



*Empowered lives.
Resilient nations.*

ADDRESSING THE DEVELOPMENT DIMENSIONS OF DRUG POLICY

June 2015

United Nations Development Programme

HIV, HEALTH AND DEVELOPMENT



CONTENTS

Acronyms	2
Acknowledgments	3
Glossary.....	4
Executive Summary	6
1. Introduction	9
2. The Impact of Drug Control Policy on Human Development	12
2.1 Poverty and sustainable livelihoods.....	13
2.2 Impact on public health.....	15
2.3 Impact on the formal economy.....	20
2.4 Impact on governance, conflict and the rule of law.....	22
2.5 Human rights implications of drug policy	24
2.6 Gender dimensions.....	26
2.7 Impact of drug control policies on the environment.....	27
2.8 Impact of drug control policies on indigenous people and traditional and religious practices	28
3. Sustainable Development Approaches to Drug Policy.....	30
3.1 Development-sensitive policy and programming	32
4. Opportunities to Address Development Dimensions of Drug Control Policy.....	35
4.1 New metrics to evaluate drug control policies.....	35
4.2 Drug policy and the post-2015 agenda	36
4.3 The road to UNGASS 2016: an opportunity to increase coherence in the UN system.....	37
5. Conclusion	39
Endnotes	40

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CND	Commission on Narcotic Drugs
ECOSOC	Economic and Social Council
EU	European Union
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Organization for International Cooperation)
HIV	Human Immunodeficiency Virus
INCB	International Narcotics Control Board
OECD	Organisation for Economic Co-operation and Development
OST	Opioid Substitution Therapy
OWG	Open Working Group
SDGs	Sustainable Development Goals
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGA	United Nations General Assembly
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

ACKNOWLEDGMENTS

This paper was written by Rebecca Schleifer in collaboration with Javier Sagredo and Tenu Avafia. Several UNDP colleagues at headquarters, regional centers and country offices provided invaluable comments which greatly strengthened the paper. Many thanks go to Mandeep Dhaliwal, Magdy Martínez-Solimán, Pedro Conceição and Clifton Cortez. Thanks also go to Nicole Igloi, Boyan Konstantinov, Priti Patel, Nathalie Milbach-Bouché, Maria Tallarico, Djordje Djordjevic, Daniel Luz, René Mauricio Valdés, Claudio Providas, Fabrizio Hochschild, Luciana Mermet, Marcela Smutt, Igor Garafulic, Joanna Csete, and Katyna Argueta for their insightful comments on an earlier draft of the paper.

A final word of thanks to Patrick Tindana and Komal Panday for the extensive editing and administrative support provided.

Copy editing by the Write Effect

Cover photo: Working in the coca field, *Ryan Anderton*

Layout and design by Judit Kovacs

GLOSSARY

The three international drug control conventions (the drug control system)

- Single Convention on Narcotic Drugs (1961) as amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs
- Convention on Psychotropic Substances (1971)
- Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)

The 1961 treaty lists all controlled substances according to their perceived therapeutic value and liability for abuse. It also creates the International Narcotics Control Board (INCB) with responsibility to restrict cultivation, production, manufacture and use of scheduled drugs to the amount required for medical and scientific purposes; ensure access to controlled drugs for such purposes; and prevent illicit cultivation, production and trafficking. The 1972 protocol amending the 1961 Convention incorporates care and treatment of people who use drugs into the 1961 Convention. The 1971 treaty brings psychoactive drugs into the control system. The 1988 treaty mandates increased international law enforcement and stronger domestic criminal legislation within the national legal framework of sovereign states.

Illicit drugs

The international drug control conventions do not distinguish between licit and illicit drugs. It is the cultivation, production, manufacture, export and import of, trade in, possession or use of drugs contrary to the provisions of the conventions that can be licit or illicit, but not the substance itself. However, substances categorized in the conventions under Schedule IV—‘particularly liable to abuse’ and having no therapeutic value—are essentially judged to be illicit for medical and scientific purposes. In this paper, ‘illicit drugs’ refers to substances that are subject to international control under the drug conventions and are cultivated, produced, manufactured, trafficked and/or used contrary to the provisions of the conventions.

International drug control institutions

- Commission on Narcotic Drugs (CND): the United Nations (UN) Member State body charged with directing international drug policy. The CND is a functional commission of the Economic and Social Council (ECOSOC)
- United Nations Office on Drugs and Crime (UNODC): the secretariat of the CND and a UN programme that undertakes the substantive work on drug control
- International Narcotics Control Board: the independent committee created by the 1961 Single Convention on Narcotic Drugs to monitor the cultivation, production, manufacture and use of scheduled drugs to the amount required for medical and scientific purposes

Harm reduction

According to the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNODC, harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs. Needle and syringe exchange, opioid substitution therapy (OST) and other drug dependence treatment, HIV testing, counselling and treatment and free condoms are essential components of the comprehensive package of interventions to reduce harms associated with injection drug use as defined by UNAIDS, UNODC and WHO.¹ Harm reduction complements approaches that seek to prevent or reduce the overall level of drug consumption but accepts that many people who use drugs are unable or unwilling to stop and that many people who use drugs do not need treatment.² WHO also recommends community distribution of naloxone, a medicine that reverses the effects of opioid overdose, to people likely to witness an overdose.³

Supply and demand approaches

Supply-side measures aim to restrict the availability of illegal drugs—for example, by eradicating illicit crops, seizing illicit drugs, arresting drug traffickers and producers, and providing alternative development options for small farmers cultivating illicit drugs. Demand-side measures aim to prevent drug use and to reduce the harmful health and social consequences of drug use—for example, through treatment of drug dependence, harm reduction interventions and criminalizing possession of drug paraphernalia and drugs for personal use.

EXECUTIVE SUMMARY

The relationship between drug control policy and human development is complex and multifaceted; both share a common objective to reduce drug-related harms. Yet policies aimed at prohibiting and punishing the cultivation, sale and use of certain drugs have played a disproportionate role in shaping the international approach to drug control and country responses, irrespective of countries' development goals. Drug control policies have been justified by the real and potential harms associated with illicit drug use and markets, such as threats to safety and security, public health, crime, decreased productivity, unemployment and poverty.

However, evidence shows that in many countries, drug control policies and related enforcement activities focused on reducing supply and demand have had little effect in eradicating production or problematic drug use. Various UN organizations have also described the harmful collateral consequences of these efforts: creating a criminal black market; fuelling corruption, violence and instability; undermining public health and safety; generating large-scale human rights abuses, including abusive and inhumane punishments; and discrimination and marginalization of people who use drugs, indigenous peoples, women and youth.⁴ Evidence shows that in many parts of the world, law enforcement responses to drug-related crime have created or exacerbated poverty, impeded sustainable development and public health and undermined human rights of the most marginalized people.

The impact of drug control policy on human development

The complex relationship between illicit drug production, trade and use, on the one hand, and drug control policies and human development, on the other, has been recognized for more than a decade. Yet drug control agencies and development institutions have tended to operate in isolation from each other. Drug control policies and accompanying enforcement practices have emphasized the role of organized crime and corruption in impeding human development and focused predominantly on criminal justice solutions. Moreover, development-sensitive drug control policies have mostly been limited to alternative development programmes that provide legal economic opportunities to drug crop cultivators in areas where illicit crops are grown. The root causes that sustain the cultivation of illicit crops, their trafficking and use, including poverty, food insecurity, lack of land tenure or access to markets, have not received sufficient attention.

Countering drug-related crime and corruption is important to achieve sustainable development objectives. Weak state institutions and a lack of economic opportunities create an environment conducive to illicit activity. In places where drugs are produced and trafficked, criminal drug organizations foster corruption and undermine the legitimate economy. Their actions also undermine democratic governance and citizen security and fuel conflict.

Involvement in the drug trade—for example, as sellers or couriers—is also often seen as a viable option for poor people, including poor women, unemployed youth, indigenous populations and other marginalized groups for whom job opportunities are often limited. Cultivating illicit crops is also often seen as the best livelihoods option for poor farmers who live in isolated or conflict-affected areas.

Evidence shows that repressive law enforcement approaches and the eradication of illicit crops have had harmful impacts on the health and human rights of people living in poverty, including poor farmers and socially and economically disadvantaged people living in areas where drugs are produced, trafficked or sold. They have destroyed the livelihoods of poor farmers and others who depend on cultivating and selling drugs to survive. Eradication campaigns have affected food security, caused damage to the environment, and forcibly displaced populations dependent on illicit crop cultivation as well as those who are not. Problematic drug use, including high-risk drug use such as injection and drug dependence is a public health as well as a development issue: it can affect employment and increase the risk of serious health problems as well as death.

There are effective ways to address the harmful health and social consequences of drug use. A substantial body of evidence has shown that harm reduction interventions, including distribution of sterile syringes, drug dependence treatment and HIV testing and counselling, have proved effective in preventing HIV and viral hepatitis and preventing and reversing the effects of overdose. However, criminal laws, punitive policies and repressive policing practices limit and sometimes exclude altogether people who use drugs from access to these services, thus putting them at risk of serious disease and in some cases, premature death.

Evidence shows that drug control laws with disproportionately heavy punishments have fuelled mass incarceration, often in violation of universally accepted standards of fairness and freedom from torture and ill treatment. Evidence also shows that drug control efforts often have a disproportionate impact on vulnerable groups and marginalized communities: peasant farmers, low-level drug offenders, such as those transporting or selling small quantities of drugs, and racial and ethnic minorities or indigenous peoples. In many countries, a disproportionate share of those incarcerated are poor racial or ethnic minorities. Incarceration, in turn, fuels poverty and social exclusion.

Those imprisoned on drug-related charges make up a substantial proportion of people in prison worldwide. Prison in itself poses a threat to health, with prison populations having worse health outcomes than the general population. Harm reduction services are rarely provided, and health services and conditions are overall extremely poor. Discrimination, a lack of investment in health and social welfare, and laws criminalizing the use or possession of small amounts of drugs for personal use impede access to basic services such as housing, education or health care including treatment.

