube.com/watch?v=jJGw_d5nqi4. This video showing four healthy young people slowly deteriorating as 'a result of' drug use is among the mass media campaigns being frequently used around the world

139. Marsh, W., Copes, H. & Linnemann, T. (2017), 'Creating visual differences: Methamphetamine users' perceptions of anti-meth campaigns', *International Journal of Drug Policy*, **39**: 52-61

140. Cotinianul (13 October 2011), *Statul: Vaca ştie ce iarbă să mănânce, consumatorul de etnobotanice, nu*, https://www.cotidianul.ro/statul-vaca-stie-ce-iarba-sa-manance-consumatorul-de-etnobotanice-nu/; International Drug Policy Consortium, 'Module 6: Effective drug prevention and treatment', in: *IDPC Drug Policy Advocacy Training Toolkit*, http://fileserver.idpc.net/library/Module-6.pdf

141. See: Werb, D., Mills, E.J., DeBerk, K., Montaner, J.S.G. & Wood, E. (2011), 'The effectiveness of anti-illicit-drug public-service announcements: A systematic review and meta-analysis', *Journal of Epidemiology & Community Health*, **65**(10): 834-840; International Drug Policy Consortium, 'Module 6: Effective drug prevention and treatment', in: *IDPC Drug Policy Advocacy Training Toolkit*, http://fileserver.idpc.net/library/Module-6.pdf

142. See: https://www.youtube.com/watch?v=UbcDyNitkbE

143. Semana (17 December 2010), *Corte ordena retirar campaña publicitaria 'la mata que mata'*, https://www.semana.com/nacion/articulo/corte-ordena-retirar-campana-publicitaria-la-mata-mata/126042-3

144. See: Werb, D., Mills, E.J., DeBerk, K., Montaner, J.S.G. & Wood, E. (2011), 'The effectiveness of anti-illicit-drug public-service announcements: A systematic review and meta-analysis', *Journal of Epidemiology & Community Health*, **65**(10): 834-840; International Drug Policy Consortium, 'Module 6: Effective drug prevention and treatment', in: *IDPC Drug Policy Advocacy Training Toolkit*, http://fileserver.idpc.net/library/Module-6.pdf

145. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director*, E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6

146. Ibid.

147. United Nations Office on Drugs and Crime (2015), *International standards on drug use prevention*, https://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf

148. Harm Reduction International, *What is harm reduction?*, https://www.hri.global/what-is-harm-reduction

149. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

150. UN General Assembly (8 July 2011), *Resolution 65/277. Political Declaration on HIV and AIDS: Identifying our efforts to eliminate HIV and AIDS*, A/RES/65/277, http://www.unaids.org/sites/default/files/sub_landing/files/20110610_UN_A-RES-65-277_en.pdf

151. Human Rights Council (25 September 2009), *Resolution 12/27. Protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)*, A/HRC/12/27, http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/12/L.24

152. See, for example: UN Committee on Economic, Social and Cultural Rights (1 June 2011), *Consideration of reports submitted by States parties under articles 16 and 17 of the Covenant, Concluding observations of the Committee on Economic, Social and Cultural Rights: Russian Federation*, E/C.12/RUS/CO/5, https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2FRUS%2FCO%2F5&Lang=en; UN Committee on Economic, Social and Cultural Rights (16 December 2011), *Consideration of reports submitted by State parties under articles 16 and 17 of the Covenant, Concluding observations of the Committee on Economic, Social and Cultural Rights: Estonia*, E/C.12/EST/CO/2, https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E/C.12/EST/CO/2&Lang=En; UN Committee on Economic, Social and Cultural Rights (4 January 2008), *Consideration of reports submitted by States parties under articles 16 and 17 of the Covenant, Concluding observations of the Committee on Economic, Social and Cultural Rights: Ukraine*, E/C.12/UKR/CO/5, https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2FUKR%2FCO%2F5&Lang=en

153. Committee on the Rights of the Child (17 April 2013), *General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)**, CRC/C/GC/15, http://www.refworld.org/docid/51ef9e134.html

154. UN Committee on the Elimination of Discrimination against Women (24 July 2014), *Concluding observations on the combined fourth and fifth periodic reports of Georgia***, CEDAW/C/GEO/CO/4-5**, https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GEO/CO/4-5&Lang=En; UN Committee on the Elimination of Discrimination against Women (25 November 2016), *Concluding observations on the combined fourth and fifth periodic reports of Canada*, CEDAW/C/CAN/CO/8-9*, https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/CAN/CO/8-9&Lang=En

155. Grover, A. (2010), *Right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Note by the Secretary-General*, A/65/255, http://ap.ohchr.org/documents/alldocs.aspx?doc_id=17520

156. Mendez, J.E. (2013), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez*, A/HRC/22/53, https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf

157. Office of the High Commissioner for Human Rights (2018), *Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights**, A/HRC/39/39, https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session39/Pages/ListReports.aspx; Office of the High Commissioner for Human Rights (2015), *Study on the impact of the world drug problem on the enjoyment of human rights - Report of the United Nations High Commissioner for Human Rights*, A/HRC/30/65, http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Pages/ListReports.aspx

158. The nine interventions are as follows: 1- NSPs; 2- OST and other drug dependence treatment; 3- HIV testing and counselling; 4- antiretroviral therapy; 5- prevention and treatment of sexually transmitted infections; 6- condom programmes for people who inject drugs and their sexual partners; 7- targeted information, education and communication; 8- prevention, vaccination, diagnosis and treatment for viral hepatitis; and 9- prevention, diagnosis and treatment of tuberculosis. See: World Health Organization, United Nations Office on Drugs and Crime & UNAIDS (2013), *WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision*, http://www.who.int/hiv/pub/idu/targets_universal_access/en/

159. Harm Reduction International (2010), *Global state of harm reduction*, https://www.hri.global/files/2010/06/29/GlobalState2010_Web.pdf; Harm Reduction International (2012), *Global state of harm reduction*, https://www.hri.global/contents/1411; Harm Reduction International (2014), *Global state of harm reduction*, https://www.hri.global/contents/1524; Harm Reduction International (2016), *Global state of harm reduction*, https://www.hri.global/contents/1739

160. Mathers, B.M., et al. (March 2010), 'HIV prevention, treatment, and care services for people who inject drugs: A systematic review of global, regional, and national coverage', *The Lancet*, **375**(9719): P1014-1028, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60232-2/fulltext

161. Larney, S. (December 2017), 'Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: A systematic review', *The Lancet*, **5**(12): e1208-1220, https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30373-X/fulltext

162. Mathers, B.M., et al. (March 2010), 'HIV prevention, treatment, and care services for people who inject drugs: A systematic review of global, regional, and national coverage', *The Lancet*, **375**(9719): P1014-1028, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60232-2/fulltext

163. Larney, S. (December 2017), 'Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: A systematic review', *The Lancet*, **5**(12): e1208-1220, https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30373-X/fulltext

164. European Monitoring Centre on Drugs and Drug Addiction (2010), *EMCDDA Monographs – Harm reduction: Evidence, impacts and challenges*, http://www.emcdda.europa.eu/system/files/publications/555/EMCDDA-monograph10-harm_reduction_final_205049.pdf

165. European Monitoring Centre on Drugs and Drug Addiction, *Perspectives on drugs – Drug consumption rooms: An overview of provision and evidence*, http://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf

166. Harm Reduction International (2010), *Global state of harm reduction*, https://www.hri.global/files/2010/06/29/GlobalState2010_Web.pdf

167. McDonald, R. & Strang, J. (2016), 'Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria', *Addiction*, **111**(7): 1177-1187

168. New South Wales Sydney, National Drug & Alcohol Research Centre & Drug Policy Modelling Program (2018), *Profiles of drug checking services in 2017*, https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Profiles%20of%20drug%20checking%20services%20in%202017.pdf

169. European Monitoring Centre for Drugs and Drug Addiction (2012), *New heroin-assisted treatment: Recent evidence and current practices of supervised injectable heroin treatment in Europe and beyond*, http://www.emcdda.europa.eu/system/files/publications/690/Heroin_Insight_335259.pdf; Government of Canada (26 March 2018), *The Honourable Ginette Petitpas Taylor, Minister of Health, announces new measures to reduce barriers to treatment and $231 M to address the opioid crisis*, News release, https://www.canada.ca/en/health-canada/news/2018/03/the-honourable-ginette-petitpas-taylor-minister-of-health-announces-new-measures-to-reduce-barriers-to-treatment-and-231-m-to-address-the-o.html

170. Government of Canada, *Supervised consumption sites: Status of applications*, https://www.canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites/status-application.html#app (accessed 31 August 2018)

171. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director*, E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6

172. UN General Assembly (15 June 2006), *Resolution 60/262. Political Declaration on HIV/AIDS*, A/RES/60/262, http://data.unaids.org/pub/report/2006/20060615_hlm_politicaldeclaration_ares60262_en.pdf

173. UN General Assembly (8 July 2011), *Resolution 65/277. Political Declaration on HIV and AIDS: Identifying our efforts to eliminate HIV and AIDS*, A/RES/65/277, http://www.unaids.org/sites/default/files/sub_landing/files/20110610_UN_A-RES-65-277_en.pdf

174. Available here: http://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf

175. See, for example: World Health Organization, United Nations Office on Drugs and Crime & UNAIDS (2013), *WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision*, http://www.who.int/hiv/pub/idu/targets_universal_access/en/; UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

176. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

177. World Health Organization Western Pacific Region (2011), *Technical briefs on amphetamine-type stimulants (ATS)*, http://www.who.int/hiv/pub/idu/ats_tech_brief/en/

178. Commission on Narcotic Drugs (7 March 2018), *Conference room paper submitted by the Federal Republic of Germany on the importance of harm reduction for people who use stimulant drugs*, E/CN.7/2018/CRP.5, http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/E_CN7_2018_CRP5_V1801268.pdf

179. Blickman, T. (October 2011), *Amphetamine type stimulants and harm reduction: Experiences from Myanmar, Thailand and Southern China*, Drug policy briefing Nr. 37 (Amsterdam: Transnational Institute), https://www.tni.org/files/download/brief37.pdf

180. New South Wales Sydney, National Drug & Alcohol Research Centre & Drug Policy Modelling Program (2018), *Profiles of drug checking services in 2017*, https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Profiles%20of%20drug%20checking%20services%20in%202017.pdf

181. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

182. Larney, S. (December 2017), Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: A systematic review', *The Lancet*, **5**(12): e1208-1220, https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30373-X/fulltext

183. UNAIDS (2016), *Do no harm: Health, human rights and people who use drugs*, http://www.unaids.org/sites/default/files/media_asset/donoharm_en.pdf

184. Cook, C. & Davies, C. (July 2018), *The lost decade: Neglect for harm reduction funding and the health crisis among people who use drugs* (Harm Reduction International), https://www.hri.global/files/2018/09/25/lost-decade-harm-reduction-funding-2018.PDF

185. Ibid.

186. Ibid.

187. Commission on Narcotic Drugs (2017), *Resolution 60/8. Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures*, http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60/CNDres_2017/Resolution_60_8_60CND.pdf

188. Cook, C., Phelan, M., Sander, G., Stone, K. & Murphy, F. (March 2016), *The case for a harm reduction decade: Progress, potential and paradigm shifts* (Harm Reduction International), https://www.hri.global/files/2016/03/10/Report_The_Case_for_a_Harm_Reduction_Decade.pdf

189. For more information, see: Harm Reduction International, 10 by 20 campaign, https://www.hri.global/10by20

190. World Health Organization (2016), *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*, http://apps.who.int/iris/bitstream/handle/10665/128048/9789241507431_eng.pdf?sequence=1

191. Retrieved from: United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

192. Ibid.

193. Office of the High Commissioner for Human Rights (2015), *Study on the impact of the world drug problem on the enjoyment of human rights - Report of the United Nations High Commissioner for Human Rights*, A/HRC/30/65, http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Pages/ListReports.aspx

194. UN General Assembly (8 July 2011), *Resolution 65/277. Political Declaration on HIV and AIDS: Identifying our efforts to eliminate HIV and AIDS*, A/RES/65/277, http://www.unaids.org/sites/default/files/sub_landing/files/20110610_UN_A-RES-65-277_en.pdf

195. UNAIDS (2016), *Get on the fast-track: The life-cycle approach to HIV – Finding solutions for everyone at every stage of life*, http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

196. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

197. UNAIDS (2018), *Miles to go: Closing gaps, breaking barriers, righting injustices*, http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

198. Ibid; UNAIDS (2018), *UNAIDS data 2018*, http://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf

199. Government of Canada (June 2018), *National report: Apparent opioid-related deaths in Canada*, https://www.canada.ca/en/public-health/services/publications/healthy-living/national-report-apparent-opioid-related-deaths-released-june-2018.html

200. European Monitoring Centre on Drugs and Drug Addiction (2018), *Statistical bulletin 2018 – Overdose deaths*, http://www.emcdda.europa.eu/data/stats2018/drd_en

201. Mendez, J.E. (2013), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez*, A/

HRC/22/53, https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf

202. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director,* E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6

203. Ibid.

204. Mathers, B.M., et al. (March 2010), 'HIV prevention, treatment, and care services for people who inject drugs: A systematic review of global, regional, and national coverage', *The Lancet*, **375**(9719): P1014-1028, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60232-2/fulltext

205. Larney, S. (December 2017), 'Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: A systematic review', *The Lancet*, **5**(12): e1208-1220, https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30373-X/fulltext

206. World Health Organization (March 2017), *WHO Model List of Essential Medicines, 20th list,* http://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1

207. For more information, see: Canadian HIV/AIDS Legal Network (25 January 2017), *Case information sheet: Kurmanayevskiy et al. v. Russia*, http://www.aidslaw.ca/site/case-information-sheet-kurmanayevskiy-et-al-v-russia/?lang=en

208. Harm Reduction International (2016), *Global state of harm reduction,* https://www.hri.global/contents/1739; World Health Organization, *The methadone fix, Bulletin of the World Health Organization*, http://www.who.int/bulletin/volumes/86/3/08-010308/en/

209. European Monitoring Centre for Drugs and Drug Addiction (2012), *New heroin-assisted treatment: Recent evidence and current practices of supervised injectable heroin treatment in Europe and beyond,* http://www.emcdda.europa.eu/system/files/publications/690/Heroin_Insight_335259.pdf

210. Ibid.; Government of Canada (26 March 2018), *The Honourable Ginette Petitpas Taylor, Minister of Health, announces new measures to reduce barriers to treatment and $231 M to address the opioid crisis*, News release, https://www.canada.ca/en/health-canada/news/2018/03/the-honourable-ginette-petitpas-taylor-minister-of-health-announces-new-measures-to-reduce-barriers-to-treatment-and-231-m-to-address-the-o.html

211. Brensilver, M., Heinzerling, K.G. & Shoptaw, S. (2013), 'Pharmacotherapy of amphetamine-type stimulant dependence: An update', *Drug and Alcohol Review,* **32**(5): 449-460

212. Alexander, B.K. & Tsou, J.Y. (2001), 'Prospects for stimulant maintenance in Vancouver, Canada', *Addiction Research and Theory*, **9**(2): 97-132

213. Tanguay, P. (April 2011), *Kratom in Thailand: Decriminalisation and community control?* Series on Legislative Reform of Drug Policies Nr. 13 (Amsterdam: Transnational Institute & International Drug Policy Consortium), https://www.tni.org/files/download/kratom-briefing-dlr13.pdf

214. Blickman, T. (October 2011), *Amphetamine type stimulants and harm reduction: Experiences from Myanmar, Thailand and Southern China*, Drug policy briefing Nr. 37 (Amsterdam: Transnational Institute), https://www.tni.org/files/download/brief37.pdf

215. Goncalves, J.R. & Nappo, S.A. (July 2015), 'Factors that lead to the use of crack cocaine in combination with marijuana in Brazil: A qualitative study', *BMC Public Health*, **15**: 706, http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2063-0#CR14; Ribeiro, L.A., Sanchez, Z.M. & Nappo, S.A. (2010), 'Surviving crack: A qualitative study of the strategies and tactics developed by Brazilian users to deal with the risks associated', *BMC Public Health,* **10**: 671, http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-10-671

216. Dreher, M. (2002), *Crack heads and roots daughters: The therapeutic use of cannabis in Jamaica* (The Haworth Press Inc.)