Women often become involved in the drug trade because gender discrimination limits their opportunities for education and employment. While they are usually employed at the lowest levels, such as transporting or selling small quantities of drugs, they often suffer the same harsh consequences, including severe criminal penalties, as those with greater involvement in the drug trade. Women who use drugs often have limited access to effective health and drug treatment services that take into account their specific needs and circumstances. Harm reduction and drug treatment programmes, developed to serve an overwhelmingly male clientele, rarely include gender-specific or -sensitive services, and stigma and discrimination by family, service providers and law enforcement create additional barriers to treatment and care.

The way forward: opportunities to address development dimensions of drug control

In April 2016, the UN General Assembly will hold a Special Session (UNGASS 2016) on drugs to assess and debate the successes and failures of international drug control policies. There is recognition from numerous quarters, including several UN Member States, organizations, academia and civil society, of the collateral harms of current

drug policies, and that new approaches are both urgent and necessary. UN Secretary-General Ban Ki-moon has urged Member States to use the UNGASS “to conduct a wide-ranging and open debate that considers all options”:⁵

The road to 2016 presents UN Member States, UN organizations and all stakeholders with a number of key opportunities to engage in a critical discussion about the development dimensions of current drug control policies and to consider their diverse impacts on the health and social welfare of individuals, the environment, governance and the rule of law.

The international drug control system recognizes the “health and welfare of mankind” as its overarching concern. To succeed in meeting the Sustainable Development Goals (SDGs) as well as drug control objectives, UN organizations and Member States should more effectively align drug control efforts with this goal. They should commit to supporting the provision of viable and sustainable livelihoods for poor people. They should ensure that drug control measures protect human rights and do not impede access to HIV and other health services. As the UN programme on development and with the mission of helping countries to simultaneously eradicate poverty and significantly reduce inequalities and exclusion, UNDP’s engagement in the UNGASS 2016 discussion could contribute to shaping a more comprehensive, effective and humane approach to drug policy and positioning drug control efforts that reduce drug-related harms and promote human development within the framework of the SDGs. The implementation of the SDGs is also another important avenue for advancing development-sensitive drug control policies and practices.

1. INTRODUCTION

In 2016, the United Nations General Assembly (UNGA) will hold a Special Session on drugs (UNGASS 2016) to assess and debate current and future international drug policies. In anticipation of UNGASS 2016, the Commission on Narcotic Drugs (CND), the UN organ with primary responsibility for drug control policy, adopted a resolution to ensure an adequate, inclusive and effective preparatory process for UNGASS 2016. This includes extensive consultation allowing relevant UN organizations, international and regional organizations, civil society and other relevant stakeholders to fully contribute to the process.⁶ The CND has also established a website to facilitate these contributions and encourage open and inclusive participation.⁷

There is increasing recognition among UN Member States, UN organizations and civil society of the collateral harms of current drug policies, and that new approaches are both urgent and necessary. The United Nations Office on Drugs and Crime (UNODC) has stated that the UN drug conventions do not require penalization of drug use or drug possession for personal use and acknowledged the role of human rights abuses against people who use drugs in fuelling HIV.⁸ UNODC Executive Director Yuri Fedotov has encouraged UN Member States to use the upcoming UNGASS 2016 and other high-level meetings as opportunities to discuss ways to rebalance international drug control policy responses to focus more on health and respect for human rights, and address stigma and discrimination that limit access to services by people who use drugs.⁹

The United Nations System Task Force on Transnational Organized Crime and Drug Trafficking was established in March 2011 to develop an effective, coordinated and comprehensive system-wide approach to crisis situations of high levels of drug-related crime and violence, and to provide guidance on how to integrate responses to transnational organized crime into UN peacekeeping, peacebuilding, security and development initiatives. The Task Force has been given the mandate to facilitate input from all relevant UN agencies into UNGASS 2016.

Drug control policy affects many areas of UNDP's work. As a member of the Task Force, UNDP is committed to providing input on the development dimensions of drug policy that can contribute to a more comprehensive and coherent UN system-wide approach to this complex issue.

Drug policy and human development

The relationship between drug policy and human development is complex and multifaceted. Yet policies aimed at prohibiting and punishing the use of certain drugs have shaped the international approach to drug control, irrespective of countries' development goals and policies. For more than 50 years, Member State practice has been guided by the three UN drug control treaties—the Single Convention on Narcotic Drugs (1961), as amended by the

“[T]he new framework provides a much-needed opportunity to integrate the broader United Nations agenda, with its inextricably linked and mutually interdependent peace and security, development, and human rights objectives.”

United Nations Secretary-General Ban Ki-moon,
‘The Road to Dignity by 2030: Ending Poverty,
Transforming All Lives and Protecting the Planet.’
Synthesis Report of the Secretary-General on
the Post-2015 Agenda’

1972 Protocol Amending the Single Convention on Narcotic Drugs; the Convention on Psychotropic Substances (1971) and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)¹⁰—and the dominant prohibitionist policy directions emanating from associated international bodies. These policies have been justified by the real and potential harms associated with drug production, trafficking and use, such as threats to safety and security, public health, crime, decreased productivity, unemployment and poverty.

Each year, the UNGA reasserts that “countering the world drug problem” requires an integrated and balanced approach that must be carried out in full conformity with the purposes and principles of the UN Charter and, in particular, fundamental human rights norms.¹¹ This reflects the wording it adopted in its 1998 and 2009 Political Declarations on Drugs and in commitments made by UN drug control agencies. It also reflects the drug control system’s dual drug control obligation under the conventions: to ensure adequate availability of narcotic drugs and psychotropic substances under international control for medical and scientific purposes, while at the same time preventing the illicit production of these substances or their illicit trafficking and use.

Despite these commitments, the international drug control system seems to have paid less attention to consequences for human rights and development than to enforcement and interdiction efforts. Evidence shows that the economic, human and social costs of the implementation of drug policy have been enormous. Current drug policies have also diverted public institutional and budgetary resources away from development priorities. As an example, globally, the budget for drug-related law enforcement exceeds US\$100 billion annually, almost the net amount of bilateral Official Development Assistance (US\$134 billion) disbursed by Member countries of the Organisation for Economic Co-operation and Development (OECD) in 2013.¹²

There are several instances of drug control policies leaving an indelible footprint on sustainable human development. Yet drug control policies and coordinating agencies typically have not considered the human development context in their responses. Evidence shows that many drug control policies have fuelled the marginalization and exclusion of people and communities linked with illicit drug use or illicit drug markets. A growing body of evidence also illustrates how the prevailing legal framework and accompanying enforcement practices entrench and exacerbate systemic discrimination against people who use drugs, and result in widespread human rights violations. As a result, people who use drugs are often among the most marginalized and stigmatized people in society and are vulnerable to a wide array of human rights violations. Local communities in drug-producing countries also regularly face systematic human rights violations as a result of campaigns to eradicate illicit crops, including environmental harms, attacks on indigenous cultures and damage to health from chemical spraying.

In recent years, there has been increased attention to the multidimensional relationship between drug control and development outcomes.¹³ UNODC has recognized the “vicious cycle” of drug production, drug trafficking, poverty and instability, as well as the harmful consequences of drug control policies on the health and human rights of people who use drugs and those who live in communities where drugs are cultivated. UNODC has also highlighted the “right to development” in its ‘World Drug Report’ and together with UN Member States called on governments to address problem drug use as a health and not a criminal issue.¹⁴ UN Secretary-General Ban Ki-moon has identified illicit drugs and crime as a “severe impediment” to achieving sustainable development, as well as to securing human rights, justice, security and equality for all. He has urged Member States to “ensure that the sustainable development pillar [of the post-2015 development agenda] contains elements combating illicit drugs and crime, while also ensuring that drug control and anti-crime strategies are sensitive to the needs of development.”¹⁵

UNDP, on behalf of the Joint United Nations Programme on HIV/AIDS (UNAIDS), convened an independent Global Commission on HIV and the Law. The Commission, comprising 14 internationally recognized leaders in HIV, public

health, law and development, examined the key legal and human rights issues confronting the AIDS response, including the criminalization of behaviours and practices such as drug use. Twenty-four internationally recognized leaders in HIV, public health, law, development, human rights and drug policy, including the former presidents of Brazil, Chile, Colombia, Mexico, Nigeria, Poland, Portugal and Switzerland, convened the Global Commission on Drug Policy. Both commissions raised concerns about the health and human rights consequences of drug control policies, and called for the consideration of viable alternatives to the current prohibitionist approach.¹⁶

The global community is currently discussing the SDGs Agenda, intended to guide global development efforts for the next 15 years. Many drug policy experts have pointed out potential contradictions between the proposed SDGs and current drug policies stemming from the three international drug control conventions. For example, the SDGs aim to end poverty and hunger, protect the environment and promote sustainable livelihoods as well as health and well-being for all. However, current drug policies and their collateral consequences threaten these goals. They have fuelled and escalated violence and diverted limited funds and political attention away from public health and focused them disproportionately on law enforcement. They have also impeded access to lifesaving harm reduction interventions and essential medicines to treat pain and drug dependence. Drug production and trafficking, and related law enforcement activities, damage the environment by polluting water, contaminating soil and harming protected forests. At the same time, the international community, led by international and domestic drug control agencies and experts, is engaged in a global debate in the lead-up to UNGASS 2016.

The SDGs and UNGASS both provide important opportunities for defining the new global agenda for development and for evaluating the international drug control system. UNDP's mission is to help countries eradicate poverty while also reducing inequalities and exclusion. Its active involvement in the UNGASS 2016 discussion could have an important influence on shaping drug policies that effectively incorporate and support these goals. Guided by its 'Strategic Plan 2014–2017', which states "the challenge is to rethink development", UNDP could play an important role in several ways: for example, first, by highlighting the linkages between drug policy, public health and sustainable human development; and, second, by bringing to the discussion UNDP's knowledge, empirical experience and capacity on human development issues, thereby helping to frame the development dimensions of drug control policies and, in turn, providing an evidence base for development-sensitive drug control policy.

The purpose of this paper is to:

- articulate a narrative of how current drug policy affects human development, including UNDP's mandate and activities;
- highlight opportunities for UNDP to address the development dimensions of drug policy; and
- propose entry points for UNDP's engagement on development-sensitive drug policy in the UN system, including the post-2015 development agenda, and preparations for UNGASS 2016.

The remainder of this paper is divided into three sections:

- **An overview** of how current drug policies intersect with various human development outcomes of relevance to UNDP
- **Proposals** for how UNDP might best articulate the importance of human development in international norm-setting forums and domestic programme delivery on drug control and policy
- **A conclusion**, including a review of key opportunities for UNDP to address the development dimensions of drug control policy

2. THE IMPACT OF DRUG CONTROL POLICY ON HUMAN DEVELOPMENT

“We must have the courage to change policies that no longer fit reality.”

Olusegun Obasanjo, Chair,
West Africa Commission on Drugs, 2014

The international drug control system, comprising the three drug control treaties,¹⁷ recognizes the “health and welfare of mankind” as its overarching concern.¹⁸ It establishes a “dual drug control obligation: to ensure adequate availability of narcotic drugs, including opiates, for medical and scientific purposes, while at the same time preventing illicit production of, trafficking in and use of such drugs”.¹⁹ There is growing evidence, however, that current drug control policies have caused considerable harm to health, social and economic development, and to peace, security and stability. Meanwhile, a growing body of evidence shows that in many countries

policies focused on supply and demand reduction and related enforcement activities have had little meaningful effect in eradicating production or on problematic drug use.²⁰

UNODC has identified a number of negative “unintended consequences”²¹ of current international drug control policies:

- the creation of a lucrative and violent criminal black market for drugs of macroeconomic proportions;
- policy displacement from health to law enforcement, drawing limited funds and political attention away from public health and focusing them disproportionately on public security and law enforcement;
- geographic displacement, otherwise known as the ‘balloon effect’:²² displacing production and transit, and with it, crime, violence and destabilization, to new geographic areas to meet demand;
- substance displacement: switching to a drug with similar effects but less stringent controls, creating new patterns of drug use and markets; and
- the criminalization and marginalization of people who use drugs, often amplified through the use of the criminal justice system to address drug use and minor possession.²³

As discussed below, increasing evidence demonstrates additional harmful effects of drug control policies and related law enforcement practices on development outcomes, particularly poverty and sustainable livelihoods; governance and the rule of law; human rights; gender equality; the environment; and on indigenous peoples and traditional and religious practices.

2.1 Poverty and sustainable livelihoods

The cultivation of illicit drug crops is strongly linked to poverty, and driven by socio-economic, security-related, agricultural and environmental factors. As the European Union has observed:

"[I]llicit drug crop cultivation is concentrated in areas where conflict, insecurity and vulnerability prevail. Poor health, illiteracy and limited social and physical infrastructure reflect the low level of human development experienced by the population in these areas."²⁵

Many people living in conditions of poverty and insecurity may often consider the cultivation of illicit crops their best livelihood option. Coca, opium poppy and cannabis are non-perishable, high-value commodities that can be grown in marginal terrain, in poor soil, with limited or no irrigation, and can provide income for those who are land, food and cash-poor.²⁶ But illicit drug economies do not address the structural drivers of illicit crop cultivation or promote improvements in access to food, housing, education and land distribution. In addition, cultivators may face violence at the hands of state eradication campaigns and criminal, insurgent and non-state actors involved in production and trafficking.

"Let us not forget that behind the policies, we have hundreds of thousands of farmers affected by poverty, food insecurity, lack of land, instability who [as] a result engage in illicit drug cultivation. It is our common responsibility to continue addressing the livelihood of these people..."

Yuri Fedotov, Executive Director, UNODC²⁴

Poppy fields in Afghanistan, United Nations



The vast majority of poor farmers in drug-producing countries grow illicit drugs because of poverty, mainly to meet basic needs. The enforcement of opium, coca, cannabis and khat bans as well as crop eradication interventions have eliminated the principal source of income of thousands of families, driving them further into poverty.²⁷ Evidence suggests that the destruction of coca plants and traditional crops has affected food security, contaminated water supplies and degraded land, thus displacing populations dependent on coca as well as those who are not.²⁸

People at lower levels of the drug trade, such as street-level dealers, peasant farmers, small-scale traffickers and others involved throughout the chain in production, transportation and distribution are sometimes paid for their work with drugs instead of money.²⁹ In some cases, particularly in areas in conflict or under the control of non-state actors, drugs replace money for commercial exchanges, and in some cases are used for political influence and to buy votes.³⁰ In any event, receipt of such payments and their ongoing use in place of cash may make them drug traffickers in the eyes of the law, thus increasing their risk of criminal punishment.

Law enforcement operations, including crop eradication campaigns, as well as drug-related armed conflict fuel displacement, with disproportionate impacts on less developed communities, including indigenous communities and ethnic minorities.³¹ The appropriation and protection of land for the cultivation of illicit crops and access to trafficking routes, conflicts over the control of production and distribution and forced eradication of crops have been identified as key factors fuelling internal displacement.³² Displacement exacerbates the poverty of poor farmers, leading them to continue or begin cultivation of illicit drug crops as a source of livelihood.³³

Conditions of scarcity, displacement, state neglect, economic and geographic isolation and livelihoods insecurity, including in situations of conflict, increase the vulnerability of peasants and poor farmers to engaging in drug crop production.³⁴ Evidence shows that political instability, weak governance systems, poverty, loss of livelihoods, inequality and social exclusion, as well as conditions of insecurity and the proliferation of small arms in post-conflict environments, also exacerbate the vulnerability of countries, territories and communities used as transit routes and for trafficking activities.³⁵

Over the past two decades, the international community has begun to recognize the development dimensions of drug crop cultivation and, to a far lesser extent, drug production and trafficking.³⁶ UNODC and the World Bank, for example, have identified multidimensional poverty, food insecurity, lack of land tenure, and insecurity in the face of armed conflict as key drivers of illicit crop production.³⁷ Along with development experts, they have, therefore, emphasized the importance of addressing poverty, together with other root causes of illicit crop production, in order for illicit cultivation to be reduced sustainably.³⁸ As the European Union has observed:

"[N]o single project or program can address the multiple factors that drive illicit drug production. ...Evidence points to the fact that it is a combination of improved governance, security and economic growth that will deliver the development impact required to improve the life and livelihood of primary stakeholders and reduce illicit drug [crop] cultivation. ...[D]evelopment assistance in illicit crop producing areas should be undertaken in full compliance with the overall aims of human rights protection, poverty alleviation, conflict prevention and resolution, peace building and human security."³⁹

Alternative development programmes that provide legal options to drug cultivation have been promoted as a way to wean farmers off drug crop production and onto legal crops or other non-agricultural activities. Alternative development policies have been aligned with drug control, public security and trade priorities rather than public health and development ones. The success of these alternative development programmes has been measured as a reduction in drug crop cultivation at the local or national level, without always taking into account human development indicators or the 'balloon effect' on other regions.⁴⁰ Several factors have curtailed their effectiveness

and potential impacts on development, as well as increased vulnerability of target communities. These include the failure to ensure that viable, sustainable livelihoods are established and alternative sources of income are in place prior to significant drug crop productions, local ownership or meaningful participation of farmers, as well as poor design, fragmented implementation and poor funding.⁴¹

The European Union, the Organization of American States (OAS) and UNODC have all taken the position that efforts to address illicit drug cultivation should be mainstreamed into national poverty reduction strategies, conflict prevention efforts and development programmes.⁴² To this end, development experts have also pointed out that successful alternative development depends on many factors including long-term investments by governments and international donors; integration of sustainable livelihood strategies in local, regional and national development plans; coordination of drug control and development experts and agencies; existence of sound monitoring and evaluation mechanisms; local ownership; development of markets and infrastructure for crops or products that replace drug crops; and the meaningful involvement of farmers as citizens with rights and partners in development.⁴³

2.2 Impact on public health

A UNODC report published in 2014 estimates that approximately 243 million people, or 5.2 percent of the world's population, used illicit drugs in the past year. Of these, about 10 percent are classified as 'problem drug users'—people who engage in high-risk consumption of drugs, such as injection drug use, and people who are drug-dependent.⁴⁴ Worldwide, an estimated 12.7 million people inject drugs.⁴⁵

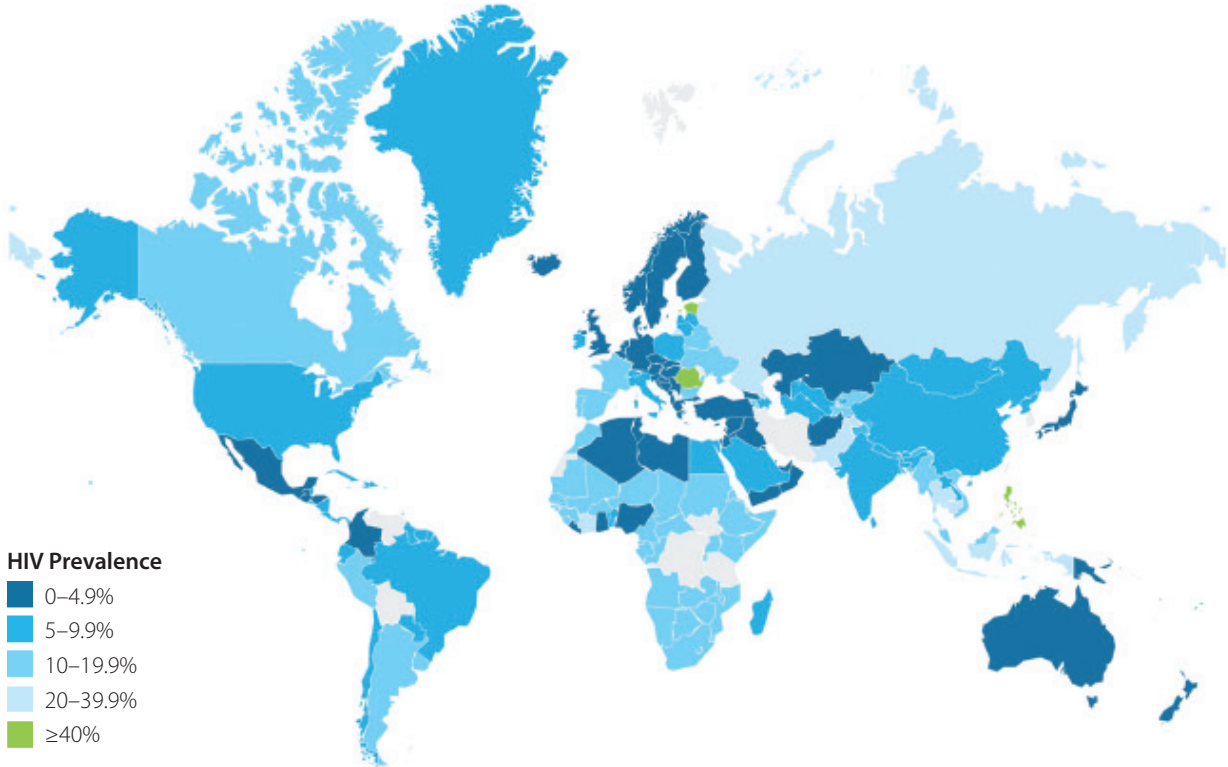
Some of the most severe drug-related harms are associated with injection drug use. Outside sub-Saharan Africa, up to 30 percent of all new HIV infections occur among people who inject drugs. Unsafe injecting practices put people who inject drugs at high risk of blood-borne infections such as HIV and viral hepatitis, in particular hepatitis B and hepatitis C.⁴⁶ People who inject drugs are also at great risk of tuberculosis, which is a leading cause of death among people who use drugs, particularly those with HIV.⁴⁷ Worldwide, an estimated 1.7 million, or 13.1 percent of people who inject drugs, are living with HIV.⁴⁸ Similar high HIV prevalence rates have been reported among non-injection drug users, such as people who consume drugs by snorting, smoking, inhaling, ingesting or rectal insertion.⁴⁹