217. Socias, M.E. et al. (2017), 'Intentional cannabis use to reduce crack cocaine use in a Canadian setting: A longitudinal analysis', *Addictive Behaviours,* **72**: 138-143

218. According to the right of the highest attainable standard of health, 'quality' includes the fact that the good, service or information should be based on the best available evidence. See: Committee on Economic, Social and Cultural Rights (11 August 2000), *CESCR General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, http://www.refworld.org/pdfid/4538838d0.pdf

219. See, for instance: Office of the High Commissioner for Human Rights (2015), *Study on the impact of the world drug problem on the enjoyment of human rights - Report of the United Nations High Commissioner for Human Rights*, A/HRC/30/65, http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Pages/ListReports.aspx; Méndez, J.E. (2013), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez,* A/HRC/22/53, https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf; Open Society Foundations (April 2016), *No health, no help: Abuse as drug rehabilitation in Latin America & the Caribbean*, https://www.opensocietyfoundations.org/sites/default/files/no-health-no-help-en-21060403.pdf; Open Society Foundations (2011), *Treated with cruelty – Abuses in the name of drug rehabilitation,* https://www.opensocietyfoundations.org/sites/default/files/treatedwithcruelty.pdf

220. See: Office of the High Commissioner for Human Rights (2015), *Study on the impact of the world drug problem on the enjoyment of human rights - Report of the United Nations High Commissioner for Human Rights,* A/HRC/30/65, http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Pages/ListReports.aspx

221. Méndez, J.E. (2013), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez,* A/HRC/22/53, https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf

222. United Nations Office on Drugs and Crime (2012), *TREATNET Quality standards for drug dependence treatment and care services,* https://www.unodc.org/docs/treatment/treatnet_quality_standards.pdf

223. Henry J. Kaiser Family Foundation, *Health status indicators: Opioid overdose deaths,* https://www.kff.org/state-category/health-status/opioids/ (accessed 31 August 2018)

224. National Archives, *Vietnam war U.S. military fatal casualty statistics,* https://www.archives.gov/research/military/vietnam-war/casualty-statistics (accessed 31 August 2018)

225. Centers for Disease Control and Prevention, *Provisional drug overdose death counts,* https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm (accessed 31 August 2018)

226. Council of Economic Advisers (November 2017), *The underestimated cost of the opioid crisis,* https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf

227. Gramlich, J. (30 May 2018), 'As fatal overdoses rise, many Americans see drug addiction as a major problem in their community', *Pew Research Center*, http://www.pewresearch.org/fact-tank/2018/05/30/as-fatal-overdoses-rise-many-americans-see-drug-addiction-as-a-major-problem-in-their-community/; Katz, J. & Goodnough, A. (22 December 2017), 'The opioid crisis is getting worse, particularly for black Americans', *New York Times*, https://www.nytimes.com/interactive/2017/12/22/upshot/opioid-deaths-are-spreading-rapidly-into-black-america.html

228. Helmore, E. (30 March 2018), 'Enduring pain: How a 1996 opioid policy change had long-lasting effects', *The Guardian*, https://www.theguardian.com/us-news/2018/mar/30/enduring-pain-how-a-1996-opioid-policy-change-had-long-lasting-effects

229. Mclean, K. (2016), '"There's nothing here": Deindustrialization as risk environment for overdose', *International Journal of Drug Policy*, **29**: 19-26

230. Zoorob, M.J. & Salemi, J.L. (2017), 'Bowling alone, dying together: The role of social capital in mitigating the drug overdose epidemic in the United States', *Drug and Alcohol Dependence,* **173**: 1-9

231. Government of Canada (June 2018), *National report: Apparent opioid-related deaths in Canada*, https://www.canada.ca/en/public-health/services/publications/healthy-living/national-report-apparent-opioid-related-deaths-released-june-2018.html

232. Ibid.

233. Canadian Institute for Health Information (June 2018), *Preliminary rates of harm due to opioid poisoning, by province/territory, 2017*, https://www.cihi.ca/en/preliminary-rates-of-harm-due-to-opioid-poisoning-by-provinceterritory-2017

234. Public Health Emergency (23 January 2018), *Renewal of determination that a public health emergency exists* (U.S. Department of Health & Human Resources), https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioid-24Jan2018.aspx

235. Surgeon General (2016), *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health* (U.S. Department of Health & Human Services), https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

236. Lambdin, B.H., Zibbell, J., Wheeler, E. & Kral, A.H. (2018), 'Identifying gaps in the implementation of naloxone programs for laypersons in the United States', *International Journal of Drug Policy,* **52**: 52-55

237. Government of Canada (30 October 2017), *Canadian drugs and substances strategy,* https://www.canada.ca/en/health-canada/services/substance-abuse/canadian-drugs-substances-strategy.html

238. Royal Assent (18 May 2017), *An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts*

239. Government of Canada, *Supervised consumption sites: Status of applications,* https://www.canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites/status-application.html#app (accessed 31 August 2018)

240. Compared to drug consumption rooms, overdose prevention sites are lower barrier, often peer-based and also simpler in physical layout because they are temporary locations that have traditionally been set up by volunteers. Overdose prevention sites have been integrated into existing

healthcare and social service settings but have also been set up in makeshift spaces. See: Health Canada (15 May 2018), *Supervised consumption sites explained*, https://www.canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites/explained.html

241. See: Government of Canada (2017), *Good Samaritan Drug Overdose Act (S.C. 2017, c. 4)*, http://laws.justice.gc.ca/PDF/2017_4.pdf
242. See Government of Canada (30 June 2017), *Frequently Asked Questions: Access to naloxone in Canada (including NARCAN™ Nasal Spray)*, www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/narcan-nasal-spray-frequently-asked-questions.html
243. Government of Canada (26 March 2018), *The Honourable Ginette Petitpas Taylor, Minister of Health, announces new measures to reduce barriers to treatment and $231 M to address the opioid crisis*, News release, https://www.canada.ca/en/health-canada/news/2018/03/the-honourable-ginette-petitpas-taylor-minister-of-health-announces-new-measures-to-reduce-barriers-to-treatment-and-231-m-to-address-the-o.html
244. Commission on Narcotic Drugs (2018), *Resolution 61/11. Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users,* https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_11.pdf
245. A term used by the government itself to describe the current situation. See: www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/federal-actions.html
246. International Network of People Who Use Drugs (2014), *Drug User Peace Initiative – A war on women who use drugs,* https://www.unodc.org/documents/ungass2016/Contributions/Civil/INPUD/DUPI-A_War_on_Women_who_Use_Drugs-Web.pdf
247. United Nations Office on Drugs and Crime (2016), *Addressing the specific needs of women who inject drugs: Practical guide for service providers on gender-responsive HIV services,* http://www.unodc.org/documents/hiv-aids/2016/Addressing_the_specific_needs_of_women_who_inject_drugs_Practical_guide_for_service_providers_on_gender-responsive_HIV_services.pdf
248. UN Committee on the Elimination of Discrimination Against Women (1999), *CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health),* A/54/38/Rev.1, http://www.refworld.org/docid/453882a73.html
249. International Network of People Who Use Drugs (2014), *Drug User Peace Initiative – A war on women who use drugs,* https://www.unodc.org/documents/ungass2016/Contributions/Civil/INPUD/DUPI-A_War_on_Women_who_Use_Drugs-Web.pdf
250. Ibid.
251. Committee on Economic, Social and Cultural Rights (11 August 2000), *CESCR General Comment No. 14: The right to the highest attainable standard of health (Art. 12),* http://www.refworld.org/pdfid/4538838d0.pdf
252. International Network of People Who Use Drugs (2014), *Drug User Peace Initiative – A war on women who use drugs,* https://www.unodc.org/documents/ungass2016/Contributions/Civil/INPUD/DUPI-A_War_on_Women_who_Use_Drugs-Web.pdf
253. See, for instance: Amnesty International, *Criminalizing pregnancy: Policing pregnant women who use drugs in the USA,* https://www.amnestyusa.org/reports/criminalizing-pregnancy-policing-pregnant-women-use-drugs-usa/
254. International Narcotics Control Board (2016), *Report 2016,* https://www.incb.org/documents/Publications/AnnualReports/AR2016/English/AR2016_E_ebook.pdf
255. Ibid.
256. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf
257. International Narcotics Control Board (2016), *Report 2016*, https://www.incb.org/documents/Publications/AnnualReports/AR2016/English/AR2016_E_ebook.pdf
258. United Nations Office on Drugs and Crime (2018), 'Booklet 5: Women and drugs: Drug use, drug supply and their consequences', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf
259. United Nations Office on Drugs and Crime, UN Women, World Health Organization & International Network of People Who Use Drugs (2014), *Women who inject drugs and HIV: Addressing specific needs, Policy brief*, https://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf
260. UN General Assembly (19 March 2018), *Resolution 37/42. Contribution to the implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights,* A/HRC/37/L.41, http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/37/L.41
261. See, for example: UNAIDS (2018), *On the fast-track to end AIDS,* http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf; UNAIDS (2016), *Information and communications technologies – Engaging the private sector and communities in HIV programmes with gay men and other men who have sex with men,* http://www.unaids.org/sites/default/files/media_asset/20160504_JC2824_ICTs_en.pdf
262. Office of the High Commissioner for Human Rights (2018), *Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights**, A/HRC/39/39, https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session39/Pages/ListReports.aspx
263. Stevens, O. & Forrest, J.I. (April 2018), 'Thinking upstream: The roles of international health and drug policies in public health responses to chemsex', *Sexual Health*, **15**(2): 108-115, http://www.publish.csiro.au/sh/SH17153
264. Department of Health of Ireland (2018), *Reducing harm, supporting recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, https://health.gov.ie/wp-content/uploads/2018/07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf
265. United Nations Office on Drugs and Crime (2015), *International standards on drug use prevention*, https://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf
266. See: https://www.facebook.com/transformdrugs/posts/10153631821034965:0
267. Werb, D., et al. (2011), 'The effectiveness of anti-illicit-drug-public-service announcements: A systematic review and meta-analysis', *Journal of Epidemiology & Community Health*, doi: 10.1136/jech.2010.125195, https://jech.bmj.com/content/early/2011/05/10/jech.2010.125195. For a country example, see: Sarosi, P. (July 2018), 'How do students see drug prevention in Hungarian schools?', *Drug Reporter Foundation,* https://drogriporter.hu/en/how-do-students-see-drug-prevention-in-hungarian-schools/
268. Kine, P. (22 June 2018), 'Philippine school kids may face mandatory drug tests: Failing drug screening could have deadly consequences', *Human Rights Watch*, https://www.hrw.org/news/2018/06/22/philippine-school-kids-may-face-mandatory-drug-tests
269. United Nations Office on Drugs and Crime (2018), 'Booklet 4: Drugs and age: Drugs and associated issues among young people and older people', in: *World Drug Report 2018,* https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_4_YOUTH.pdf
270. Committee on the Rights of the Child (17 April 2013), *General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)**, CRC/C/GC/15, http://www.refworld.org/docid/51ef9e134.html
271. Committee on the Rights of the Child (6 December 2016), *General Comment No. 20 (2016) on the implementation of the rights of the child during adolescence,* CRC/C/GC/20*, https://digitallibrary.un.org/record/855544/files/CRC_C_GC_20-EN.pdf
272. Human Rights Council (4 April 2016), *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, A/HRC/32/32, http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/32/32
273. Students for Sensible Drug Policies, *Just Say Know: SSDP peer education program,* http://www.ssdp.org/justsayknow
274. See: Students for Sensible Drug Policies (December 2017), *SSDP Just Say Know: Tailoring our program for middle and high school youth*, https://ssdp.org/blog/ssdps-just-say-know-tailoring-program-middle-high-school-youth/
275. See, for example: International HIV/AIDS Alliance, Harm Reduction International, Save the Children & Youth RISE, *Step by step: Preparing for work with children and young people who inject drugs*, http://www.drugs.ie/resources-files/guides/Harm_Reduction_Step_by_step_tool1.pdf
276. Ibid.; Rosenbaum, M. (2014), *Safety first: A reality-based approach to teens an drugs* (Drug Policy Alliance), http://www.drugpolicy.org/sites/default/files/DPA_SafetyFirst_2014_0.pdf
277. World Health Organization, UNFPA, UN High Commissioner for Refugees, NSWP, World Bank, International Network of People Who Use Drugs, United Nations Development Programme, UNESCO, United Nations Office on Drugs and Crime, MSMGF, UNAIDS, HIV Young Leaders Fund, ILO, UNICEF (2015), *HIV and young people who inject drugs,* http://www.unaids.org/sites/default/files/media_asset/2015_young_people_drugs_en.pdf
278. For evidence on drug checking services, see: European Monitoring Centre on Drugs and Drug Addiction (2017), *Drug checking as a harm reduction tool for recreational drug users: Opportunities and challenges,* https://core.ac.uk/download/pdf/132547543.pdf
279. See Rule 24 of: United Nations Office on Drugs and Crime, *The United Nations standard minimum rules for the treatment of prisoners (the Nelson Mandela Rules),* https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf
280. Penal Reform International (2018), *Global prison trends 2018,* https://www.penalreform.org/resource/global-prison-trends-2018/

281. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

282. United Nations Office on Drugs and Crime (2015), *UNODC World Drug Report 2015*, http://www.unodc.org/wdr2015

283. United Nations Office on Drugs and Crime, International Labour Organization, United Nations Development Programme, World Health Organization & UNAIDS (2013), *HIV prevention, treatment and care in prisons and other closed settings: A comprehensive package of interventions,* Policy Brief, https://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf

284. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018,* https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

285. UNAIDS (2018), *Miles to go: Closing gaps, breaking barriers, righting injustices,* http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

286. Adapted from graph included in: Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director*, E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6

287. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director*, E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6

288. Harm Reduction International (2016), *Global state of harm reduction,* https://www.hri.global/contents/1739

289. Harm Reduction International (2008), *Global state of harm reduction,* https://www.hri.global/contents/551

290. United Nations Office on Drugs and Crime (2018), 'Booklet 5: Women and drugs: Drug use, drug supply and their consequences', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf

291. UN Committee on the Elimination of Discrimination against Women (24 July 2014), *Concluding observations on the combined fourth and fifth periodic reports of Georgia**, CEDAW/C/GEO/CO/4-5*,* https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GEO/CO/4-5&Lang=En

292. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018,* https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

293. Sander, G. (6 February 2017), 'The global state of harm reduction in prisons: Inadequate, unreliable and unlawful', *Penal Reform International,* https://www.penalreform.org/blog/the-global-state-of-harm-reduction-in-prisons/

294. Ibid.

295. Harm Reduction International (2010), *Global state of harm reduction,* https://www.hri.global/files/2010/06/29/GlobalState2010_Web.pdf

296. Harm Reduction International (2016), *Global state of harm reduction,* https://www.hri.global/contents/1739

297. United Nations Office on Drugs and Crime, International Labour Organization, United Nations Development Programme, World Health Organization & UNAIDS (2013), *HIV prevention, treatment and care in prisons and other closed settings: A comprehensive package of interventions*, Policy Brief, https://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf

298. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

299. Frankfurt University of Applied Sciences & Institut fur Suchtforschung Frankfurt am Main (2018), *Naloxone-on-release: Guidelines for naloxone provision upon release from prison and other custodial settings*, https://harmreduction.eu/My_first_48_hours_out_Naloxone-on-Release_Guidelines1.pdf

300. Harm Reduction International (2010), *Global state of harm reduction,* https://www.hri.global/files/2010/06/29/GlobalState2010_Web.pdf; Harm Reduction International (2016), *Global state of harm reduction*, https://www.hri.global/contents/1739

301. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director,* E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6