Worldwide, drug overdose is the main cause of drug-related deaths, and most overdoses involve opioids, including heroin.⁵⁰ Polydrug use, reduced tolerance due to abstinence—for example, post-incarceration or detoxification treatment—and lack of access to opioid substitution treatment (OST) are some key risk factors that lead to overdose.⁵¹ Opioid overdose is preventable and treatable, if treatment with naloxone is available.⁵² OST—for example, with methadone or buprenorphine—reduces the risk of injection and thus overdose by almost 90 percent⁵³ but is scarce or unavailable in most countries.⁵⁴

“A new and improved global drug control regime is needed that better protects the health and safety of individuals and communities around the world. Harsh measures grounded in repressive ideologies must be replaced by more humane and effective policies shaped by scientific evidence, public health principles and human rights standards. This is the only way to simultaneously reduce drug-related death, disease and suffering and the violence, crime, corruption and illicit markets associated with ineffective prohibitionist policies.”

The Global Commission on Drug Policy, 'Pathways to Drug Policies that Work' (2014)

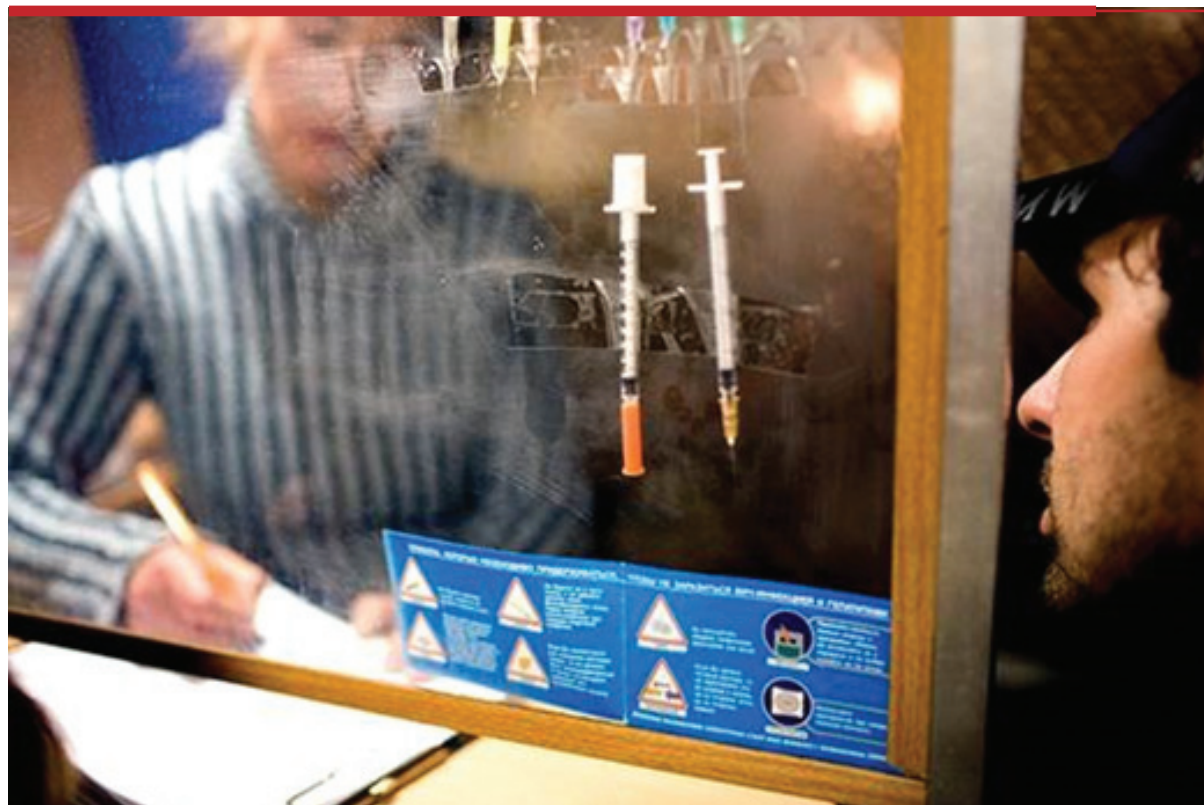
HIV PREVALENCE AMONG PEOPLE WHO INJECT DRUGS



Source: UNAIDS, 2014, 'The Gap Report'

As UNODC has noted, repressive drug control policies encourage the shift to new drugs with similar effects but subject to less control. 'Substance displacement' to new drugs and patterns of use exposes people who use drugs to serious, sometimes fatal harms, in part because of the speed with which they appear, and particularly with respect to new psychoactive substances, the lack of information about their effects and harms and the lack of effective treatment such as OST to address drug dependence and overdose. The European Monitoring Centre for Drugs and Drug Addiction has attributed the increase in serious harms from drug use, including deaths and non-fatal intoxications, to the growth in the market for new psychoactive substances, 101 of which were identified in 2014 alone.⁵⁵

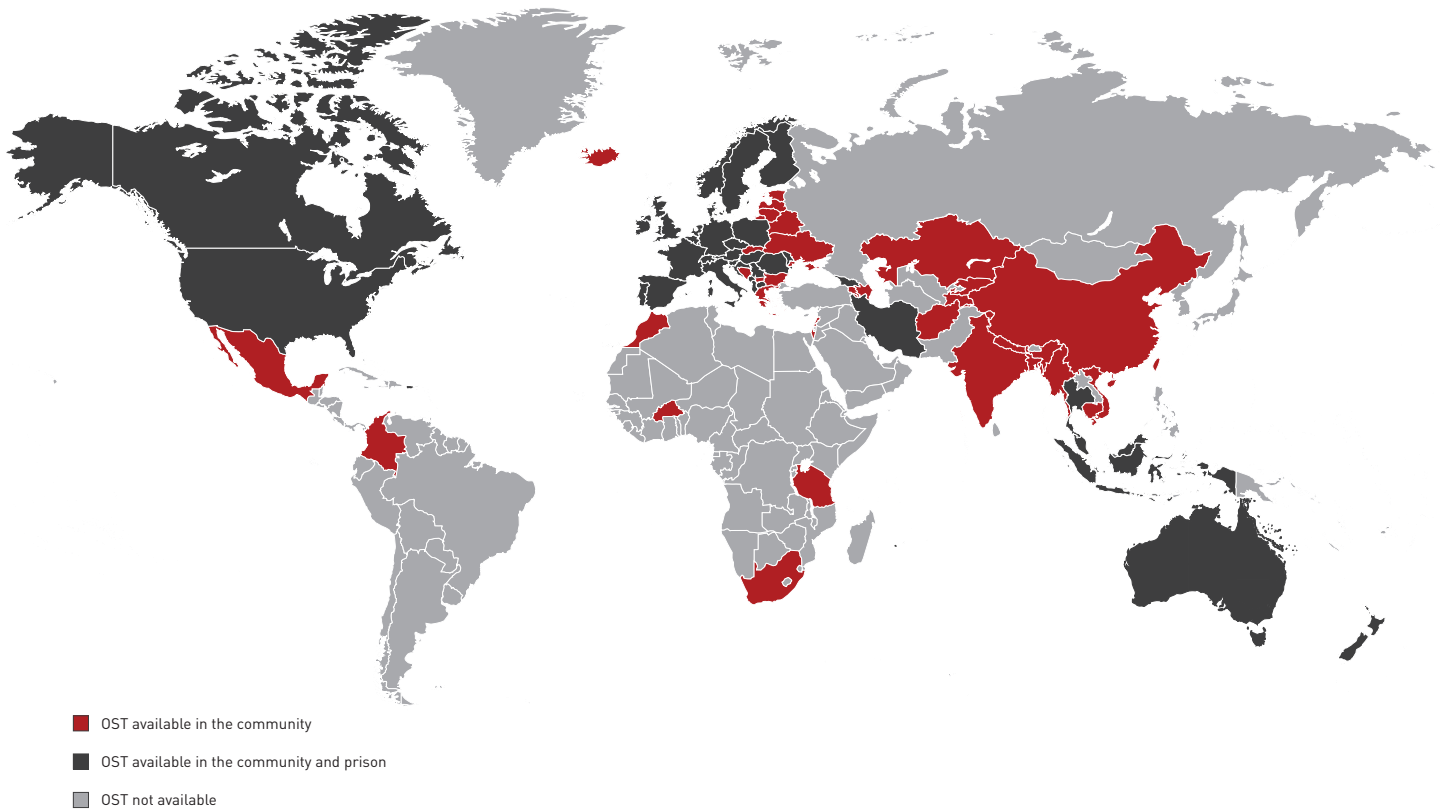
People imprisoned on drug-related charges make up a substantial proportion of prison populations worldwide. Prisoners, in turn, have much higher rates of drug use, especially injection drug use, than the general population.⁵⁶ Despite recommendations by UNODC, WHO and UNAIDS that harm reduction services should be provided in prisons, they rarely are. As a result, prisoners often share syringes, thus increasing their risk of contracting HIV, viral hepatitis and other communicable diseases.⁵⁷