302. Miller, E.R., Moore, J.M. & Bi, P. (2013), 'Harm reduction behind bars: Prison worker perspectives', *SAGE Open*: 1-12, http://journals.sagepub.com/doi/pdf/10.1177/2158244013494209

303. Human Rights Council, Thirtieth session, Agenda items 2 and 8, *Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General,* http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Pages/ListReports.aspx; Quoted in: UN Office of the High Commissioner for Human Rights (9 December 2015), *Statement by Ms. Flavia Pansieri, Deputy High Commissioner for Human Rights, at UNGASS 2016 on the World Drug Problem: focus on people, public health and human rights*, https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16863&LangID=E

304. United Nations (1988), *United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances,* https://www.unodc.org/pdf/convention_1988_en.pdf

305. UN Commission on Crime Prevention and Criminal Justice (April 2014), *World crime trends and emerging issues and responses in the field of crime prevention and criminal justice, note by the Secretariat,* E/CN.15/2014/5, https://www.unodc.org/documents/commissions/CCPCJ/CCPCJ_Sessions/CCPCJ_23/_E-CN15-2014-05/E-CN15-2014-5_E.pdf

306. [This paragraph has been amended in May 2020. Please see further explanation in note *i*, above] UN Commission on Crime Prevention and Criminal Justice (January 2013), *World crime trends and emerging issues and responses in the field of crime prevention and criminal justice, note by the Secretariat,* E/CN.15/2013/9, http://www.unodc.org/documents/data-and-analysis/statistics/crime/World_Crime_Trends_2013.pdf

307. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

308. See: Commission on Narcotic Drugs (2015), *Resolution 58/5. Supporting the collaboration of public health and justice authorities in pursuing alternative measures to conviction or punishment for appropriate drug related offences of a minor nature,* https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_58/2015_Resolutions/Resolution_58_5.pdf

309. World Health Organization, UNFPA, UN High Commissioner for Refugees, NSWP, World Bank, International Network of People Who Use Drugs, United Nations Development Programme, UNESCO, United Nations Office on Drugs and Crime, MSMGF, UNAIDS, HIV Young Leaders Fund, ILO, UNICEF (2015), *HIV and young people who inject drugs*, http://www.unaids.org/sites/default/files/media_asset/2015_young_people_drugs_en.pdf

310. Office of the High Commissioner for Human Rights (2018), *Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights**, A/HRC/39/39, https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session39/Pages/ListReports.aspx; See also: Office of the High Commissioner for Human Rights (2015), *Study on the impact of the world drug problem on the enjoyment of human rights - Report of the United Nations High Commissioner for Human Rights,* A/HRC/30/65, http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Pages/ListReports.aspx

311. UNAIDS (2018), *Miles to go: Closing gaps, breaking barriers, righting injustices,* http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

312. World Health Organization (2016), *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations,* http://apps.who.int/iris/bitstream/handle/10665/128048/9789241507431_eng.pdf?sequence=1

313. United Nations Development Programme (2015), *Addressing the development dimensions of drug policy,* http://www.undp.org/content/dam/undp/library/HIV-AIDS/Discussion-Paper--Addressing-the-Development-Dimensions-of-Drug-Policy.pdf

314. Office of the High Commissioner for Human Rights (15 April 2016), *Joint Open Letter by the UN Working Group on Arbitrary Detention; the Special Rapporteurs on extrajudicial, summary or arbitrary executions; torture and other cruel, inhuman or degrading treatment or punishment; the right of everyone to the highest attainable standard of mental and physical health; and the Committee on the Rights of the Child, on the occasion of the United Nation General Assembly Special Session on Drugs*, https://www.ohchr.org/Documents/Issues/Health/UNGASS-joint_OL_HR_mechanisms_April2016.pdf

315. UN Committee on Economic, Social and Cultural Rights (26 October 2016), *Concluding observations on the combined fifth and sixth periodic reports of the Philippines*, E/C.12/PHL/CO/5-6*, https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E/C.12/PHL/CO/5-6&Lang=En

316. UN Women (2015), *A gender perspective on the impact of drug use, the drug trade, and drug control regimes,* https://www.unodc.org/documents/ungass2016//Contributions/UN/Gender_and_Drugs_-_UN_Women_Policy_Brief.pdf;

317. See: UNAIDS, UNHCR, UNICEF, World Food Programme, United Nations Development Programme, UNFPA, UN Women, International Labour Organization, United Nations Educational, Scientific and Cultural Organization, World Health Organization, Office of the High Commissioner for Human Rights & International Organization for Migration (2017), *Joint*

United Nations statement on ending discrimination in health care settings, http://www.unaids.org/sites/default/files/media_asset/ending-discrimination-healthcare-settings_en.pdf

318. Inter-American Drug Abuse Control Commission (2015), *Technical report on alternatives to incarceration for drug-related offences*, http://www.cicad.oas.org/apps/Document.aspx?Id=3203
319. Organization of American States (2013), *The drug problem in the Americas*, http://www.oas.org/documents/eng/press/Introduction_and_Analytical_Report.pdf
320. Inter-American Commission on Human Rights (2017), *Report on measures aimed at reducing the use of pretrial detention in the Americas*, http://www.oas.org/en/iachr/reports/pdfs/PretrialDetention.pdf
321. European Commission & RAND Europe (2016), *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*, https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
322. European Council (2018), *Council conclusions on promoting the use of alternatives to coercive sanctions for drug using offenders*, http://www.emcdda.europa.eu/document-library/council-conclusions-promoting-use-alternatives-coercive-sanctions-drug-using-offenders_en
323. African Union, *AU Plan of action on drug control (2013-2017)*, https://au.int/sites/default/files/pages/32900-file-aupa_on_dc_2013-2017_-_english.pdf
324. Note that countries which do not impose criminal sanctions but use disproportionate administrative punishments such as compulsory detention and ill-treatment are not included in this list
325. Eastwood, N., Fox, E. & Rosmarin, A. (2016), *A quiet revolution: Drug decriminalisation across the globe* (Release), https://www.release.org.uk/publications/drug-decriminalisation-2016; See also: Talking Drugs, *Map: Drug decriminalisation around the world*, https://www.talkingdrugs.org/decriminalisation (accessed 19 September 2019)
326. European Monitoring Centre for Drugs and Drug Addiction (2018) *Portugal drug report 2018*, http://www.emcdda.europa.eu/system/files/publications/8890/portugal-cdr-2018.pdf
327. Reported by Agencia Piaget para o Desenvolvimento, July 2018
328. Grover, A. (2010), *Right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Note by the Secretary-General*, A/65/255, http://ap.ohchr.org/documents/alldocs.aspx?doc_id=17520; Office of the High Commissioner for Human Rights (15 April 2016), *Joint Open Letter by the UN Working Group on Arbitrary Detention; the Special Rapporteurs on extrajudicial, summary or arbitrary executions; torture and other cruel, inhuman or degrading treatment or punishment; the right of everyone to the highest attainable standard of mental and physical health; and the Committee on the Rights of the Child, on the occasion of the United Nation General Assembly Special Session on Drugs*, https://www.ohchr.org/Documents/Issues/Health/UNGASS-joint_OL_HR_mechanisms_April2016.pdf; World Health Organisation (2014), *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*, http://www.who.int/hiv/pub/guidelines/keypopulations/en/; Eastwood, N., Fox, E. & Rosmarin, A. (2016), *A quiet revolution: Drug decriminalisation across the globe* (Release), https://www.release.org.uk/publications/drug-decriminalisation-2016
329. Eastwood, N., Fox, E. & Rosmarin, A. (2016), *A quiet revolution: Drug decriminalisation across the globe* (Release), https://www.release.org.uk/publications/drug-decriminalisation-2016
330. See: Nougier, M. (2017), *The Portuguese model for decriminalizing drug use* (Washington, D.C.: Washington Office on Latin America, International Drug Policy Consortium, DeJusticia & Inter-American Commission on Women of the Organization of American States), https://www.wola.org/wp-content/uploads/2017/05/DONE-12-Portuguese-decriminalisation_ENGFINAL.pdf
331. International Drug Policy Consortium (January 2015), *Throughout Asia, criminalisation and hard punishment are imposed on people who use drugs*, https://idpc.net/alerts/2015/01/throughout-asia-criminalisation-and-hard-punishment-are-imposed-on-people-who-use-drugs
332. See, for example: Talabong, R. (30 April 2018), 'PDEA, DILG insist: Barangay drug list not a hit list', *Rappler*, https://www.rappler.com/nation/201413-pdea-dilg-barangay-drug-narco-list-not-hit-list
333. Mendez, J.E. (2013), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez*, A/HRC/22/53, https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf
334. International Drug Policy Consortium (January 2015), *Throughout Asia, criminalisation and hard punishment are imposed on people who use drugs*, https://idpc.net/alerts/2015/01/throughout-asia-criminalisation-and-hard-punishment-are-imposed-on-people-who-use-drugs
335. Inter-American Drug Abuse Control Commission (2015), *Technical report on alternatives to incarceration for drug-related offences*, http://www.cicad.oas.org/apps/Document.aspx?Id=3203
336. WHO International Agency for Research on Cancer (20 March 2015), *IARC Monographs volume 112: Evaluation of five organophosphate insecticides and herbicides*, http://www.iarc.fr/en/media-centre/iarcnews/pdf/Monograph-Volume112.pdf
337. Hunt, P. (21 September 2007), *Oral Remarks to the Press, Friday 21 September 2007, Bogota, Colombia*, http://www.hchr.org.co/documentoseinformes/documentos/relatoresespeciales/2007/ruedadeprensaingles.pdf
338. Human Rights Watch, Open Society Institute Public Health Program & International Harm Reduction Association, *Human rights and drug policy briefing 6: Crop eradication*, http://tbinternet.ohchr.org/Treaties/CESCR/Shared%20Documents/AFG/INT_CESCR_NGO_AFG_44_7917_E.pdf
339. Bigwood, J. (2 March 2002), *A brief overview of the scientific literature regarding reported deleterious effects of glyphosate formulations on aquatic and soil biota 2* (Ministerio del Ambiente of Ecuador)
340. Ibid.
341. Social Science Research Council (March 2018), *Drug courts in the Americas*, https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/%7BF5A946BA-5726-E811-80CA-005056AB0BD9%7D.pdf
342. Ibid.; Guzman, D.E. (May 2012), *Drug courts: Scope and challenges of an alternative to incarceration* (London: International Drug Policy Consortium), http://fileserver.idpc.net/library/IDPC-Briefing-paper_Drug-courts.pdf
343. Buhse, C. & Schaffer, A. (2017), *Diversion from the criminal justice system: The "LEAD" program in the United States* (Washington, D.C.: Washington Office on Latin America, International Drug Policy Consortium, DeJusticia & Inter-American Commission on Women of the Organization of American States), https://www.wola.org/wp-content/uploads/2017/05/DONE-8-LEAD_ENG_FINAL-1.pdf
344. Committee on Economic, Social and Cultural Rights (11 August 2000), *CESCR General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, http://www.refworld.org/pdfid/4538838d0.pdf
345. International Narcotics Control Board (2010), *Report of the International Narcotics Control Board on the availability of internationally controlled drugs: Ensuring adequate access for medical and scientific purposes*, https://www.incb.org/documents/Publications/AnnualReports/AR2010/Supplement-AR10_availability_English.pdf
346. International Narcotics Control Board (2015), *Availability of internationally controlled drugs: Ensuring adequate access for medical and scientific purposes – Indispensable, adequately available and not unduly restricted*, https://www.incb.org/documents/Publications/AnnualReports/AR2015/English/Supplement-AR15_availability_English.pdf
347. Knaul, F.M., et al. (2017), 'Alleviating the access abyss in palliative care and pain relief – An imperative of universal health coverage: The Lancet Commission report', *The Lancet*, **391**(10128): 1-64, https://www.thelancet.com/commissions/palliative-care
348. World Health Assembly (26 May 2015), *Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage*, WHA 68.15, http://apps.who.int/medicinedocs/documents/s21904en/s21904en.pdf
349. Méndez, J.E. (2013), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez*, A/HRC/22/53, https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf
350. International Narcotics Control Board (2015), *Availability of internationally controlled drugs: Ensuring adequate access for medical and scientific purposes – Indispensable, adequately available and not unduly restricted*, https://www.incb.org/documents/Publications/AnnualReports/AR2015/English/Supplement-AR15_availability_English.pdf; Mendez, J.E. (2013), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez*, A/HRC/22/53, https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf; International Drug Policy Consortium (2016), 'Chapter 2.2: Ensuring access to controlled substances for medical and scientific purposes', in: *IDPC Drug policy guide*, https://idpc.net/publications/2016/03/idpc-drug-policy-guide-3rd-edition
351. Knaul, F.M., et al. (2017), 'Alleviating the access abyss in palliative care and pain relief – An imperative of universal health coverage: The Lancet Commission report', *The Lancet*, **391**(10128): 1-64, https://www.thelancet.com/commissions/palliative-care
352. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf
353. World Health Assembly (24 May 2014), *WHA 67.19. Strengthening palliative care as a component of comprehensive care throughout the life course*, http://apps.who.int/medicinedocs/documents/s21454en/s21454en.pdf
354. United Nations Office on Drugs and Crime (March 2018), *Technical guidance: Increasing access and availability of controlled medicines (advanced draft)*, http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_2018_technical_guidance_on_promoting_access_at_national_level.pdf
355. Knaul, F.M., et al. (2017), 'Alleviating the access abyss in palliative care and pain relief – An imperative of universal health coverage: The Lancet

Commission report', *The Lancet,* **391**(10128): 1-64, https://www.thelancet.com/commissions/palliative-care; Human Rights Watch (October 2014), *Care when there is no cure – Ensuring the right to palliative care in Mexico,* https://www.hrw.org/report/2014/10/28/care-when-there-no-cure/ensuring-right-palliative-care-mexico