A substantial body of evidence shows the effectiveness of harm reduction interventions in preventing HIV and viral hepatitis, and preventing and reversing overdose. In light of this evidence, UNODC, WHO and UNAIDS all recommend that a comprehensive package of harm reduction services should be integrated into national AIDS programmes, both as an HIV prevention measure and to support adherence to antiretroviral therapy and medical follow-up for people who use drugs.⁵⁸

Harm reduction has gained increasing acceptance at the national level in recent years, with a growing number of countries including harm reduction in their national policies and establishing harm reduction services. Nonetheless, as UNODC and Harm Reduction International have documented, coverage is far short of what is needed.⁵⁹ For example, coverage is limited in many sub-Saharan African countries with new and emerging patterns of injection drug use, and non-existent in many countries in the Middle East and North Africa region, one of two regions in the world where HIV infection rates continue to increase, and where rates of injection-related HIV transmissions are high. The Russian Federation, which has the largest HIV epidemic outside sub-Saharan Africa, largely related to injection drug use, bans OST.⁶⁰

Evidence shows that harm reduction interventions not only save lives, they save money. Public health cost-effectiveness experts focusing on HIV and drug use have, therefore, consistently and repeatedly called on countries with significant HIV epidemics among people who use drugs to invest immediately in harm reduction. They have also advised that failure to do so will bring enormous and avoidable human and financial costs.⁶¹



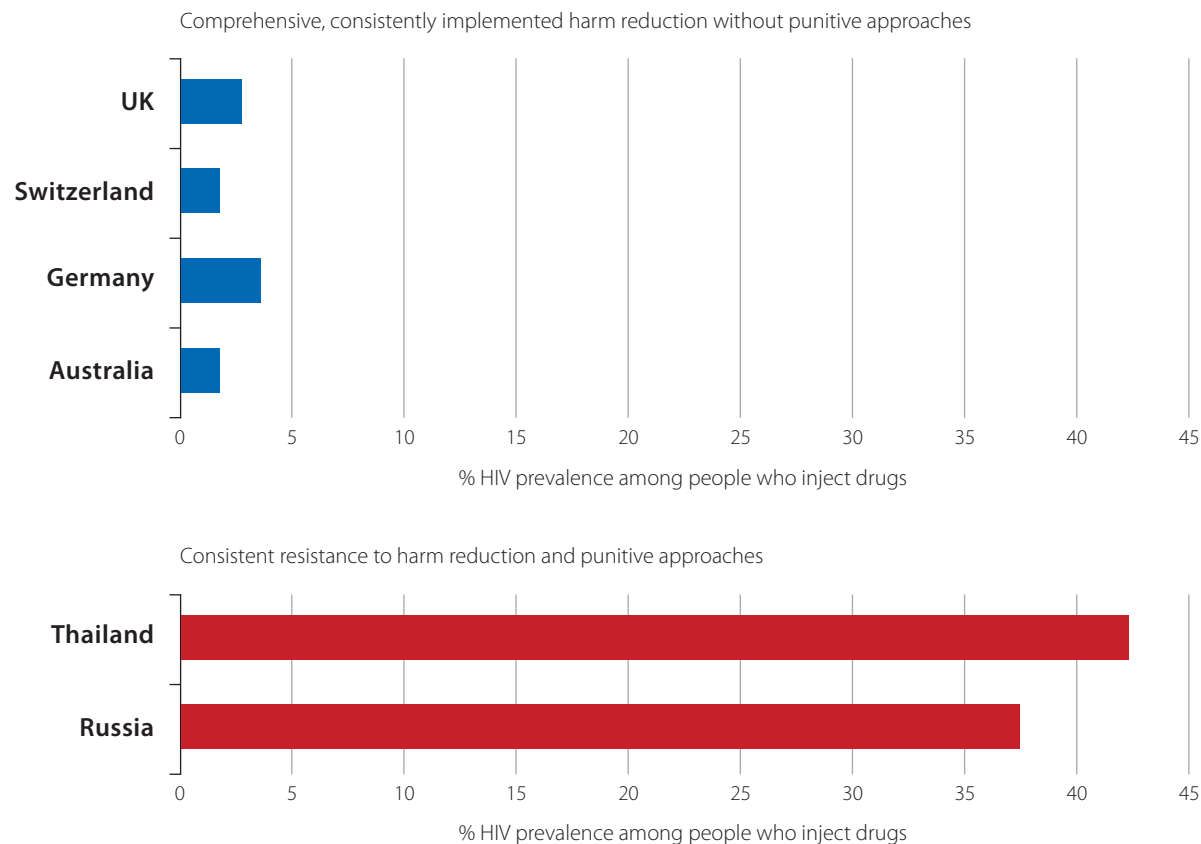
Source: Harm Reduction International, 2015, 'The Global State of Harm Reduction 2014'

In 2014, WHO's technical guidance on HIV prevention, diagnosis, treatment and care for key populations recommended decriminalizing drug use because that measure would serve as a "critical enabler" to create conditions conducive to providing health and social services, and preventing HIV, among people who use drugs.⁶²

However, evidence shows that criminal laws and related enforcement policies and practice have impeded access to these lifesaving health services in many countries. These include laws and policies that criminalize possession or distribution of sterile syringes and other drug paraphernalia, OST, and peer outreach to people who use drugs; government registration of people who use drugs on registries accessible to police; and abusive policing practices. This has put people who use drugs at increased risk of HIV, viral hepatitis, and other communicable diseases, as well as premature death by overdose.⁶³

Concerns about the harmful effects of a punitive criminal justice approach on the health and human rights of people who use drugs have prompted a number of governments to reject the criminalization of possession of small quantities of drugs for personal use, either in law or in practice.⁶⁴ Portugal and the Czech Republic have decriminalized possession of small quantities of all drugs for personal use, while in The Netherlands and Germany, for example, possession for personal use is illegal, but guidelines are established for police and prosecutors to avoid imposing punishment.⁶⁵ Many Latin American countries, including Colombia, Mexico and Argentina, have removed criminal sanctions or decriminalized small-scale possession for personal use, either by court decree

MITIGATING THE HARM



Source: Global Commission on HIV and the Law, 2012, 'HIV and the Law: Risks, Rights & Health'

or through legislative action.⁶⁶ While it is difficult to make generalized conclusions across a wide range of such decriminalization policy models, longitudinal and comparative analyses suggest that there is no clear link between more punitive enforcement and lower levels of drug use, and that moves towards decriminalization are not associated with increased use.⁶⁷ In Portugal, for example, since 2001, when the law decriminalizing the possession and use of illicit drugs in small enough amounts to suggest personal use came into effect, there has been a small rise in drug use, which is comparable to neighbouring countries, and a rapid decline in HIV incidence linked to injection, as well as decreases in school-age drug use and injecting drug use by school-age children and a fall in lifetime heroin use in 16–18-year-olds.⁶⁸

The drug conventions require governments to take steps to reduce supply and demand for controlled drugs. These efforts should be balanced with States' obligations to ensure an adequate supply of narcotic and psychotropic drugs for medical and scientific purposes and consistent with their human rights obligations. The obligation to provide access to essential medicines is a core component of the right to health.⁶⁹

Several drugs subject to control under the international drug control conventions are also on the WHO's Model List of Essential Medicines, including morphine for pain treatment, and methadone and buprenorphine for OST.⁷⁰ WHO has recognized that strong opioids, such as morphine, are essential for the relief of moderate to severe pain, and that providing methadone or buprenorphine for the treatment of opiate drug dependence is essential to

meet minimal standards of health care provision.⁷¹ Despite this, worldwide, only a fraction of people who inject drugs have access to OST.⁷² Three quarters of the world's population has no or insufficient access to treatment for moderate to severe pain, and each year tens of millions of people suffer untreated moderate to severe pain. Unnecessarily restrictive drug control regulations and practices are a significant barrier to access to effective pain treatment, as recognized by the INCB and WHO.⁷³

2.3 Impact on the formal economy

“Global drug control efforts have had a dramatic unintended consequence: a criminal black market of staggering proportions. Organized crime is a threat to security. Criminal organizations have the power to destabilize society and governments. The illicit drug business is worth billions of dollars a year, part of which is used to corrupt government officials and to poison economies.”⁷⁴

Antonio Maria Costa,
UNODC Executive Director, 2002–2010

Current drug control efforts have fuelled the creation of a criminal black market for illicit drugs, which has an estimated turnover of more than US\$332 billion annually.⁷⁵ Illicit drug markets are substantial due to their high value, driven by a sustained demand. Illegal drugs are a potential source of wealth and often become profitable industries for criminal networks and livelihoods. The illicit drug market can also attract those who may not have the requisite education or opportunities to join the formal economy, such as small farmers and unskilled labourers.

While the illegal drug market may generate economic growth, economic inclusion and employment, thus improving the lives of some who are involved, it also poses a threat to long-term development objectives and outcomes. Illegal businesses, often associated with money laundering schemes, affect formal economies in many ways, including the distortion of markets, exacerbating income inequality, undermining the rule of law and fuelling corruption.

Drug markets can also undermine economic development by eroding social cohesion, degrading quality of life and forcing skilled workers to leave, while the direct impacts of victimization, as well as fear of crime, may impede the development of those who remain.⁷⁶ Violence and insecurity

associated with illicit drug markets also drive up the costs of legitimate trade and commercial activities, and in turn discourage investment in affected regions.⁷⁷ Sectors such as tourism can be especially sensitive to these dynamics.⁷⁸

Illegal producers and traffickers often need to create front companies to launder and conceal illicit drug money, which creates unfair advantages over legitimate enterprises. Front companies do not have to turn profits for their owners, and may crowd legitimate businesses out of the market by selling goods at below market rates, in some cases leaving entire sectors in the control of illegal enterprises, as well as deterring local and foreign investment activities.⁷⁹

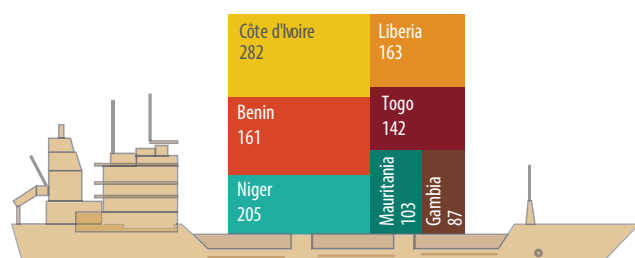
UNODC and others have recognized that drug control efforts have had significant macroeconomic and policy effects, redirecting foreign and domestic investment in social and economic projects to funding for military and law enforcement efforts to address drug trafficking and production.⁸⁰ The existence of a large illicit sector in the economy can also distort economic data and, in turn, macroeconomic and structural analysis and policymaking.⁸¹

PUTTING THE ESTIMATED ANNUAL VALUE OF COCAINE PASSING THROUGH WEST AFRICA INTO PERSPECTIVE

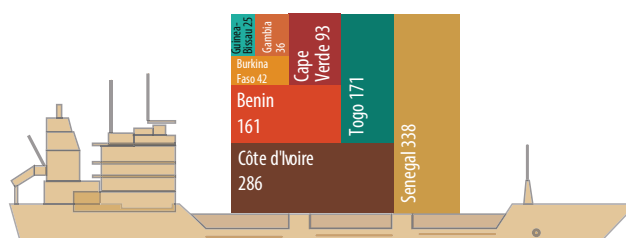
ANNUAL VALUE OF COCAINE FLOWS THROUGH WEST AFRICA, INWARD FOREIGN DIRECT INVESTMENT FLOWS, REMITTANCES AND GLOBAL FUND GRANTS FOR HIV TO SELECTED COUNTRIES IN WEST AFRICA (US\$ MILLIONS)



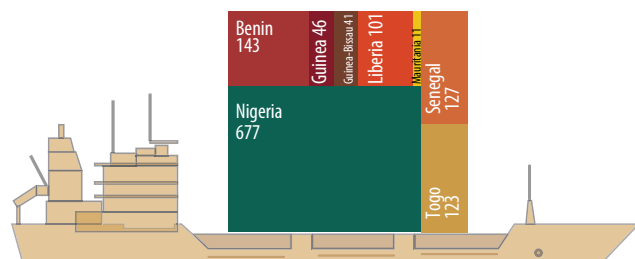
VALUE OF COCAINE PASSING ANNUALLY THROUGH WEST AFRICA



REMITTANCES FLOWS 2006 (\$1,245)



INWARD FOREIGN DIRECT INVESTMENT FLOWS, ANNUAL, 2011 (\$1,153)



GLOBAL FUND GRANTS FOR HIV SINCE 2002 (\$1,269)

Source: West Africa Commission on Drugs, 2014, 'Not Just in Transit: Drugs, the State and Society in West Africa, 2014'

The OECD encourages its Member countries to include the 'non-observed economy', which includes illegal activities, in their respective estimates of Gross Domestic Product (GDP), and several countries, such as Austria, Canada, Czech Republic, Netherlands, Norway and Poland, have done so.⁸² The production and distribution of illegal drugs is a major activity in some countries of Latin America, West Africa and Asia. The value added due to these activities could inflate GDP measures significantly and distort Human Development Index metrics and other indicators. UNDP's discussion of drug control policy presents a timely opportunity to consider the merits of an economic growth metric that includes income linked to the illicit drug trade.

Illegal drug economies attract human capacity whose entrepreneurial spirit might otherwise be used to drive lawful productive activity and increase economic competitiveness. This loss is greater in areas or countries where human resources are harder to come by, and it represents more serious opportunity costs for low-growth economies with limited production capabilities.

What the illegal economy gains from prohibition, in terms of freedom from taxation, the legal economy loses: the tax base becomes smaller at the same time that expenditures on police, courts and prisons are on the increase.⁸³ As UNODC has observed, resources are not finite: funds directed toward public security and law enforcement reduce the availability of resources for other activities or services critical for development, such as education, infrastructure, environmental conservation and social protection.

The economic costs of drug law enforcement, measured in terms of incarceration of drug offenders, are also significant. For example, the US Office of National Drug Control Policy estimated lost productivity of the population of people incarcerated for drug offences in 2002, about 663,000 people, to be \$39 billion.⁸⁴

2.4 Impact on governance, conflict and the rule of law

Illicit drug markets undermine the ability of the State to promote development, by destroying trust between citizens and the State, and undermining democracy and confidence in the criminal justice system.⁸⁵ Organized illicit activity is often able to co-opt local and national institutions, destabilize the government and undermine inclusive political processes, adversely affect delivery of justice and security services and foster impunity for other kinds of criminal activity. Evidence shows that profits from illegal drug trade support corruption, fund insurgent, paramilitary and terrorist groups, and, in turn, fuel regional instability in parts of Latin America, the Caribbean, Asia and Africa.⁸⁶

Evidence from around the world shows that weak state institutions, an absence of basic infrastructure and a lack of economic opportunities create enabling conditions for the drug trade to flourish.⁸⁷ Criminal drug organizations typically concentrate operations in regions where such conditions exist, and secure and expand their business by paying off private individuals and police, judiciary and political officials.⁸⁸

As UNODC has observed:

“The magnitude of funds under criminal control poses special threats to governments, particularly in developing countries, where the domestic security markets and capital markets are far too small to absorb such funds without quickly becoming dependent on them. It is difficult to have a functioning democratic system when drug cartels have the means to buy protection, political support or votes at every level of government and society. In systems where a member of the legislature or judiciary, earning only a modest income, can easily gain the equivalent of some months’ salary from a trafficker by making one ‘favourable’ decision, the dangers of corruption are obvious.”⁸⁹

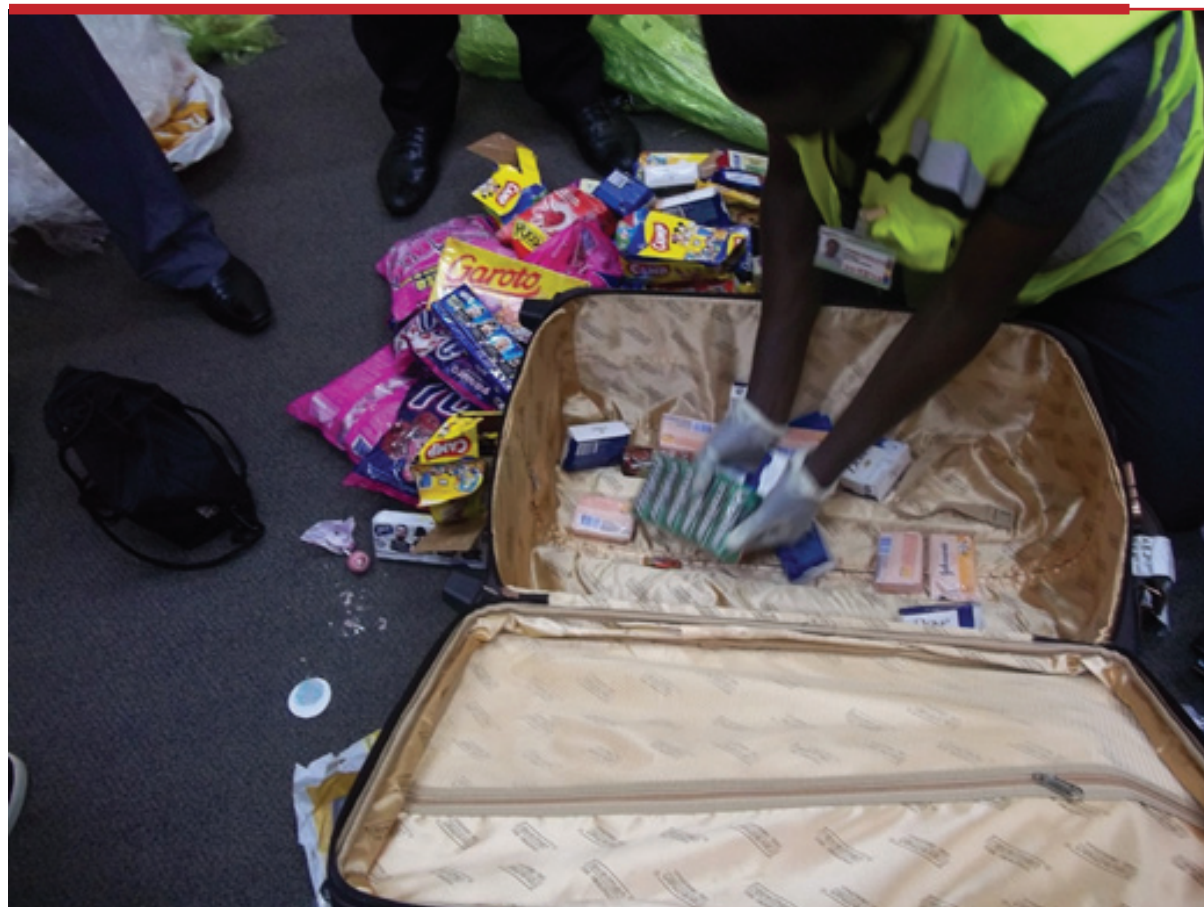
Organized crime has the potential to usurp the rule of law where the State is weak. Its financial and human resources can be used to obtain popular support, political and economic influence or protection from law enforcement and justice, to the point of endangering the integrity of state institutions. This, in turn, erodes democratic governance. The more the State is permeated with the influence of the drug trade, the more difficult transparency and accountability becomes. At the same time, the more public institutions and procedures are weakened, the more they are susceptible to being permeated by the illegal drug economy, in some contexts on a large scale.⁹⁰