356. Human Rights Watch (2015), *National drug control strategies and access to controlled medicines*, https://www.hrw.org/sites/default/files/supporting_resources/national_drug_control_strategies_and_access_to_controlled_medicines_2016.pdf
357. See Article 3 of the Single Convention on Narcotic Drugs: United Nations (1961), *Single Convention on Narcotic Drugs*, https://www.unodc.org/pdf/convention_1961_en.pdf
358. Aguilar, S., Gutierrez, V., Sanchez, L. & Nougier, M. (April 2018), *Medicinal cannabis policies and practices around the world* (London: International Drug Policy Consortium & Mexico Unido Contra la Delincuencia), https://idpc.net/publications/2018/04/medicinal-cannabis-policies-and-practices-around-the-world; Polianskaya, A. (28 April 2018), 'Zimbabwe legalises marijuana for medicinal use', *The Independent*, https://www.independent.co.uk/news/world/africa/zimbabwe-legalises-marijuana-medicinal-scientific-use-africa-a8327191.html
359. Updated version, retrieved from: Aguilar, S., Gutiérrez, V., Sánchez, L. & Nougier, M. (April 2018), *Medicinal cannabis policies and practices around the world* (London: International Drug Policy Consortium & Mexico Unido Contra la Delincuencia), https://idpc.net/publications/2018/04/medicinal-cannabis-policies-and-practices-around-the-world
360. Busby, M. (16 June 2018), 'Home Office looks at allowing cannabis oil for boy with epilepsy', *The Guardian*, https://www.theguardian.com/politics/2018/jun/15/mothers-plea-for-uk-to-legalise-cannabis-oil-charlotte-caldwell-billy
361. Home Office (26 July 2018), *Cannabis-derived medicinal products to be made available on prescription,* https://www.gov.uk/government/news/cannabis-derived-medicinal-products-to-be-made-available-on-prescription
362. International Narcotics Control Board (2017), *INCB Alerts: The therapeutic use of cannabis,* https://www.incb.org/documents/News/Alerts/Alert_on_Control_of_Narcotic_Drugs_June_2017.pdf
363. See: http://www.who.int/medicines/access/controlled-substances/UNSG_SignedDGletter.pdf?ua=1
364. United Nations (1966), *International Covenant on Economic, Social and Cultural Rights*, https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx
365. Ibid.
366. Data from the Ministry of Health of the Republic of Uganda, 2015
367. Ministry of Health of the Republic of Uganda (September 2015), *Health sector development plan 2015/16-2019/20,* http://www.health.go.ug/sites/default/files/Health%20Sector%20Development%20Plan%202015-16_2019-20.pdf
368. Republic of Uganda Ministry of Health (2015), *National palliative care policy: Uganda*
369. Clark, D., et al. (2007), 'Hospice and palliative care development in Africa: A multi-method review of services and experiences', *Journal of Pain and Symptom Management*, **33**: 698-710
370. Nabudere, H., Obuku, E. & Lamorde, M. (2013), *Advancing the integration of palliative care in the national health system*, http://www.academia.edu/19225311/Advancing_the_Integration_of_Palliative_Care_in_the_National_Health_System
371. Human Rights Awareness and Promotion Forum (2016), *The Narcotic Drugs and Psychotropic Substances (control) Act, 2015 and the legal regulation of drug use in Uganda: Analyzing the tension between criminal law, public health and human rights,* http://www.leahn.org/wp-content/uploads/2016/12/Uganda-Analysing-report-2016.pdf
372. Aguilar, S., Gutiérrez, V., Sánchez, L. & Nougier, M. (April 2018), *Medicinal cannabis policies and practices around the world* (London: International Drug Policy Consortium & Mexico Unido Contra la Delincuencia), https://idpc.net/publications/2018/04/medicinal-cannabis-policies-and-practices-around-the-world; Nutt, D. (2015), 'Illegal drugs laws: Clearing a 50-year-old obstacle to research', *PLOS Biology*, **13**(1): e1002047
373. Nutt, D. (2015), 'Illegal drugs laws: Clearing a 50-year-old obstacle to research', *PLOS Biology,* **13**(1): e1002047
374. Nutt, D.J., King, L.A. & Nichols, D.E. (2013), 'Effects of Schedule I drug laws on neuroscience research and treatment innovation', *Nature Reviews Neuroscience*, **14**: 577-585, https://www.nature.com/articles/nrn3530
375. Aguilar, S., Gutiérrez, V., Sánchez, L. & Nougier, M. (April 2018), *Medicinal cannabis policies and practices around the world* (London: International Drug Policy Consortium & Mexico Unido Contra la Delincuencia), https://idpc.net/publications/2018/04/medicinal-cannabis-policies-and-practices-around-the-world; Nutt, D. (2015), 'Illegal drugs laws: Clearing a 50-year-old obstacle to research', *PLOS Biology*, **13**(1): e1002047
376. Bowles, D.W. (2012), 'Persons registered for medical marijuana in the United States,' *Journal of Palliative Medicine*, **15**(1): 9-11, http://online.liebertpub.com/doi/abs/10.1089/jpm.2011.0356
377. GW Pharmaceuticals (2016), *Prescriber information,* http://dev-gwpharma.pantheonsite.io/products-pipeline/sativex/prescriber-information-full; Koppel, B.S., Brust, J.C., Fife, T., Bronstein, J., Youssof, S., Gronseth, G. & Gloss, D. (2014), 'Systematic review: Efficacy and safety of medical marijuana in selected neurologic disorders: Report of the Guideline Development Subcommittee of the American Academy of Neurology', *Neurology*, **82**(17): 1556-1563; Pertwee, R.G. (2012), 'Targeting the endocannabinoid system with cannabinoid receptor agonists: Pharmacological strategies and therapeutic possibilities', *Philosophical Transactions of the Royal Society of London—Series B: Biological Sciences*, **367**(1607): 3353-3363; Pertwee, R.G. (2002), 'Cannabinoids and multiple sclerosis,' *Pharmacology & Therapeutics*, **95**: 165-174; Collin C., Davies P., Mutiboko I.K., Ratcliffe S., for the Sativex Spasticity in MS Study Group (2007), 'Randomized controlled trial of cannabis-based medicine in spasticity caused by multiple sclerosis,' *European Journal of Neurology*, **14**(3): 290–296
378. Gloss, D.S. & Vickrey, B. (2014), 'Cannabinoids for epilepsy', *Cochrane Database of Systematic Reviews*, **3**: CD009270
379. Whiting, P.F., et al. (2015), 'Cannabinoids for medical use: A systematic review and meta-analysis', *Journal of the American Medical Association,* **313**(24): 2456-2473
380. Ibid; Smith, L.A., Azariah, F., Lavender, T.C.V., Stoner, N.S. & Bettiol, S. (2015), 'Cannabinoids for nausea and vomiting in adults with cancer receiving chemotherapy', *Cochrane Database of Systematic Reviews*, **11**: CD009464
381. Nutt, D.J., King, L.A. & Nichols, D.E. (2013), 'Effects of Schedule I drug laws on neuroscience research and treatment innovation', *Nature Reviews Neuroscience*, **14**: 577-585, https://www.nature.com/articles/nrn3530
382. Commission on Narcotic Drugs (2015), *Resolution 58/7. Strengthening cooperation with the scientific community, including academia, and promoting scientific research in drug demand and supply reduction policies in order to find effective solutions to various aspects of the world drug problem*, http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_58/2015_Resolutions/Resolution_58_7.pdf
383. International Drug Policy Consortium (2015), *The 2015 Commission on Narcotic Drugs and its special segment on preparations for the United Nations General Assembly Special Session on the world drug problem – Report of proceedings*, http://fileserver.idpc.net/library/CND-proceedings-report-2015.pdf
384. Commission on Narcotic Drugs (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,* https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf
385. United Nations (1948), *Universal Declaration of Human Rights*, http://www.un.org/en/universal-declaration-human-rights/index.html
386. United Nations (1966), *International Covenant on Civil and Political Rights,* https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx
387. United Nations (1989), *Convention on the Rights of the Child,* https://www.ohchr.org/en/professionalinterest/pages/crc.aspx
388. See paragraphs 11 and 12 of: United Nations General Assembly (9 August 2012), *Extrajudicial, summary or arbitrary executions, Note by the Secretary-General*, A/67/275, http://undocs.org/A/67/275
389. Human Rights Committee (April 1982), *CCPR General comment No. 6: Article 6 (right to life)*, http://www.refworld.org/docid/45388400a.html
390. Among others, see: paragraph 315 of International Narcotics Control Board (2017), *INCB annual report for 2016*, https://www.incb.org/documents/Publications/AnnualReports/AR2016/English/AR2016_E_ebook.pdf; UN Human Rights Committee (8 July 2005), *Concluding Observations: Thailand, CCPR/CO/84/THA,* https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR%2FCO%2F84%2FTHA&Lang=en; UN Human Rights Committee (29 August 2007), *Concluding Observations: Sudan, CCPR/C/SDN/CO/3*, https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR%2FC%2FSDN%2FCO%2F3&Lang=en; Human Rights Council (29 January 2007), *Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions, Philip Alston: Civil and political rights, including the questions of disappearances and summary executions,* A/HRC/4/20, https://www.ohchr.org/EN/Issues/Executions/Pages/AnnualReports.aspx
391. Sander, G. (2018), *The death penalty for drug offences: Global overview 2017* (London: Harm Reduction International), https://www.hri.global/files/2018/03/06/HRI-Death-Penalty-Report-2018.pdf
392. Based on Harm Reduction International research for the 2010, 2015, 2017 and 2018 global overviews on the death penalty for drug offences
393. Sander, G. (2018), *The death penalty for drug offences: Global overview 2017* (London: Harm Reduction International), https://www.hri.global/files/2018/03/06/HRI-Death-Penalty-Report-2018.pdf
394. United Nations Office on Drugs and Crime (2017), 'Executive summary: Conclusions and policy implications', in: *World Drug Report 2017*, https://www.unodc.org/wdr2017/field/Booklet_1_EXSUM.pdf
395. See, for example: United Nations Office on Drugs and Crime (29 July

2016), *Statement by the UNODC Executive Director on the recent executions in Indonesia,* https://www.unodc.org/unodc/en/press/releases/2016/July/statement-by-the-unodc-executive-director-on-the-recent-executions-in-indonesia.html

396. International Narcotics Control Board (2014), *INCB encourages States to consider the abolition of the death penalty for drug-related offences,* https://www.incb.org/documents/Publications/PressRelease/PR2014/press_release_050314.pdf
397. For a full list, see: CND Blog, http://cndblog.org/maps/death-penalty/
398. Sander, G. (2018), *The Death Penalty for Drug Offences: Global Overview 2017* (London: Harm Reduction International), p. 12, https://www.hri.global/files/2018/03/06/HRI-Death-Penalty-Report-2018.pdf
399. Ibid.
400. Gallahue, P. and Lines, R. (2011), *The death penalty for drug offences: Global overview 2010* (London: International Harm Reduction), https://www.hri.global/files/2010/06/16/IHRA_DeathPenaltyReport_Web.pdf
401. Although reforms in Malaysia have been criticised by Amnesty International for being too narrow in focus. Indeed, the reform is only applicable for drug trafficking under very specific circumstances and is not retroactive. For more information, see: Amnesty International (November 2017), *Malaysia: Action needed to make death penalty bill meaningful opportunity for change*, https://www.amnesty.org/download/Documents/ACT5075102017ENGLISH.pdf
402. Sander, G. (2018), *The death penalty for drug offences: Global overview 2017* (London: Harm Reduction International), https://www.hri.global/files/2018/03/06/HRI-Death-Penalty-Report-2018.pdf
403. In 2017, Thailand Legislative Assembly reduced the penalties for possession, import/export, and production for the sale of drugs, and abolished the mandatory death penalty for selling drugs. See: Akbar, P. & Lai, G. (15 February 2017), 'Thailand amends drug law to reduce penalties and ensure more proportionate sentencing', *IDPC Blog*, http://idpc.net/blog/2017/02/thailand-amends-drug-law-to-reduce-penalties-and-ensure-more-proportionate-sentencing
404. In June 2018, Palestine acceded to the Second Optional Protocol to the International Covenant on Civil and Political Rights
405. Iran Human Rights & Ensemble Contre la Peine de Mort (2018), *Annual Report on the Death Penalty in Iran 2017,* http://fileserver.idpc.net/library/ECPM-IHR-%20Iran%20report%202017.pdf
406. Reported by Harm Reduction International, August 2018
407. Cepeda, M. (8 March 2017), 'Death for drug convicts: House passes bill on final reading', *Rappler*, https://www.rappler.com/nation/163495-drug-convicts-philippines-death-penalty-bill-final-reading
408. United Nations (1989), *Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty,* https://www.ohchr.org/en/professionalinterest/pages/2ndopccpr.aspx
409. Dhaka Tribune (21 June 2018), *Soon, law with death sentence provisions for patrons of drug traders*, https://www.dhakatribune.com/bangladesh/law-rights/2018/06/20/soon-law-with-death-sentence-provisions-for-patrons-of-drug-traders
410. Beaumont, P. (11 July 2018), 'Sri Lanka to begin hanging drug dealers to "replicate success of Philippines"', *The Guardian*, https://www.theguardian.com/global-development/2018/jul/11/sri-lanka-to-begin-hanging-drug-dealers-to-replicate-success-of-philippines
411. Singapore only executed two individuals for drug offences between 2010 and 2013, while 19 executions for this category of crimes were carried out since 2014
412. Human Rights Watch (18 January 2018), *Philippines: Duterte's 'drug war' claims 12,000+ lives*, https://www.hrw.org/news/2018/01/18/philippines-dutertes-drug-war-claims-12000-lives
413. Kine, P. (23 August 2017), *Duterte's 'drug war' migrates to Indonesia* (Human Rights Watch), https://www.hrw.org/news/2017/08/23/dutertes-drug-war-migrates-indonesia
414. International Drug Policy Consortium (6 June 2018), *188 NGOs call on the United Nations to condemn Bangladesh drug war,* https://idpc.net/media/press-releases/2018/06/ngos-call-on-the-united-nations-to-condemn-bangladesh-drug-war
415. Natalia, T. (27 December 2017), 'Indonesia put to death 79 drug dealers, rehabilitated 1,523 addicts in 2017', *Jakarta Globe,* http://jakartaglobe.id/news/indonesia-put-death-79-drug-dealers-rehabilitated-1523-addicts-2017/
416. Channel News Asia (17 July 2018), *Bangladesh drug war death toll hits 200: Rights group,* https://www.channelnewsasia.com/news/asia/bangladesh-drug-war-death-toll-hits-200-rights-group-10537600; International Drug Policy Consortium & Asian Network of People Who Use Drugs (June 2018), *Open letter from community and civil society organisations calling on UN drug control agencies to condemn and take action against the war on drugs in Bangladesh,* http://fileserver.idpc.net/library/NGOletter_Bangladesh_EJKs.pdf; Office of the High Commissioner for Human Rights (June 2018), *Killings of suspected "drug offenders" in Bangladesh must stop – UN Human Rights Chief,* https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23178&LangID=E; United Nations Office on Drugs and Crime (June 2018), *Press release: Statement attributable to the UNODC Spokesperson on the situation in Bangladesh,* https://www.unodc.org/unodc/en/press/releases/2018/June/statement-attributable-to-the-unodc-spokesperson-on-the-situation-in-bangladesh.html
417. Office of the High Commissioner for Human Rights (6 June 2018), *Killings of suspected "drug offenders" in Bangladesh must stop – UN human rights chief,* https://ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=23178&LangID=E
418. United Nations Office on Drugs and Crime (3 August 2016), *Statement by the UNODC Executive Director on the situation in the Philippines*, http://www.unodc.org/unodc/en/press/releases/2016/August/statement-by-the-un-odc-executive-director-on-the-situation-in-the-philippines.html. See also the UNODC statement on Bangladesh: United Nations Office on Drugs and Crime (1 June 2018), *Statement attributable to the UNODC spokesperson on the situation in Bangladesh,* https://www.unodc.org/unodc/en/press/releases/2018/June/statement-attributable-to-the-unodc-spokesperson-on-the-situation-in-bangladesh.html
419. International Narcotics Control Board (3 August 2016), *INCB expresses concern about reports of violence against persons suspected of drug-related crime and drug use in the Philippines,* UNIS/NAR/1292, http://www.incb.org/incb/en/news/press-releases/2016/press_release030816.html
420. Office of the High Commissioner for Human Rights (13 September 2016), *Opening Statement by Zeid Ra'ad Al Hussein, United Nations High Commissioner for Human Rights, at the 33rd session of the Human Rights Council*, https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20474&LangID=E; Office of the High Commissioner for Human Rights (18 August 2016), *UN experts urge the Philippines to stop unlawful killings of people suspected of drug-related offences,* https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20388&LangID=E
421. See, for instance: European Parliament (15 September 2016), *European Parliament resolution of 15 September 2016 on the Philippines* (2016/2880(RSP)), http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2F%2FEP%2F%2FNONSGML%20TA%20P8-TA-2016-0349%200%20DOC%20PDF%20V0%2F%2FEN
422. United Nations (1966), *International Covenant on Civil and Political Rights,* https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx
423. United Nations (1984), *Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,* https://www.ohchr.org/Documents/ProfessionalInterest/cat.pdf
424. The Guardian (1 July 2016), *Philippines president Rodrigo Duterte urges people to kill drug addicts,* https://www.theguardian.com/world/2016/jul/01/philippines-president-rodrigo-duterte-urges-people-to-kill-drug-addicts
425. Philippines Presidential Communications Operations Office (1 July 2016), *President Rodrigo Roa Duterte Speech during the Philippine National Police (PNP) Assumption of Command,* http://pcoo.gov.ph/july-01-2016-president-rodrigo-roa-duterte-speech-during-the-philippine-national-police-pnp-assumption-of-command/
426. Philippine Drug Enforcement Agency (2018), *RealNumbers Update: Towards a drug-free Philippines. From July 1, 2016 – March 20, 2018,* http://www.pnp.gov.ph/images/News/rn_0117.pdf
427. Philstar (11 June 2018), *PNP: 22,983 deaths under inquiry since drug war launched,* https://www.philstar.com/headlines/2018/06/11/1823545/pnp-22983-deaths-under-inquiry-drug-war-launched
428. Ateneo School of Government at Ateneo de Manila University, De La Salle Philippines, University of the Philippines-Diliman and the Stabile Center for Investigative Journalism at Columbia University's Graduate School of Journalism (2018), 'The Drug Killings: Who, What, Where, When, How?', *The Drug Archive,* https://drugarchive.ph/post/26-the-drug-killings-who-what-where-when-how-master
429. Ibid.
430. Ibid.
431. See, for instance: Amnesty International (31 January 2017), *Philippines: "If you are poor, you are killed": Extrajudicial killings in the Philippines' "war on drugs",* https://www.amnesty.org/en/documents/asa35/5517/2017/en/; Human Rights Watch (2 March 2017), *"License to kill" – Philippine police killings in Duterte's "war on drugs",* https://www.hrw.org/report/2017/03/02/license-kill/philippine-police-killings-dutertes-war-drugs
432. Rappler (8 September 2017), *19 cases of drug war deaths filed in court – DOJ*, https://www.rappler.com/nation/181510-vitaliano-aguirre-ejk-filed-court
433. European Parliament (23 February 2018), *Keeping Senator de Lima in prison without charge is unacceptable, say DROI Chair Panzeri and MEP Post,* http://www.europarl.europa.eu/news/en/press-room/20180223IPR98532/keeping-senator-de-lima-in-prison-without-charge-is-unacceptable
434. UN High Commissioner for Human Rights (11 September 2017), *Darker and more dangerous: High Commissioner updates the Human Rights Council on human rights issues in 40 countries,* https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22041; Human Rights Watch (19 June 2018), *Human Rights Council should act to address rights crises – including*