Moreover, the illicit drug trade, because of the short-term benefits associated with it, can gain legitimacy in some communities, with traffickers developing social networks to protect their wealth.⁹¹ The existence of a profitable illicit market can also undermine citizen security. Evidence shows that the illicit drug trade has fuelled and exacerbated violence, conflict, crime and corruption, and contributed to the instability of governments throughout parts of Latin America, the Caribbean, Asia and Africa.⁹² The illicit drug trade can also result in income inequality which may then disturb power structures within communities, erode traditional social structures and encourage more people to enter the illicit drug industry.⁹³

Criminal drug producers and traffickers thrive in fragile, conflict-affected and underdeveloped regions. Countries with weak democratic institutions that lack transparency *“are particularly at risk, and the consequences may well be devastating in terms of the extent of public corruption, penetration of state institutions, influence peddling, and manipulation of the justice system.”*⁹⁴ In recent decades, as international drug traffickers have used West African countries as a transit hub for shipping cocaine and other drugs into Europe. Drugs worth billions of dollars have passed through the region, and drug traffickers have used some of the profits to fuel corruption in the region.⁹⁵ Evidence shows that drug-trafficking and money-laundering networks have financed political parties and campaigns in a number of countries, securing influence at the domestic and international level.⁹⁶

UNDP has recognized that in Latin America, for example, policies focusing predominantly on repression, increased penalties and the use of force have increased lethal violence and police abuse, fuelled belligerent responses from criminal organizations and provoked their fracture and geographic dispersion. Successful interdiction efforts,

Border force officers in Ghana searching a consignment of children’s lollipops containing cocaine en route to the UK, UK Home Office



the arrest or extradition of drug cartel leaders and the destruction of drug cartels have led to increased levels of violence, as the remaining players compete to control market share.⁹⁷

As UNODC has also observed, drug control efforts have not eliminated drug supply. Instead, enforcement pressure on one production area or transit route displaces production or trafficking routes, and related crime, violence and destabilization, to new geographic areas and communities. Transit countries often also experience an increase in drug consumption, which in turn can lead to an increased burden on the health system.⁹⁸ This 'balloon effect' has shifted coca production between countries in Latin America, displaced opium production from China to Thailand and Myanmar, and moved drug transit routes back and forth between Mexico and the Caribbean and into West Africa.⁹⁹

In fighting transnational organized crime, some authorities have turned to alternative methods of procuring security, and implemented more focused, community-based deterrence strategies and selective targeting approaches that seek to minimize the most pernicious behaviour of criminal groups while tolerating less harmful behaviours. Such an approach also enables overwhelmed law enforcement institutions to overcome problems of under-resourcing.¹⁰⁰ UNDP has cautioned that in extreme cases, community-based deterrence has devolved into lynching or 'social cleansing', in some cases with the participation of state actors.¹⁰¹

The excessive use of criminal justice mechanisms, the disproportionality of incarceration penalties for drug-related offences, and the enforcement of mandatory sentencing laws have contributed to overloading the judicial and prison systems, undermining their capacity to deliver justice and support rehabilitation.¹⁰² The lack of alternatives to incarceration and re-entry mechanisms and the excessive use of pre-trial detention have, in many instances, contributed to serious prison overcrowding, facilitating human rights abuses, as well as connections to organized crime networks within prison.¹⁰³

2.5 Human rights implications of drug policy

*"Placing human rights at the centre of drug control, crime prevention and criminal justice provides an organizing set of principles that dissolves boundaries between the fields and promotes a single coherent response. Effective drug control cannot exist without fair criminal justice and successful crime prevention. ...Such an approach represents more than 'added value'; it is a legal obligation."*¹⁰⁴

Antonio Maria Costa,
UNODC Executive Director, 2002–2010

In many countries around the world, drug control efforts result in human rights abuses: torture and ill treatment by police, mass incarceration, extrajudicial killings, arbitrary detention, and denial of essential medicines and basic health services. Local communities in drug-producing countries regularly face violations of their human rights as a result of campaigns to eradicate illicit crops, including environmental damage, an undermining of indigenous cultures, and displacement and damage to health from chemical spraying. Communities also often face serious human rights abuses by large-scale drug trafficking organizations, including massacres, killings, forced displacement, sexual and physical violence and extortion.¹⁰⁵

Evidence shows that drug control laws with disproportionately heavy punishments have fuelled mass incarceration, often in violation of universally accepted standards of fairness and freedom from torture and ill treatment.¹⁰⁶ Sentences for small-time drug dealing are sometimes lengthier than sentences for serious acts of violence such as murder, rape or armed robbery,¹⁰⁷ and have strongly contributed to the deterioration of living conditions in many prisons and to the extended use of longer pre-trial detention periods without any resolution of the prisoner's status. Some children of women sentenced to long prison terms for drug-related crimes grow up inside prisons, many of them not fit to maintain the basic conditions to live with dignity.¹⁰⁸

Table 1. Sample of countries with mandatory death penalty for drug offences*

Country	Number of death sentences/ executions in 2011	Number of death sentences/ executions for drug-related offences in 2011	Percentage of death sentences/ executions for drug offences
Islamic Republic of Iran	676	540	80%
Kuwait	17	3	18%
Malaysia	108	83	77%
Singapore	4	2	50%
United Arab Emirates	31	7	23%
Vietnam	69	27	39%
Yemen	29	10	34%

Note: * Data compiled from P. Gallahue, R. Gunawan, F. Rahman, E.M. Karim, U.D. Najam and R. Felton, 'The death penalty for drug offences. Global overview 2012: Tipping the scales for abolition', International Harm Reduction Association, London, 2012.

Evidence also shows that drug control efforts often have a disproportionate impact on vulnerable groups and marginalized communities: peasant farmers, low-level drug offenders, and racial and ethnic minorities or indigenous peoples.¹⁰⁹ In many countries, a disproportionate share of those incarcerated are poor racial or ethnic minorities.¹¹⁰

More than 235,000 people are arbitrarily detained, often without their consent and or any form of due process, in over 1000 compulsory drug detention centres in East and Southeast Asia, under the guise of 'treatment' or 'rehabilitation'.¹¹¹ UN human rights agencies and human rights experts have called for the closure of these centres, citing a wide range of human rights violations such as forced labour, including child labour; judicial, State-sanctioned corporal punishment and other forms of physical, psychological and sexual violence; poor conditions of detention; arbitrary detention; and denial of medical care.¹¹² In 2012, for example, UNDP and 11 other UN organizations issued a joint statement calling for the immediate closure of compulsory drug detention centres, emphasizing the health and human rights risks to detainees.¹¹³

UN guidance recognizes that drug dependence is a chronic, relapsing condition and that several episodes or types of treatment may be required to overcome it.¹¹⁴ Yet in some countries, 'drug courts' have obliged many people with drug dependence to follow abstinence-based treatment and subjected them to additional penal measures if they fail 'treatment'.¹¹⁵

The death penalty for drug-related crimes is a violation of international law. Yet 33 countries and territories retain this penalty, and up to 1000 people are executed annually for drug offences.¹¹⁶ Drug enforcement efforts have led to extrajudicial killings by police and military.¹¹⁷ Targeted killings of drug traffickers have also been justified as a military intervention, in violation of international humanitarian and human rights law.¹¹⁸

These and other human rights violations which occur within the context of drug control efforts violate numerous fundamental human rights, including: the right to life; the right to be free from torture, cruel, inhuman and degrading treatment; the right to health; the right to non-discrimination; and the right to liberty and security of person. In particular, laws and policies that contribute to unnecessary morbidity and preventable mortality constitute specific breaches of the obligation to respect the right to health¹¹⁹ and represent a failure on the part of States to meet

their obligations under the right to health to take all steps necessary for the “prevention, treatment and control of epidemic diseases” and the “creation of conditions which would assure to all medical service and medical attention in the event of sickness.”¹²⁰ International human rights treaties place obligations on UN Member States to adopt ‘positive measures’ to increase life expectancy and eliminate epidemics¹²¹—for example, by providing access to HIV prevention, care and treatment services. However, criminal drug laws and related enforcement practices often deny access to lifesaving health services in many countries.¹²²

2.6 Gender dimensions

Women who use drugs and women whose male sex partners use drugs face multiple issues that enhance their vulnerability to HIV, sexually transmitted infections and violence. Research also indicates that women who use drugs face high rates of violence by intimate partners as well as law enforcement officers.¹²³ Notwithstanding the global commitment to universal access to harm reduction and related services, women who use drugs often have limited access to effective health and drug treatment services that take into account their specific needs and circumstances. Social and structural factors creating barriers to treatment and care include a lack of gender-specific services, and stigma and discrimination by family, service providers and law enforcement.¹²⁴

In many countries, women with a history of drug use are considered unfit to parent. Pregnant women who use drugs may be pressured to have abortions or to give up their newborn infants, and mothers with a history of drug use often have problems maintaining custody of their children.¹²⁵ In some countries, pregnant women who use drugs face civil or criminal detention for extended periods of time—in some cases, for the length of the pregnancy.¹²⁶

Women are also involved in the cultivation, sale and trafficking of drugs, usually at the lowest levels, such as transporting or selling small quantities of drugs. Yet they often suffer the same harsh consequences as those with greater involvement in the drug trade. In many countries in Latin America, for example, drug law enforcement results in disproportionate penalties by subjecting ‘drug mules’ to the same severe penalties as large-scale drug traffickers.¹²⁷ Although men and women act as ‘drug mules’, a higher percentage of women are detained.¹²⁸

A substantial proportion of women in prison are incarcerated for low-level, non-violent drug offences—between 40 and 70 percent in some countries in the Americas, Europe and Central Asia.¹²⁹ Many of them are young, illiterate or with little schooling, single mothers, and responsible for the care of their children or other family members. While more men are incarcerated for drug offences, the consequences of criminal punishment fall differently on women, and often have a greater impact on their children and their families. Yet women’s caring responsibilities are not taken into account at sentencing, nor recognized or met in prison. Prison sentences for women may result in the incarceration of their infants and young children, who stay with them for all or part of their sentence and/or the abandonment of the incarcerated women by their families outside.¹³⁰ Children left behind may then engage in criminal activity or problem drug use as they struggle to cope with living on the streets, in institutions, in foster care or with relatives.¹³¹