Venezuela, Kashmir, Philippines and Cambodia, https://www.hrw.org/news/2018/06/19/human-rights-council-should-act-address-rights-crises-including-venezuela-kashmir

435. International Criminal Court (8 February 2018), *Statement of the Prosecutor of the International Criminal Court, Mrs Fatou Bensouda, on opening preliminary examinations into the situations in the Philippines and Venezuela*, https://www.icc-cpi.int/Pages/item.aspx?name=180208-otp-stat

436. The Guardian (13 April 2018), *Philippines: Duterte threatens to arrest International Criminal Court prosecutor*, https://www.theguardian.com/world/2018/apr/13/philippines-duterte-threatens-to-arrest-international-criminal-court-prosecutor

437. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem,* https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

438. Harm Reduction International (2011), *Inflicting harm: Judicial corporal punishment for drug and alcohol offences in selected countries*, https://www.hri.global/files/2011/11/08/IHRA_CorporalPunishmentReport_Web.pdf

439. Ibid.

440. Ibid.

441. See, for instance: UN Commission on Human Rights (10 January 1997), *Report of the Special Rapporteur on Torture*, E/CN.4/1997/7, https://unispal.un.org/DPA/DPR/unispal.nsf/0/D015226692B7C5CB85256CF500750681; UN General Assembly (2005), *Report of the Special Rapporteur on Torture,* A/60/316, https://undocs.org/A/60/316; UN Human Rights Council (2010), *Report of the Special Rapporteur on Torture*, A/HRC/13/39, https://www2.ohchr.org/english/bodies/hrcouncil/docs/13session/A-HRC-13-39.pdf

442. International Labour Organisation, Office of the High Commissioner on Human Rights, United Nations Development Programme, UNESCO, UNFPA, United Nations High Commissioner for Refugees, UNICEF, United Nations Office on Drugs and Crime, UN Women, World Food Programme, World Health Organization, UNAIDS (2012), *Joint statement: Compulsory drug detention and rehabilitation centres*, http://files.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf

443. Human Rights Council (10 July 2015), *Report of the Working Group on Arbitrary Detention,* A/HRC/30/36, http://www.hr-dp.org/files/2015/09/13/A_HRC_30_36_ENG.WGADannualreport_.docx

444. Kamarulzaman, A. & McBrayera, J. L. (February 2015), 'Compulsory drug detention centres in East and Southeast Asia', *International Journal of Drug Policy*, **26**(1): S33-S37; International Drug Policy Consortium (January 2015), *Throughout Asia, criminalisation and hard punishment are imposed on people who use drugs,* https://idpc.net/alerts/2015/01/throughout-asia-criminalisation-and-hard-punishment-are-imposed-on-people-who-use-drugs; World Health Organization, *ATLAS of substance use disorders – Country profile: EGYPT,* http://www.who.int/substance_abuse/publications/atlas_report/profiles/egypt.pdf; World Health Organization, *ATLAS of substance use disorders – Country profile: SAUDI ARABIA,* http://www.who.int/substance_abuse/publications/atlas_report/profiles/saudi_arabia.pdf

445. International Drug Policy Consortium (February 2014), *Compulsory rehabilitation in Latin America: An unethical, inhumane and ineffective practice,* https://idpc.net/publications/2014/02/idpc-advocacy-note-compulsory-rehabilitation-in-latin-america-an-unethical-inhumane-and-ineffective-practice; Malta, M. & Beyrer, C. (November 2013), 'The HIV epidemic and human rights violations in Brazil', *Journal of the International AIDS Society,* **16**(1), https://onlinelibrary.wiley.com/doi/abs/10.7448/IAS.16.1.18817; Open Society Foundations (2016), *No health, no help: Abuse as drug rehabilitation in Latin America & the Caribbean*, https://www.opensocietyfoundations.org/sites/default/files/no-health-no-help-en-21060403.pdf

446. See, among others: Office of the High Commissioner for Human Rights (2015), *Study on the impact of the world drug problem on the enjoyment of human rights - Report of the United Nations High Commissioner for Human Rights,* A/HRC/30/65, http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Pages/ListReports.aspx; Méndez, J.E. (2013), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez,* A/HRC/22/53, https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf; World Health Organization Western Pacific Regional Office (2009), *Assessment of compulsory treatment of people who use drugs in Cambodia, China, Malaysia and Viet Nam: An application of selected human rights principles*, http://www.who.int/hiv/pub/idu/assess_treatment_users_asia/en/; Werb, D., Kamarulzaman, A., Meacham, M.C., Rafful, C., Fischer, B. & Strathdee, S.A. (2016), 'The effectiveness of compulsory drug treatment: A systematic review', *International Journal of Drug Policy,* **28**: 1-9, https://www.ijdp.org/article/S0955-3959(15)00358-8/pdf; Human Rights Watch (2010), *'Skin on the cable' – The illegal arrest, arbitrary detention and torture of people who use drugs in Cambodia,* https://www.hrw.org/sites/default/files/reports/cambodia0110webwcover.pdf; Open Society Foundations (2011), *Treatment or torture? Applying international human rights standards to drug detention centers*, https://www.opensocietyfoundations.org/sites/default/files/treatment-or-torture-20110624.pdf

447. United Nations Office on Drugs and Crime (2015), *Transition from compulsory centres for drug users to voluntary community-based treatment and services,* discussion paper, https://www.unodc.org/documents/southeastasiaandpacific/Publications/2015/hiv/Discussion_Paper_on_Transition_from_CCDUs_Edited_Final4_04Sept15.pdf

448. Human Rights Council (10 April 2018), *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, A/HRC/38/36, http://undocs.org/A/HRC/38/36

449. Mexican Commission for the Defence and Promotion of Human Rights (May 2015), *Human Rights and the war on drugs in Mexico, Submission to the Office of the High Commissioner for Human Rights from the Mexican Commission for the Defence and Promotion of Human Rights,* https://www.ohchr.org/Documents/HRBodies/HRCouncil/DrugProblem/NHRIMexico.pdf

450. Nowak, M. (2010), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak - Addendum - Study on the phenomena of torture, cruel, inhuman or degrading treatment or punishment in the world, including an assessment of conditions of detention*, A/HRC/13/39/Add.5, https://www2.ohchr.org/english/bodies/hrcouncil/docs/13session/A.HRC.13.39.Add.5_en.pdf

451. Sarang, A., Rhodes, T., Sheon, N. & Page, K. (2010), 'Policing drug users in Russia: Risk, fear, and structural violence', *Substance Use Misuse,* **45**(6): 813–864, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2946846/

452. Méndez, J.E. (2013), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez*, A/HRC/22/53, https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf; See also the latest recommendations of the UN Committee against Torture on the Russian Federation, where the Committee urged the country 'to take all the measures necessary to effectively protect drug users deprived of liberty against the infliction of pain and suffering associated with the withdrawal syndrome by the police, including to extract confession; to ensure that such confession is not admitted by the courts; and to provide drug users in detention with adequate access to necessary medical treatment'. See: UN Committee against Torture (August 2018), *Concluding observations on the sixth periodic report of the Russian Federation*, Advance unedited version,* https://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/RUS/CAT_C_RUS_CO_6_32062_E.pdf

453. See paragraphs 20 and 21 of: Committee against Torture (August 2018), *Concluding observations on the sixth periodic report of the Russian Federation**, https://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/RUS/CAT_C_RUS_CO_6_32062_E.pdf

454. Harm Reduction International (March 2013), *Briefing paper on violence against women who use drugs and access to domestic violence shelters*, https://www.hri.global/files/2013/03/19/Briefing_Paper_-_Access_to_Shelters_-_with_correct_fonts_07.03_.13_.pdf

455. Reported by the Zimbabwe Civil Liberties and Drug Network, July 2018

456. Amnesty International (28 June 2016), *Mexico: Surviving death: Police and military torture of women in Mexico*, https://www.amnesty.org/en/documents/amr41/4237/2016/en/

457. Data from: Kamarulzaman, A. & McBrayera, J. L. (February 2015), 'Compulsory drug detention centres in East and Southeast Asia', *International Journal of Drug Policy*, **26**(1): S33-S37; International Drug Policy Consortium (January 2015), *Throughout Asia, criminalisation and hard punishment are imposed on people who use drugs*, https://idpc.net/alerts/2015/01/throughout-asia-criminalisation-and-hard-punishment-are-imposed-on-people-who-use-drugs; World Health Organization, *ATLAS of substance use disorders – Country profile: EGYPT*, http://www.who.int/substance_abuse/publications/atlas_report/profiles/egypt.pdf; World Health Organization, *ATLAS of substance use disorders – Country profile: SAUDI ARABIA*, http://www.who.int/substance_abuse/publications/atlas_report/profiles/saudi_arabia.pdf; Harm Reduction International (2011), *Inflicting harm: Judicial corporal punishment for drug and alcohol offences in selected countries,* https://www.hri.global/files/2011/11/08/IHRA_CorporalPunishmentReport_Web.pdf; Sander, G. (2018), *The Death Penalty for Drug Offences: Global Overview 2017* (London: Harm Reduction International), p. 12, https://www.hri.global/files/2018/03/06/HRI-Death-Penalty-Report-2018.pdf

458. United Nations (1966), *International Covenant on Civil and Political Rights,* https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx

459. Ibid.

460. See: Commission on Human Rights (22 December 1997), *Question of the human rights of all persons subjected to any form of detention or imprisonment, report submitted by the Working Group on Arbitrary Detention, Addendum, Visit to the People's Republic of China,* E/CN.4/1998/44/Add.2 (paras. 81 and 97-99), http://ap.ohchr.org/documents/alldocs.aspx?doc_id=1140; Human Rights Council (30 June 2014), *Report of the Working Group on Arbitrary Detention, Addendum, Mission to Brazil*, A/HRC/27/48/Add.3 (paras. 111-119), http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/27/48/Add.3

461. Human Rights Council (10 July 2015), *Report of the Working Group on Arbitrary Detention*, A/HRC/30/36, http://www.hr-dp.org/files/2015/09/13/A_HRC_30_36_ENG.WGADannualreport_.docx

462. Sarang, A., Rhodes, T., Sheon, N. & Page, K. (2010), 'Policing drug users

in Russia: Risk, fear, and structural violence', *Substance Use Misuse*, **45**(6): 813–864, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2946846/

463. Golichenko, M. (8 August 2013), 'Denis Matveev should be released and accorded a right to compensation for damage', *Andrey Rylkov Foundation for Health and Social Justice*, http://en.rylkov-fond.org/blog/arf-advocacy/arf-international-advocacy/denis-matveev-should-be-released-and-accorded-a-right-to-compensation-for-damage/

464. Hoekstra, A. (January 2018), 'Cambodia's drugs crackdown pushes users into hiding', *UCA News*, https://www.ucanews.com/news/cambodias-drugs-crackdown-pushes-users-into-hiding/81320; Hutt, D. (9 Februay 2017), 'In Duterte's footsteps, Hun Sen launches a drug war', *Asia Times,* http://www.atimes.com/article/dutertes-footsteps-hun-sen-launches-drug-war/

465. International Drug Policy Consortium (6 June 2018), *188 NGOs call on the United Nations to condemn Bangladesh drug war,* https://idpc.net/media/press-releases/2018/06/ngos-call-on-the-united-nations-to-condemn-bangladesh-drug-war

466. Andenas, M. (30 June 2014), *Report of the Working Group on Arbitrary Detention,* A/HRC/27/48, http://undocs.org/A/HRC/27/48

467. See paragraphs 36-38 in: Human Rights Committee (16 December 2014), *General comment No. 35: Article 9 (Liberty and security of person)*, CCPR/C/GC/35*, https://www.ohchr.org/EN/HRBodies/CCPR/Pages/GC35-Article9LibertyandSecurityofperson.aspx

468. UN Commission on Crime Prevention and Criminal Justice (April 2014), *World crime trends and emerging issues and responses in the field of crime prevention and criminal justice, note by the Secretariat*, E/CN.15/2014/5, https://www.unodc.org/documents/commissions/CCPCJ/CCPCJ_Sessions/CCPCJ_23/_E-CN15-2014-05/E-CN15-2014-5_E.pdf

469. Inter-American Commission of Women & Organization of American States (January 2014), *Women and drugs in the Americas*, http://www.oas.org/en/cim/docs/womendrugsamericas-en.pdf; Boiteux, L. (2015), *The incarceration of women for drug offenses* (Colectivo de Estudios Drogas y Derechos), http://www.drogasyderecho.org/wp-content/uploads/2015/10/luciana_i.pdf

470. Center for Legal and Social Studies (2015), *The impact of drug policies on human rights: The experience in the Americas*, http://www.cels.org.ar/common/drug%20policy%20impact%20in%20the%20americas.pdf

471. Ibid.

472. Office of the High Commissioner for Human Rights (2015), *Study on the impact of the world drug problem on the enjoyment of human rights - Report of the United Nations High Commissioner for Human Rights,* A/HRC/30/65, http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Pages/ListReports.aspx

473. Washington Office on Latin America (2010), *Systems overload: Drug laws and prisons in Latin America*, https://www.wola.org/analysis/systems-overload-drug-laws-and-prisons-in-latin-america/

474. Andenas, M. (30 June 2014), *Report of the Working Group on Arbitrary Detention,* A/HRC/27/48, http://undocs.org/A/HRC/27/48

475. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

476. World Prison Brief, World Female Imprisonment List (fourth edition), http://www.prisonstudies.org/news/world-female-imprisonment-list-fourth-edition

477. Ibid.

478. World Prison Brief, Brazil, http://www.prisonstudies.org/country/brazil

479. Boiteux, L. (2015), *The incarceration of women for drug offenses* (Colectivo de Estudios Drogas y Derechos), http://www.drogasyderecho.org/wp-content/uploads/2015/10/luciana_i.pdf

480. Kittayrak, K. (9 June 2015), 'For female offenders, jail often no solution', *Bangkok Post,* http://www.bangkokpost.com/opinion/opinion/586901/for-female-offenders-jail-often-no-solution

481. See: Inter-American Commission of Women & Organization of American States (January 2014), *Women and drugs in the Americas*, http://www.oas.org/en/cim/docs/womendrugsamericas-en.pdf; Giacomello, C. (October 2013), *Women, drug offenses and penitentiary systems in Latin America* (London: International Drug Policy Consortium), http://fileserver.idpc.net/library/IDPC-Briefing-Paper_Women-in-Latin-America_ENGLISH.pdf

482. UN Special Rapporteur on violence against women (21 August 2013), *Pathways to, conditions and consequences of incarceration for women,* A/68/340, https://www.ohchr.org/Documents/Issues/Women/A-68-340.pdf

483. Inter-American Commission of Women & Organization of American States (January 2014), *Women and drugs in the Americas*, http://www.oas.org/en/cim/docs/womendrugsamericas-en.pdf; Boiteux, L. (2015), The incarceration of women for drug offenses (Colectivo de Estudios Drogas y Derechos), http://fileserver.idpc.net/library/CEDD-women-2015.pdf

484. UN General Assembly (2011), *Resolution 65/229. UN Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules),* https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

485. UN Special Rapporteur on violence against women (21 August 2013), *Pathways to, conditions and consequences of incarceration for women,* A/68/340, https://www.ohchr.org/Documents/Issues/Women/A-68-340.pdf

486. Committee on the Elimination of Discrimination against Women (3 August 2015), *General Recommendation 33 on women's access to justice,* CEDAW/C/GC/33, https://undocs.org/CEDAW/C/GC/33

487. Commission on Narcotic Drugs (2016), *Mainstreaming a gender perspective in drug-related policies and programmes,* https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/Resolution_59_5.pdf

488. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

489. United Nations (1948), *Universal Declaration of Human Rights,* http://www.un.org/en/universal-declaration-human-rights/index.html

490. United Nations (1966), *International Covenant on Civil and Political Rights*, https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx

491. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

492. United Nations (6 June 2018), *Bangladesh 'drug-offender' killings must stop, says UN human rights chief,* https://news.un.org/en/story/2018/06/1011501

493. International Labour Organisation, Office of the High Commissioner on Human Rights, United Nations Development Programme, UNESCO, UNFPA, United Nations High Commissioner for Refugees, UNICEF, United Nations Office on Drugs and Crime, UN Women, World Food Programme, World Health Organization, UNAIDS (2012), *Joint statement: Compulsory drug detention and rehabilitation centres*, http://files.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf; Canadian HIV/AIDS Legal Network (2009), *Compulsory drug treatment in Thailand: Observations on the Narcotic Addict Rehabilitation Act B.E. 2545 (2002)*, http://www.aidslaw.ca/site/compulsory-drug-treatment-in-thailand-observations-on-the-narcotic-addict-rehabilitation-act-b-e-2545-2002/?lang=en

494. Office of the High Commissioner for Human Rights (2018), *Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights**, A/HRC/39/39, https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session39/Pages/ListReports.aspx

495. Ibid.

496. Reported by Amnesty International, August 2018

497. 'Article 27. 1. Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits'. See: United Nations (1948), *Universal Declaration of Human Rights*, http://www.un.org/en/universal-declaration-human-rights/index.html

498. 'Article 15. 1. The States Parties to the present Covenant recognize the right of everyone: (a) To take part in cultural life'. See: United Nations (1966), *International Covenant on Economic, Social and Cultural Rights*, https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

499. United Nations (2017), *United Nations Declaration on the Rights of Indigenous Peoples,* A/RES/61/295, https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html. Adopted by the General Assembly on 13 September 2007 by a majority of 144 states in favour, 4 votes against (Australia, Canada, New Zealand and the United States) and 11 abstentions. Since then, all four countries voting against have reversed their position and now support the Declaration

500. Burger, J. & Kapron, M. (June 2017), 'Drug policy and indigenous peoples', *Health and Human Rights Journal*, **19**(1): 273, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473056/

501. International Drug Policy Consortium (2016), 'Chapter 4: Drugs, development and the rights of indigenous groups', in: *IDPC Drug Policy Guide*, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_Chapter-4.pdf; although it should be noted that the widespread coca use in the north of Argentina is not among indigenous communities

502. See: http://www.japarliament.gov.jm/attachments/339_The%20Dangerous%20Drug%20bill%202015.pdf

503. For more information, see: https://www.sciencedirect.com/topics/neuroscience/khat

504. United Nations (1989), *C169 – Indigenous and Tribal Peoples Convention, 1989 (No. 169),* https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C169

505. United Nations (1948), *Universal Declaration of Human Rights*, http://www.un.org/en/universal-declaration-human-rights/index.html

506. United Nations (1966), *International Covenant on Civil and Political Rights,* https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx

507. United Nations (1966), *International Covenant on Economic, Social and Cultural Rights,* https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

508. United Nations (1965), *International Convention on the Elimination of All Forms of Racial Discrimination,* https://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx

509. United Nations (1979), *Convention on the Elimination of All Forms of Discrimination against Women,* https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx

510. United Nations (1996), *Convention on the Rights of Persons with Disabilities,* https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

511. Bewley-Taylor, D. & Jelsma, M. (2012), 'Regime change: Re-visiting the 1961 Single Convention on Narcotic Drugs', *International Journal of Drug Policy,* **23**: 79, doi:10.1016/j.drugpo.2011.08.003

512. Article 25 on 'Non-derogation from earlier treaty rights and obligations' is 'intended to ensure that no provision of the 1988 Convention will weaken in any way a corresponding provision in the earlier conventions'. See Section 25.7, p. 396 of: United Nations (1998), *Commentary on the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*, E/CN.7/590, http://www.undocs.org/E/CN.7/590

513. United Nations (2009), *Permanent Forum on Indigenous Issues, Report on the eighth session* (18-29 May 2009), E/C.19/2009/14, Economic and Social Council Official Records, Supplement No. 23, p. 13, paragraph 89, http://www.un.org/esa/socdev/unpfii/documents/E_C_19_2009_14_en.pdf

514. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem,* https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

515. Statement by Mr. Zeid Ra'ad Al Hussein, United Nations High Commissioner for Human Rights, 30th Special Session on World Drug Problem , General Assembly, 20 Apr 2016, Round Table 3, Cross-cutting issues: drugs and human rights, youth, women, children and communities, UN Web TV, video, minute 42:18, http://webtv.un.org/meetings-events/general-assembly/watch/round-table-3-30th-special-session-on-world-drug-problem-general-assembly/4855628109001

516. UNAIDS (2016), *Do no harm: Health, human rights and people who use drugs,* http://www.unaids.org/sites/default/files/media_asset/donoharm_en.pdf; United Nations Office on Drugs and Crime, UN Women, World Health Organization & International Network of People Who Use Drugs (2014), *Women who inject drugs and HIV: Addressing specific needs*, Policy brief, https://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf

517. Shiner M., Carre Z., Delsol R. & Eastwood N. (2018), *The Numbers in Black and White 2.0: Ethnic disparities in the policing and prosecution of drug offences in England and Wales* (London: Release & StopWatch), www.release.org.uk

518. UNAIDS, UNHCR, UNICEF, World Food Programme, United Nations Development Programme, UNFPA, UN Women, International Labour Organization, United Nations Educational, Scientific and Cultural Organization, World Health Organization, Office of the High Commissioner for Human Rights & International Organization for Migration (2017), *Joint United Nations statement on ending discrimination in health care settings*, http://www.unaids.org/sites/default/files/media_asset/ending-discrimination-health-care-settings_en.pdf

519. Commission on Narcotic Drugs (2018), *Resolution 61/11. Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users*, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_11.pdf

520. The campaign has a solid evidence base, drawing on six focus groups of people who use drugs to gain insight into the lived experience of stigma against drug use, a commissioned 'public attitudes' survey, a report by the UK Drug Policy Commission and a doctoral thesis exploring the experiences of stigma. For more information, see: http://stopthestigma.ie/

521. British Columbia (29 January 2018), *New campaign aims to save lives by eliminating stigma,* https://news.gov.bc.ca/releases/2018MMHA0001-000113

522. United Nations Office on Drugs and Crime (2018), *World Drug Report 2018,* https://www.unodc.org/wdr2018/

523. Ospina, G.A., Hernandez Tinajero, J. & Jelsma, M. (April 2018), *Poppies, opium, and heroin: Production in Colombia and Mexico* (Amsterdam: Transnational Institute), https://www.tni.org/en/publication/poppies-opium-and-heroin-production-in-colombia-and-mexico

524. Kramer, T., Jelsma, M. & Blickman, T. (2009), *Withdrawal symptoms in the Golden Triangle: A drugs market in disarray* (Amsterdam: Transnational Institute), https://www.tni.org/en/publication/withdrawal-symptoms-in-the-golden-triangle

525. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

526. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018,* https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

527. United Nations Office on Drugs and Crime & Ministry of Counter-Narcotics of Afghanistan (2017), *Afghanistan Opium Survey 2017: Cultivation and Production*, https://www.unodc.org/documents/crop-monitoring/Afghanistan/Afghan_opium_survey_2017_cult_prod_web.pdf

528. See, for instance: Commission on Narcotic Drugs (2013), *Resolution 56/3. Strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact initiative*, http://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2013/CND-Res-56-3.pdf; Commission on Narcotic Drugs (2012), *Resolution 55/11. Follow-up to the Third Ministerial Conference of the Paris Pact Partners on Combating Illicit Traffic in Opiates Originating in Afghanistan*, http://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2012/CND_Res-55-11.pdf; Commission on Narcotic Drugs (2011), *Resolution 54/7. Paris Pact Initiative*, http://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2011/CND_Res-54-7.pdf; Commission on Narcotic Drugs (2010), *Resolution 53/5. Strengthening regional cooperation between Afghanistan and transit States and the contribution of all affected countries to counter-narcotics efforts, based on the principle of common and shared responsibility,* http://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2010/CND_Res-53-5.pdf

529. Research for a Better Afghanistan (November 2017), *Disease or symptom? Afghanistan's burgeoning opium economy in 2017,* https://areu.org.af/wp-content/uploads/2017/11/1733E-Disease-Symptom-PN.pdf

530. Felbab-Brown, V. (November 2017), *Afghanistan's opium production is through the roof – Why Washington shouldn't overreact* (Washington, D.C.: The Brookings Institution), https://www.brookings.edu/blog/order-from-chaos/2017/11/21/afghanistans-opium-production-is-through-the-roof-why-washington-shouldnt-overreact/

531. United Nations Office on Drugs and Crime (2018), 'Booklet 3: Analysis of drug markets: opiates, cocaine, cannabis, synthetic drugs', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_3_DRUG_MARKETS.pdf

532. United Nations Office on Drugs and Crime & Ministry of Counter-Narcotics of Afghanistan (2017), *Afghanistan Opium Survey 2017: Cultivation and Production,* https://www.unodc.org/documents/crop-monitoring/Afghanistan/Afghan_opium_survey_2017_cult_prod_web.pdf

533. United Nations Office on Drugs and Crime (2018), 'Booklet 3: Analysis of drug markets: opiates, cocaine, cannabis, synthetic drugs', in: *World Drug Report 2018,* https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_3_DRUG_MARKETS.pdf

534. West Africa Commission on Drugs (June 2014), *Not just in transit: Drugs, the state and society in West Africa,* http://www.wacommissionondrugs.org/wp-content/uploads/2014/11/WACD-Full-Report-Eng.pdf

535. Inter-American Commission on Human Rights (2016), *Situation of human rights in Mexico,* http://www.oas.org/en/iachr/reports/pdfs/Mexico2016-en.pdf

536. Human Rights Watch (2017), *Mexico: Events of 2017,* https://www.hrw.org/world-report/2018/country-chapters/mexico

537. Mexican Commission for the Defense and Promotion of Human Rights (May 2015), *Human rights and the war on drugs in Mexico,* https://www.ohchr.org/Documents/HRBodies/HRCouncil/DrugProblem/NHRIMexico.pdf

538. Data from the Mexican National System of Public Security, drawn from: Smith, R. (May 2018), 'Hundreds of people in Mexico are kidnapped every year. And the problem's getting worse', *Vox*, https://www.vox.com/2018/5/11/17276638/mexico-kidnappings-crime-cartels-drug-trade

539. Ramos, S. (17 July 2017), 'Death toll mounts in Rio de Janeiro as police lose control of the city – and of themselves', *The Conversation,* https://theconversation.com/death-toll-mounts-in-rio-de-janeiro-as-police-lose-control-of-the-city-and-of-themselves-80862

540. Peñaranda, I. & Bermudez, G. (7 December 2017), 'After the Peace Accord, violence persists in Colombia's coca regions (part II)'. *NACLA*, https://nacla.org/news/2018/04/08/after-peace-accord-violence-persists-colombia%E2%80%99s-coca-regions-part-ii

541. For example, see: International Drug Policy Consortium, International Institute for Strategic Studies & Chatham House, Modernising drug law enforcement project, https://idpc.net/policy-advocacy/special-projects/modernising-drug-law-enforcement

542. United Nations Office on Drugs and Crime (2018), 'Booklet 3: Analysis of drug markets: opiates, cocaine, cannabis, synthetic drugs', in: *World Drug Report 2018,* https://www.unodc.org/wdr2018/prelaunch/WDR18_Book-

let_3_DRUG_MARKETS.pdf

543. Mejia, D. (2016), *Plan Colombia: An analysis of effectiveness and costs* (Washington, D.C.: The Brookings Institution), https://www.brookings.edu/wp-content/uploads/2016/07/Mejia-Colombia-final-2.pdf

544. Human Rights Watch (2016), *Colombia, events of 2016,* https://www.hrw.org/world-report/2017/country-chapters/colombia

545. La República (10 July 2016), *Santos y FARC inician sustitución de cultivos de coca*, https://www.larepublica.ec/blog/sociedad/2016/07/10/santos-y-farc-inician-sustitucion-de-cultivos-de-coca/; Presidencia de la República (27 January 2017), *Listo plan para sustitución voluntaria de cultivos ilícitos*, http://es.presidencia.gov.co/noticia/170127-Listo-plan-para-sustitucion-voluntaria-de-cultivos-ilicitos

546. Arenas García, P.J., Majbub Avendano, S. & Bermúdez Marín, S. (April 2018), *Entradas y salidas: Una actualizacion del estado del arte de la sustitución de cultivos* (Bogotá: INDEPAZ & OCCDI Global)

547. Jelsma, M. & Youngers, C. (10 August 2017), *Coca and the Colombian Peace Accords: A commentary on the Pilot Substitution Project in Biceno*, (Washington, D.C.: Washington Office on Latin America), https://www.wola.org/analysis/coca-colombian-peace-accords-commentary-pilot-substitution-project-briceno/

548. Arenas García, P.J., Majbub Avendano, S. & Bermúdez Marín, S. (April 2018), *Entradas y salidas: Una actualización del estado del arte de la sustitución de cultivos* (Bogotá: INDEPAZ & OCCDI Global); Direct observations from the field by Pedro José Arenas García, Director of the OCCDI Global-Indepaz, during the period June 2016-May 2018

549. The Guardian (20 December 2017), *More than 100 human rights activists killed in Colombia in 2017, UN says*, https://www.theguardian.com/world/2017/dec/20/more-than-100-human-rights-activists-killed-in-colombia-in-2017-un-says

550. Isacson, A. (18 June 2018), *What Ivan Duque's win means for securing a lasting peace in Colombia*, (Washington, D.C.: Washington Office on Latin America), https://www.wola.org/analysis/ivan-duque-new-president-colombia-securing-lasting-peace/

551. United Nations Office on Drugs and Crime (2019), *Summary fact sheet – Colombia coca cultivation survey, 2017*, https://www.unodc.org/documents/crop-monitoring/Colombia/Colombia_Survey_territories_affected_illicit_crops_2017_Summary.pdf

552. United Nations Office on Drugs and Crime (2018), 'Chapter 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

553. Ibid.

554. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director,* E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6

555. Kruithof, K., Aldridge, J., Decary Hetu, D., Sim, M., Dujso, E., & Hoorens, S. (2016), *Internet-facilitated drugs trade: An analysis of the size, scope and the role of the Netherlands* (Santa Monica and Cambridge: RAND Corporation)

556. Bewley-Taylor, D., (2017), 'Crypto-drug markets adapt to law enforcement intervention', *Janes' Intelligence Review,* **29**(6): 51

557. The 2014 UNODC World Drug Report, described the dark net issue as 'growing', in 2015 described drug trafficking as moving 'increasingly into the dark markets', in 2016 'drug supply via…the "dark net" may have increased in recent years', in 2017 as 'growing rapidly in recent years', and in 2018 as one which 'continues to grow rapidly, despite successes in shutting down popular trading platforms'. See: United Nations Office on Drugs and Crime (2014), *World Drug Report 2014*, https://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf

558. United Nations Office on Drugs and Crime (2018), 'Booklet 1: Executive summary, conclusions and policy implications', in: *World Drug Report 2018,* https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_1_EXSUM.pdf

559. Crypto-drug market usage is highest in the USA and Canada, the UK and Northern/Western Europe, and Australia

560. United Nations Office on Drugs and Crime (2017), 'Booklet 1: Executive summary, conclusions and policy implications', in: *World Drug Report 2017*, https://www.unodc.org/wdr2017/field/Booklet_1_EXSUM.pdf

561. United Nations Office on Drugs and Crime (2016), *World Drug Report 2016*, http://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf

562. Recent examples of this have included: evidence of the prominence of crypto-drug market users in the Netherlands, the so-called 'opioid crisis' and related media scrutiny in the USA, or because the technological nature of the issue is uniquely suited to the states' strategic capabilities, for example in South Korea

563. Operation Bayonet was a multinational law enforcement crypto-drug market operation which resulted in the closure of several markets in 2017

564. Horton-Eddison, M. & Di Cristofaro, M. (August 2017), *Hard Interventions and Innovation in Crypto-Drug Markets: The ESCROW Example,* Policy Brief 11 (Swansea: Global Drug Policy Observatory), http://www.swansea.ac.uk/media/Escrow_PB11_GDPO_AUGUST2017.pdf

565. Hard Interventions target the technical or administrative infrastructure of a dark net market with the aim of taking it permanently offline. Soft interventions include undermining trust in the market, exploiting technical infrastructure weaknesses for intelligence gathering, and managing market migrations. See, for example: Afilipoaie, A. & Shortis, P. (June 2018), *Crypto-market enforcement – New strategy and tactics, GDPO Situation Analysis* (Swansea: Global Drug Policy Observatory), http://www.swansea.ac.uk/media/GDPOSitAnalysisJune2018AfilipoaieShortis.pdf

566. United Nations Office on Drugs and Crime (2018), 'Booklet 1: Executive summary, conclusions and policy implications', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_1_EXSUM.pdf

567. Global Drug Survey, 2018, https://www.globaldrugsurvey.com/gds-2018/

568. European Monitoring Centre on Drugs and Drug Addiction and Europol (2017), *Drugs and the darknet: Perspectives for enforcement, research and policy,* https://www.europol.europa.eu/publications-documents/drugs-and-darknet-perspectives-for-enforcement-research-and-policy

569. Afilipoaie, A. & Shortis, P. (June 2018), *Crypto-market enforcement – New strategy and tactics, GDPO Situation Analysis* (Swansea: Global Drug Policy Observatory), http://www.swansea.ac.uk/media/GDPOSitAnalysis-June2018AfilipoaieShortis.pdf

570. Decentralised markets have no centre of authority, distributed markets have no centre of geography. Decentralisation involves removing the necessity of site administrators, distribution involves removing the requirement for physical servers

571. Buxton, J. & Bingham, T. (January 2015), *The rise and challenge of dark net drug markets*, Policy brief 7 (Swansea: Global Drug Policy Observatory), https://www.swansea.ac.uk/media/The%20Rise%20and%20Challenge%20of%20Dark%20Net%20Drug%20Markets.pdf

572. Global Drug Survey, 2018, https://www.globaldrugsurvey.com/gds-2018/

573. Commission on Narcotic Drugs (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf

574. Pol, R.F. (2018), 'Uncomfortable truths? ML=BS and AML= BS2', *Journal of Financial Crime,* **25**(2): 294-308, https://doi.org/10.1108/JFC-08-2017-0071

575. Blickman, T. (2010), *Countering illicit and unregulated money flows: Money laundering, tax evasion and financial regulation*, TNI Crime & Globalisation Debate Paper (Amsterdam: Transnational Institute), http://druglawreform.info/images/stories/documents/crime3.pdf

576. See website of Asia/Pacific Group on Money Laundering: http://www.apgml.org/

577. See website of the Financial Action Task Force of Latin America: http://www.gafilat.org/index.php/es/

578. See website of the Inter-Governmental Action Group Against Money Laundering in West Africa: https://www.giaba.org/

579. Financial Action Task Force (2012), *International standards on combating money laundering and the financing of terrorism & proliferation – the FATF recommendations*, http://www.fatf-gafi.org/publications/fatfrecommendations/documents/internationalstandardsoncombatingmoneylaunderingandthefinancingofterrorismproliferation-thefatfrecommendations.html

580. Financial Action Task Force (2013), *FATF issues new mechanism to strengthen money laundering and terrorist financing compliance,* http://www.fatf-gafi.org/publications/fatfrecommendations/documents/fatfissuesnewmechanismtostrengthenmoneylaunderingandterroristfinancingcompliance.html

581. United Nations Office on Drugs and Crime, *Objectives of the Global Programme against Money-Laundering, Proceeds of Crime and the Financing of Terrorism,* https://www.unodc.org/unodc/en/money-laundering/programme-objectives.html?ref=menuside

582. United Nations Office on Drugs and Crime, *Partnerships*, https://www.unodc.org/unodc/en/money-laundering/partnerships.html?ref=menuside

583. United Nations Office on Drugs and Crime, Commonwealth Secretariat & International Monetary Fund (2009), *Model provisions on money laundering, terrorist financing, preventive measures and proceeds of crime (for common law legal systems),* https://www.unodc.org/documents/money-laundering/Model_Provisions_2009_Final.pdf

584. Ibid.

585. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director,* E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6

586. United Nations Office on Drugs and Crime (2017), 'Booklet 5: The drug problem and organized crime, illicit financial flows, corruption and terror-

ism', in: *World Drug Report 2017*, https://www.unodc.org/wdr2017/field/Booklet_5_NEXUS.pdf

587. United Nations Office on Drugs and Crime (2011), *Estimating illicit financial flows resulting from drug trafficking and other transnational organized crimes*, p. 131, https://www.unodc.org/documents/data-and-analysis/Studies/Illicit_financial_flows_2011_web.pdf

588. Europol (1 July 2016), *Does crime still pay?,* Press release, https://www.europol.europa.eu/newsroom/news/does-crime-still-pay. Based on: Europol Criminal Assets Bureau (2016), *Does crime still pay? Criminal Asset Recovery in the EU, European Police Office*, https://www.europol.europa.eu/sites/default/files/documents/criminal_asset_recovery_in_the_eu_web_version_0.pdf

589. Ibid.

590. Blickman, T. (15 May 2013), *Deficiencies in financial oversight enable money laundering* (Amsterdam: Transnational Institute), https://www.tni.org/en/weblog/item/4742-deficiencies-in-financial-oversight-enable-money-laundering

591. Blickman, T. (8 April 2016), *Panama Papers demonstrate need to reopen UNGASS 2016 outcome document* (Amsterdam: Transnational Institute), https://www.tni.org/en/article/panama-papers-demonstrate-need-to-reopen-ungass-2016-outcome-document

592. Europol (2017), *From suspicion to action: Converting financial intelligence into greater operational impact*, https://www.europol.europa.eu/publications-documents/suspicion-to-action-converting-financial-intelligence-greater-operational-impact

593. United Nations Office on Drugs and Crime (2017), 'Booklet 5: The drug problem and organized crime, illicit financial flows, corruption and terrorism', in: *World Drug Report 2017*, https://www.unodc.org/wdr2017/field/Booklet_5_NEXUS.pdf

594. Halliday, T.C., Levi, M. & Reuter, P. (30 January 2014), *Global surveillance of dirty money: Assessing assessments of regimes to control money-laundering and combat the financing of terrorism* (Center on Law and Globalization), https://orca.cf.ac.uk/88168/1/Report_Global%20Surveillance%20of%20Dirty%20Money%201.30.2014.pdf

595. Ibid.

596. Blickman, T. (December 2009), *Countering illicit and unregulated money flows: Money laundering, tax evasion and financial regulation* (Amsterdam: Transnational Institute), https://www.tni.org/files/download/crime3_0.pdf

597. United Nations (1945), *Charter of the United Nations,* https://treaties.un.org/doc/publication/ctc/uncharter.pdf

598. See: http://www.un.org/en/sections/what-we-do/index.html

599. See: http://www.un.org/millenniumgoals/

600. See: https://sustainabledevelopment.un.org/sdgs

601. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

602. United Nations Office on Drugs and Crime & Islamic Republic of Afghanistan Ministry of Counter Narcotics (May 2017), *Sustainable development in an opium production environment: Afghanistan opium survey report 2016,* https://www.unodc.org/documents/crop-monitoring/Afghanistan/Afghanistan_sustainable_development_for_web.pdf

603. United Nations Development Programme (2015), *Addressing the development dimensions of drug policy,* http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/addressing-the-development-dimensions-of-drug-policy.html

604. Ibid.

605. The Transnational Institute, Washington Office on Latin America, the Observatory of Drugs Declared Illicit (OCCDI) and the Afghanistan Research and Evaluation Unit, for instance, have conducted significant field and analytical research in the area of alternative development and the broader development dimensions of illicit drug cultivation. Other NGOs have more recently conducted some analysis on the links between drug policy and the Sustainable Development Goals, including: International Drug Policy Consortium (2016), 'Chapter 4: Drugs, development and the rights of indigenous groups', in: *IDPC Drug Policy Guide*, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_Chapter-4.pdf; Gutiérrez, E. (October 2015), *Drugs and illicit practices: Assessing their impact on development and governance* (London: Christian Aid), https://www.christianaid.org.uk/sites/default/files/2017-08/drugs-illicit-practices-impact-development-governance-october-2015.pdf; Health Poverty Action & International Drug Policy Consortium (2015), *Drug policy and the Sustainable Development Goals*, https://www.healthpovertyaction.org/speaking-out/rethink-the-war-on-drugs/drug-policy-and-the-sdgs/

606. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director,* E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6

607. Mae Fah Luang Foundation (2018), *Nurturing sustainable change: The Doi Tung case 1988-2017,* http://www.maefahluang.org/wp-content/uploads/2018/05/Nurturing-Book-%E0%B8%89%E0%B8%9A%E0%B8%B1%E0%B8%9A%E0%B9%80%E0%B8%95%E0%B9%87%E0%B8%A1-Final_page.pdf

608. See, for example: COPOLAD (2012), *El análisis de medios de vida y desarrollo alternativo*, http://sisco.copolad.eu/web/uploads/documentos/Analisis_Medios_Vida_y_DA_final_r.pdf; GIZ (2013), *Rethinking the approach of alternative development: principles and standards of rural development in drug producing areas, 2nd ed.,* https://www.giz.de/en/downloads/giz2013-en-alternative-development.pdf

609. See: Global Partnership on Drug Policies and Development website, https://www.gpdpd.org/en/

610. See: Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies website, http://copolad.eu/en

611. Based on: International Drug Policy Consortium (2016), *IDPC Drug Policy Guide, 3rd edition*, http://fileserver.idpc.net/library/IDPC-drug-policy-guide_3-edition_FINAL.pdf; Mae Fah Luang Foundation (2018), *Nurturing sustainable change: The Doi Tung case 1988-2017,* http://www.maefahluang.org/wp-content/uploads/2018/05/Nurturing-Book-%E0%B8%89%E0%B8%9A%E0%B8%B1%E0%B8%9A%E0%B9%80%E0%B8%95%E0%B9%87%E0%B8%A1-Final_page.pdf

612. Mae Fah Luang Foundation (2018), *Nurturing sustainable change: The Doi Tung case 1988-2017,* http://www.maefahluang.org/wp-content/uploads/2018/05/Nurturing-Book-%E0%B8%89%E0%B8%9A%E0%B8%B1%E0%B8%9A%E0%B9%80%E0%B8%95%E0%B9%87%E0%B8%A1-Final_page.pdf

613. United Nations Office on Drugs and Crime, *Alternative development*, https://www.unodc.org/wdr2015/en/alternative-development.html

614. Office of the High Commissioner for Human Rights (2018), *Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights**, A/HRC/39/39, https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session39/Pages/ListReports.aspx

615. Youngers, C.A. (November 2012), 'UN Guiding principles on alternative development: Opportunity lost', *Voices, Open Society Foundations*, https://www.opensocietyfoundations.org/voices/un-guiding-principles-alternative-development-opportunity-lost; Federal Ministry for Economic Cooperation and Development & GIZ (2013), *Rethinking the approach of alternative development – Principles and standards of rural development in drug producing areas*, https://www.giz.de/en/downloads/giz2013-en-alternative-development.pdf

616. United Nations Office on Drugs and Crime (2017), *Bulletin on narcotics volume LXI – Alternative development: practices and reflections,* http://ain-bolivia.org/wp-content/uploads/UNODC-Bolivia-article.pdf

617. Commission on Narcotic Drugs (2016), *Mainstreaming a gender perspective in drug-related policies and programmes,* https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/Resolution_59_5.pdf

618. Aguado Correa, T. (2013), 'Proporcionalidad y especificidad de género: a propósito de la reforma de la Ley Psicotrópicos', *Revista Digital de la Maestría en Ciencias Penales*, **5**, http://revistas.ucr.ac.cr/index.php/RDMCP/article/view/12447/11701

619. Pieris, N. (2017), *Reducing female incarceration through drug law reform in Costa Rica* (Washington, D.C.: Washington Office on Latin America, International Drug Policy Consortium, DeJusticia & Inter-American Commission on Women of the Organization of American States), https://www.wola.org/wp-content/uploads/2017/05/DONE-2-Costa-Rica-77bis_ENG_FINAL-.pdf

620. Pieris, N. (2017), *Costa Rica's Inter-Institutional Network in support of women caught in the criminal justice system* (Washington, D.C.: Washington Office on Latin America, International Drug Policy Consortium, DeJusticia & Inter-American Commission on Women of the Organization of American States), https://www.wola.org/wp-content/uploads/2017/05/DONE-3-Red-interinstitucional-Costa-Rica_ENG_FINAL-.pdf

621. Cortés, E. & Molina, Z. (29 June 2017), *Criminal record reform in Costa Rica: A step toward proportionality and improved prospects for women's lives after prison,* (Washington, D.C.: Washington Office on Latin America), https://www.wola.org/analysis/criminal-record-reform-costa-rica-step-toward-proportionality-improved-prospects-womens-lives-prison/

622. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem*, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

623. Sentencing Council (2012), *Drug offences: Definitive guideline*, https://www.sentencingcouncil.org.uk/wp-content/uploads/Drug_Offences_Definitive_Guideline_final_web1.pdf. For an analysis of impact, see: Fleetwood, J. (2015), *Sentencing Reform for Drug Trafficking in England and Wales* (London: International Drug Policy Consortium), http://idpc.net/publications/2015/04/sentencing-reform-fordrug-trafficking-in-england-and-wales. For a gender analysis of the sentencing guideline, see: Nougier, M. (2017), *Ensuring more proportionate sentencing for female drug*

offenders in the United Kingdom (Washington, D.C.: Washington Office on Latin America, International Drug Policy Consortium, DeJusticia & Inter-American Commission on Women of the Organization of American States), http://fileserver.idpc.net/library/IA13_UK-proportionality_EN.pdf

624. Youngers, C. (2017), *Two steps forward, one step back: Proportionality of sentencing in Ecuador* (Washington, D.C.: Washington Office on Latin America, International Drug Policy Consortium, DeJusticia & Inter-American Commission on Women of the Organization of American States), https://www.wola.org/wp-content/uploads/2017/05/DONE-5-Ecuador-Proportionality_ENG_FINAL.pdf
625. United Nations Office on Drugs and Crime, Alternative development: Our work, https://www.unodc.org/unodc/en/alternative-development/our-work.html
626. United Nations Office on Drugs and Crime (2015), 'Chapter II: Alternative Development', In: *2015 World Drug Report*, http://www.unodc.org/documents/wdr2015/WDR15_Chapter_2.pdf
627. See, in particular: UN General Assembly resolution A/RES/72/197. Promoting the implementation of the United Nations, Guiding Principles on Alternative Development and related commitments on alternative development and regional, interregional and international cooperation on development-oriented, balanced drug control policy addressing socio-economic issues (2017); UN General Assembly resolution A/RES/71/210. Promoting the implementation of the United Nations Guiding Principles on Alternative Development (2016); UN General Assembly resolution A/RES/68/196. United Nations Guiding Principles on Alternative Development (2013)
628. United Nations Office on Drugs and Crime (2015), 'Chapter II: Alternative Development', in: *2015 World Drug Report*, http://www.unodc.org/documents/wdr2015/WDR15_Chapter_2.pdf
629. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem,* https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf
630. Office of the High Commissioner for Human Rights (2018), *Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights**, A/HRC/39/39, https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session39/Pages/ListReports.aspx
631. Dutsche Zusammenarbeit, GIZ & United Nations Office on Drugs and Crime (20 April 2018), *Comunidad, bosque y coca: Un camino para la acción*, https://www.gpdpd.org/weblication/grid5/tmpHTTP/_download_79c1aa53721ecef69fca491b699d2d6a/COMUNIDAD-BOSQUE-Y-COCA-CON-INSERTOS.pdf
632. Farthing, L.C. & Ledebur, K. (July 2015), *Habeas coca: Bolivia's community coca control* (New York: Open Society Foundations Global Drug Policy Program), https://www.opensocietyfoundations.org/sites/default/files/habeas-coca-bolivias-community-coca-control-20150706.pdf
633. Mae Fah Luang Foundation (2018), *Nurturing sustainable change: The Doi Tung case 1988-2017*, http://www.maefahluang.org/wp-content/uploads/2018/05/Nurturing-Book-%E0%B8%89%E0%B8%9A%E0%B8%B1%E0%B8%9A%E0%B9%80%E0%B8%95%E0%B9%87%E0%B8%A1-Final_page.pdf
634. Farthing, L.C. & Ledebur, K. (July 2015), *Habeas coca: Bolivia's community coca control* (New York: Open Society Foundations Global Drug Policy Program), https://www.opensocietyfoundations.org/sites/default/files/habeas-coca-bolivias-community-coca-control-20150706.pdf
635. Plurinational State of Bolivia (2009), *Constitución Política del Estado*, http://www.procuraduria.gob.bo/images/docs/marcolegal/cpe.pdf
636. United Nations Office on Drugs and Crime (January 2013), *Bolivia to re-accede to UN drug convention, while making exemption on coca leaf chewing,* https://www.unodc.org/unodc/en/frontpage/2013/January/bolivia-to-re-accede-to-un-drug-convention-while-making-exception-on-coca-leaf-chewing.html
637. Farthing, L.C. & Ledebur, K. (July 2015), *Habeas coca: Bolivia's community coca control* (New York: Open Society Foundations Global Drug Policy Program), https://www.opensocietyfoundations.org/sites/default/files/habeas-coca-bolivias-community-coca-control-20150706.pdf
638. Paragraph 45(d) in: United Nations Office on Drugs and Crime (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,* https://www.unodc.org/documents/ungass2016/V0984963-English.pdf
639. Paragraphs 45(f) and 47(d) in: United Nations Office on Drugs and Crime (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, https://www.unodc.org/documents/ungass2016/V0984963-English.pdf
640. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem,* https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf
641. Ibid.
642. Paragraph 43(d) in: United Nations Office on Drugs and Crime (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, https://www.unodc.org/documents/ungass2016/V0984963-English.pdf
643. McSweeney, K. (8 December 2015), T*he impact of drug policy on the environment* (New York: Open Society Foundations), https://www.opensocietyfoundations.org/sites/default/files/impact-drug-policy-environment-20151208.pdf
644. Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (March 2017), *Coca y deforestación: Mensajes de acción para la planeación del desarrollo,* https://www.gpdpd.org/wAssets/docs/Policy_Brief_Coca-y-deforestaci-n.pdf
645. United Nations Office on Drugs and Crime (August 2017), *Colombia: Survey of territories affected by illicit crops – 2016,* https://www.unodc.org/documents/crop-monitoring/Colombia/Colombia_Coca_survey_2016_English_web.pdf
646. Bigwood, J. (2 March 2002), *A brief overview of the scientific literature regarding reported deleterious effects of glyphosate formulations on aquatic and soil biota 2* (Ministerio del Ambiente del Ecuador)
647. Pauker, S. (2003), 'Spraying first and asking questions later: Congressional efforts to mitigate the harmful environmental, health, and economic impacts of U.S.-sponsored coca fumigation in Colombia', *Ecology Law Quarterly,* **30**(3): 661-92, https://scholarship.law.berkeley.edu/cgi/viewcontent.cgi?article=1719&context=elq
648. Count the Costs, *The war on drugs: Causing deforestation and pollution,* http://www.countthecosts.org/sites/default/files/Environment-briefing.pdf
649. Schaffer, A. & Youngers, C. (30 September 2015), *Twilight hour of coca fumigation in Colombia shows its injustice, ineffectiveness* (Washington, D.C.: Washington Office on Latin America), https://www.wola.org/analysis/twilight-hour-of-coca-fumigation-in-colombia-shows-its-injustice-ineffectiveness/
650. Arenas García, P.J. (4 May 2016), *Colombia's contradictory return to coca fumigation* (Washington, D.C.: Washington Office on Latin America), https://www.wola.org/analysis/colombias-contradictory-return-to-coca-fumigation/
651. McSweeney, K., *The impact of drug policy on the environment* (New York: Open Society Foundations), https://www.opensocietyfoundations.org/sites/default/files/impact-drug-policy-environment-20151208.pdf
652. Ibid.
653. García Arbeláez, C. G., Higgings, M. L., Vallejo, G., & Escobar, E. M. (2016), *El Acuerdo de París. Así actuará Colombia frente al cambio climático* (Cali: 1 ed. WWF – Colombia)
654. Commission on Narcotic Drugs (20 December 2017), *Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director*, E/CN.7/2018/6, http://undocs.org/E/CN.7/2018/6
655. UN General Assembly (April 2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem – Our joint commitment to effectively addressing and countering the world drug problem,* https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf
656. Mae Fah Luang Foundation (2018), *Nurturing sustainable change: The Doi Tung case 1988-2017*, http://www.maefahluang.org/wp-content/uploads/2018/05/Nurturing-Book-%E0%B8%89%E0%B8%9A%E0%B8%B1%E0%B8%9A%E0%B9%80%E0%B8%95%E0%B9%87%E0%B8%A1-Final_page.pdf
657. REDD+ refers to 'Reducing emissions from deforestation and forest degradation and the role of conservation, sustainable management of forests and enhancement of forest carbon stocks in developing countries'
658. Dutsche Zusammenarbeit, GIZ & United Nations Office on Drugs and Crime, *Comunidad, bosque y coca: Un camino para la acción*, https://www.gpdpd.org/weblication/grid5/tmpHTTP/_download_79c1aa53721ecef69fca491b699d2d6a/COMUNIDAD-BOSQUE-Y-COCA-CON-INSERTOS.pdf
659. Comolli, V. & Hofmann, C. (September 2013), *Drug markets, security and foreign aid*, Modernising Drug Law Enforcement Report 6 (London: International Drug Policy Consortium), http://fileserver.idpc.net/library/MDLE-6-Drug-markets-security-and-foreign-aid.pdf
660. Felbab-Brown, V. (November 2017), *Afghanistan's opium production is through the roof – Why Washington shouldn't overreact* (Washington, D.C.: The Brookings Institution), https://www.brookings.edu/blog/order-from-chaos/2017/11/21/afghanistans-opium-production-is-through-the-roof-why-washington-shouldnt-overreact/
661. Jelsma, M. (2018), *Human rights, illicit cultivation and alternative development: Connecting the dots* (Amsterdam: Transnational Institute)
662. Al Hussein, Z.R. (7 March 2018), *High Commissioner's global update of human rights concerns, 37th session of the Human Rights Council, Item 2:*

Annual report and oral update by the High Commissioner for Human Rights on the activities of his Office and recent human rights developments. Statement by the UN High Commissioner for Human Rights, Zeid Ra'ad Al Hussein, http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22772

663. International Drug Policy Consortium (1 September 2016), T*he UNGASS on the world drug problem: Report of proceedings,* https://idpc.net/publications/2016/09/the-ungass-on-the-world-drug-problem-report-of-proceedings

664. For a summary of the speeches from member states immediately following the adoption of the UNGASS Outcome Document, see: http://cndblog.org/2016/04/ungass-opening-segment/

665. Note that the 2009 Political Declaration and Plan of Action includes a total of 224 actions, while the UNGASS Outcome Document includes 103 operational recommendations

666. United Nations Office on Drugs and Crime (2018), 'Booklet 2: Global overview of drug demand and supply: Latest trends, cross-cutting issues', in: *World Drug Report 2018*, https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

667. Poder Legislativo, República Oriental del Uruguay (7 January 2014), L*ey No. 19.172: Marihuana y sus derivados: Control y regulación del estado de la importación, producción, adquisición, almacenamiento, comercialización y distribución,* https://legislativo.parlamento.gub.uy/temporales/leytemp1462334.htm

668. Canada Department of Justice, *Cannabis legalization and regulation*, http://www.justice.gc.ca/eng/cj-jp/cannabis/ (accessed 31 August 2018)

669. As of July 2018, nine US states (Alaska, California, Colorado, Maine, Massachusetts, Nevada, Oregon, Vermont and Washington) and Washington D.C. have established legally regulated markets for the non-medical use of cannabis

670. Brown, E. (15 January 2018), 'Dutch councils call for better cannabis laws in the Netherlands', *Dutch Review*, https://dutchreview.com/news/dutch/cannabis-laws-in-the-netherlands/

671. Knodt, M. (16 March 2018), 'Swiss Parliament votes for coffee shop trials, pilot projects', *Marijuana.com*, https://www.marijuana.com/news/2018/03/swiss-parliament-votes-for-coffee-shop-trials-pilot-projects/

672. Reid, D. (20 October 2017), 'Another country is getting ready to vote on legalizing cannabis', *CNBC*, https://www.cnbc.com/2017/10/20/legalizing-cannabis-new-zealand-government-open-to-referendum.html

673. See: http://www.japarliament.gov.jm/attachments/339_The%20Dangerous%20Drug%20bill%202015.pdf

674. CARICOM Regional Commission on Marijuana (August 2018), R*eport to the Caribbean Community heads of government: Waiting to exhale – Safeguarding our future through responsible socio-legal policy on marijuana,* pp. 60 & 64, https://caricom.org/media-center/communications/news-from-the-community/final-report-report-of-the-caricom-regional-commission-on-marijuana

675. See, for instance, the Canadian delegation's statement on their cannabis regulation legislation at the 25 June CND intersessional meeting, and the response from a variety of member states at: CND Blog (25 June 2018), *CND intersessional: 25 June 2018*, http://cndblog.org/2018/06/cnd-intersessional-25-june-2018/

676. World Health Organization (2018), *Fortieth meeting of the Expert Committee on Drug Dependence*, http://www.who.int/medicines/access/controlled-substances/ecdd_40_meeting/en/

677. United Nations (1969), *Vienna Convention on the law of treaties,* https://treaties.un.org/doc/Publication/UNTS/Volume%201155/volume-1155-I-18232-English.pdf

678. Jelsma, M., Boister, N., Bewley-Taylor, D., Fitzmaurice, M. & Walsh, J. (March 2018), *Balancing Treaty Stability and Change: Inter se modification of the UN drug control conventions to facilitate cannabis regulation* (Washington: Washington Office on Latin America, Transnational Institute & Global Drug Policy Observatory), https://www.wola.org/wp-content/uploads/2018/04/FINAL_Updated.pdf

679. These recommendations are drawn from: International Drug Policy Consortium (June 2018), *IDPC asks for the 2019 Ministerial Segment,* https://idpc.net/publications/2018/06/idpc-asks-for-the-2019-ministerial-segment

680. International Drug Policy Consortium (March 2016), *IDPC Drug Policy Guide*, 3rd edition, http://fileserver.idpc.net/library/IDPC-drug-policy-guide_3-edition_FINAL.pdf

681. For more detailed recommendations, please see: International Drug Policy Consortium (March 2016), *IDPC Drug Policy Guide, 3rd edition*, http://fileserver.idpc.net/library/IDPC-drug-policy-guide_3-edition_FINAL.pdf

682. Office of the High Commissioner for Human Rights (2018), *Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights*,* A/HRC/39/39, https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session39/Pages/ListReports.aspx

683. Global Commission on Drug Policy (September 2018), *Drug policy and the Sustainable Development Agenda*, position paper, http://www.globalcommissionondrugs.org/wp-content/uploads/2018/09/ENG-2018_SDGPaper_WEB.pdf; Health Poverty Action & International Drug Policy Consortium (2015), *Drug policy and the Sustainable Development Goals,* https://www.healthpovertyaction.org/speaking-out/rethink-the-war-on-drugs/drug-policy-and-the-sdgs/; Gutiérrez, E. (October 2015), *Drugs and illicit practices: Assessing their impact on development and governance* (London: Christian Aid), https://www.christianaid.org.uk/sites/default/files/2017-08/drugs-illicit-practices-impact-development-governance-october-2015.pdf; International Drug Policy Consortium (2016), 'Chapter 4: Drugs, development and the rights of indigenous groups', in: *IDPC Drug Policy Guide*, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_Chapter-4.pdf

684. See, for instance: Social Science Research Council Conflict Prevention and Peace Forum & International Peace Institute (2018), *Aligning agendas: Drugs, sustainable development and the drive for policy coherence*, https://www.ipinst.org/wp-content/uploads/2018/02/1802_Aligning-Agendas.pdf; Bewley-Taylor, D. & Nougier, M. (January 2018), *Measuring the 'world drug problem': ARQ revision. Beyond traditional indicators?* (Swansea: Global Drug Policy Observatory, Swansea University), http://www.swansea.ac.uk/media/GDPO%20Working%20Paper%20No3%20012018.pdf; Bewley-Taylor, D. (April 2016), *Towards metrics that measure outcomes that matter* (Swansea: Global Drug Policy Observatory, Swansea University), https://www.swansea.ac.uk/media/GDPO%20Metrics%20WEB_FINAL.pdf; Civil Society Forum on Drugs (January 2018), *Recommendations by the Civil Society Forum on Drugs to the Horizontal Drugs Group on the 2019 High Level Ministerial meeting,* https://www.dropbox.com/s/2rku0pwyinjck0x/2018-01%20CSFD%20recommendations%20on%202019%20evaluation%20and%20indicators.pdf

685. Although the SDGs do not include a specific indicator for hepatitis C, the existing SDG indicator on hepatitis B has been expanded to cover hepatitis C in this report, as people who use drugs are particularly vulnerable to contracting the virus and have been left behind in the treatment response. See, for instance: International AIDS Society (2018), *Ending an epidemic: Prioritizing people who inject drugs in HCV elimination efforts,* https://www.iasociety.org/Portals/0/Files/2018__IAS__Brief__Ending_an_epidemic__HCV_treatment_for_PWID.pdf; Grebely J., Dore G.J., Morin S., Rockstroh J.K., & Klein M.B. (2017), 'Elimination of HCV as a public health concern among people who inject drugs by 2030 – What will it take to get there?', *Journal of the International AIDS Society*, **20**: 22146, https://doi.org/10.7448/IAS.20.1.22146

Notes

Notes

Taking stock: A decade of drug policy evaluates the impacts of drug policies implemented across the world between 2009 and 2018, using data from the United Nations, complemented with peer-reviewed academic research and grey literature reports from civil society.

The International Drug Policy Consortium is a global network of NGOs that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.

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