Indigenous peoples in developed as well as underdeveloped countries consistently lag behind the non-indigenous population in most indicators of well-being. They have higher rates of poverty and illiteracy, with the rates often highest among indigenous women.¹³² Their poverty and low levels of education, coupled with the lack of interpreters in law enforcement and in the judicial system, make it extremely difficult for them to understand the processes against them, and puts them at risk of signing incriminating documents, including confessions that they do not understand.¹³³

This gender-differentiated experience illustrates that long-term incarceration not only creates an economic burden but also suggests serious, far-reaching consequences not only for individual offenders and their families but also for society as a whole. However, the gender dimensions of current drug policies and legislation have yet to be comprehensively assessed.¹³⁴

2.7 Impact of drug control policies on the environment

The 1988 Convention against Illicit Traffic in Narcotic Drugs requires State Parties to “take appropriate measures to prevent illicit cultivation of and to eradicate plants containing narcotic or psychotropic substances”. These measures must “respect fundamental human rights and shall take due account of traditional licit uses, where there is historic evidence of such use, as well as protection of the environment” (article 14(2)). In practice, however, eradication campaigns have had devastating consequences for the environment.¹³⁵

Drug cultivation, production and related trafficking and enforcement activities can also cause serious harm to the environment, including: deforestation; soil erosion and degradation; loss of endemic species; contamination of soil, groundwater and waterways; and the release of numerous gases that fuel climate change, such as methane, carbon dioxide, carbon monoxide and nitrogen oxides, to name a few.¹³⁶

For example, to increase yields, coca growers use highly poisonous herbicides and pesticides; processors in turn use large quantities of harmful substances, including sulphuric acid, gasoline and kerosene, which they discard onto the ground and into waterways.¹³⁷ In parts of Latin America, aerial fumigation has affected legal crop plantations, forests, rare plants, water sources and other sites not targeted by fumigation campaigns.¹³⁸ In parts of Asia, an aerial eradication campaign using the herbicide 2, 4-D, a major ingredient in Agent Orange, reportedly destroyed villagers’ crops and livestock.¹³⁹ In some instances, evidence has shown that aerial fumigation campaigns have not eradicated illicit production but, rather, displaced it to new areas of greater environmental significance.¹⁴⁰ A similar ‘balloon effect’ has been found for manual and aerial eradication in the Andean region.¹⁴¹

Efforts to destroy illicit crops have encouraged growers to move to remote areas with little state presence, far from urban centres and with little infrastructure, including national parks and protected forest areas. Aerial fumigation campaigns in Colombia and government pressure to reduce coca cultivation in Bolivia and Peru have pushed growers to clear new plots in national parks and protected forest areas, increasing deforestation and threatening biodiversity.¹⁴²

Glyphosate, a herbicide used in aerial fumigation of illicit coca crops, has been associated with serious harm to physical and mental health, food security, family income and the environment.¹⁴³ The International Agency for Research on Cancer, a specialized WHO agency, recently reclassified glyphosate as a probable carcinogen.¹⁴⁴ UN experts in the rights of children, health and indigenous people have also raised concerns about the negative effects on the health and environment of aerial spraying with glyphosate, noting particular concern with its effects on the most vulnerable and marginalized people.¹⁴⁵ Ecuador has also filed complaints with the Permanent Council of the Organisation of American States and the International Court of Justice about the harmful effects of aerial spraying within its territory.¹⁴⁶

Drug-trafficking and -marketing activities also harm the environment. In transit areas of Central America, drug traffickers have built landing strips in protected forest reserves for aircraft transporting illicit drugs, and have

converted forests and other areas of high ecological value to agriculture, often cattle ranches and palm oil plantations, to launder drug money.¹⁴⁷

2.8 Impact of drug control policies on indigenous people and traditional and religious practices

"Spraying the crops just penalizes the farmer and they grow the crops somewhere else. ...This is the least effective program ever."

Richard Holbrooke, US Special Envoy to Afghanistan and Pakistan, 2002

The 1961 Single Convention on Narcotic Drugs imposed special restrictions on the cultivation of coca, opium and cannabis for indigenous, traditional and religious uses, and required that such use be abolished within 15 years for opium smoking, 25 years for coca leaf chewing and as soon as possible but no later than 25 years for cannabis (article 49(2)).¹⁴⁸ The 1988 Convention against Illicit Traffic in Narcotic Drugs requires States to criminalize the possession, purchase and cultivation of coca for personal consumption contrary to the provisions of the 1961 Convention, and to take measures to prevent cultivation of and to eradicate illicit crops. In doing so, States must "take due account of traditional licit uses, where there is historic evidence of such use" (article 14(2)).¹⁴⁹

Woman selling coca leaves in Bolivia, Julie Laurent



The criminalization of indigenous, traditional practices done without consultation with indigenous communities raises a number of human rights and development concerns. The ban on traditional uses of coca, opium and cannabis in the 1961 Convention was passed at a time when scant attention was given to cultural and indigenous rights. Since then, key international instruments and relevant jurisprudence have been adopted that protect the right of all indigenous peoples to free and prior informed consent relating to issues that affect them, to maintain traditional, religious and medical practices and to own, develop, control and use their real property and resources.¹⁵⁰ The criminalization of drugs used for traditional and religious purposes is in misalignment with human rights protections for the traditional and religious uses of controlled drugs.¹⁵¹

3. SUSTAINABLE DEVELOPMENT APPROACHES TO DRUG POLICY

As described in Chapter 2, current drug control policies affect many aspects of UNDP’s work. UNDP is present in 170 countries, working to help countries eradicate poverty, eliminate inequalities and foster inclusion. In this context, UNDP has an important opportunity to support countries to adopt evidence-based and development-sensitive drug policies that address the harms caused by illicit drug production, trafficking and abuse, as well as the harm caused by drug control efforts. However, this requires, among other things, focusing not only on illicit cultivation and use but also on their root causes: poverty, social exclusion, inequality, government instability and weak rule of law. Table 2 provides a snapshot of how drug policy intersects with various aspects of UNDP’s work as articulated in its ‘Strategic Plan 2014–2017’.

Table 2. How drug policy intersects with UNDP’s work

UNDP Strategic Plan Outcomes	Examples of issues related to drug policy that negatively affect the achievement of UNDP Strategic Plan Outcomes
<p>1 Growth and development are inclusive and sustainable, incorporating productive capacities that create employment and livelihoods for the poor and excluded</p>	<ul style="list-style-type: none"> ■ Inhibition of legitimate social and economic activity and a lack of formal and legal economic alternatives for poor people, youth, women, indigenous populations and other excluded groups, because of illegal market dynamics ■ Forced eradication campaigns precede development of alternative livelihood options, undermining food security and exacerbating poverty ■ Greater exposure to risks in areas with high poverty rates due to a mix of social determinants such as higher availability of drugs and arms, higher urbanization levels, higher crime rates, presence of trafficking organizations, repressive law enforcement strategies and presence of violence
<p>2 Citizen expectations for voice, development, the rule of law and accountability are met by stronger systems of democratic governance</p>	<ul style="list-style-type: none"> ■ Excessive use of criminal justice mechanisms, the disproportionality of penalties for drug offences, including the death penalty and long-term incarceration, abuse of pre-trial detention and the enforcement of mandatory sentencing laws contribute to overload the judicial and prison systems, making them even more inefficient and undermining people’s confidence in them ■ Impunity for human right abuses and major crimes due to corruption of and major threats to justice system officials and other decision makers and administrative authorities ■ Erosion of democratic governance, rule of law and people’s adherence to social norms and institutions by illegal actors or by means of the ‘normalization’ of illegal activities, political and economic influence or lack of protection from law enforcement and justice

UNDP Strategic Plan Outcomes	Examples of issues related to drug policy that negatively affect the achievement of UNDP Strategic Plan Outcomes
<p>3 Countries have strengthened institutions to progressively deliver universal access to basic services</p>	<ul style="list-style-type: none"> ■ Discrimination, a lack of investment in health and social welfare and laws criminalizing drug use/possession of small amounts of drugs for personal use impede the access of people who use drugs to basic services such as housing, education, health care, employment, social protection and treatment ■ Lack of social (re)integration processes along with significant percentages of relapses and readmissions limit the chances of addressing drug dependence and substantially reduce the efficiency of investments in treatment and recovery systems ■ The absence of comprehensive harm reduction and effective prevention, treatment and care services and policies for people who use drugs contributes to increased prevalence of HIV and other infectious diseases
<p>4 Faster progress is achieved in reducing gender inequality and promoting women's empowerment</p>	<ul style="list-style-type: none"> ■ Involvement of women in drug trading due to economic and gender inequality, such as single mothers needing a means by which to support their family ■ Disproportionate incarceration of women for their participation in the lowest levels of drug production or trafficking. Women feel consequences of criminal punishment differently, often with greater impact on their children and families. Lack of drug-related services for women who use drugs in prison or pre-trial detention ■ Higher risk of violence and abuse, with gender-specific stigma and discrimination intersecting with and exacerbating that faced by people who use drugs
<p>5 Countries are able to reduce the likelihood of conflict, and lower the risk of natural disasters, including from climate change</p>	<ul style="list-style-type: none"> ■ Weak States enable environments conducive to illicit activity, thereby allowing armed groups to use illicit drug economies to finance their activities, thus threatening citizen security and fuelling conflict ■ Implementation of repressive drug control policy causes loss of livelihoods, displacement, migration and criminalization of rural communities, fuelling conflict ■ Deforestation, land degradation, loss of endemic species and pollution of aquifers from illegal production of drugs or the fumigation, eradication and destruction of drug laboratories
<p>6 Early recovery and rapid return to sustainable development pathways are achieved in post-conflict and post-disaster settings</p>	<ul style="list-style-type: none"> ■ Violent conflicts cause considerable damage to infrastructure, destroy livestock and farming land, result in the mass displacement of populations, lead to social instability, loss of household members, and human rights violations, and undermine human development. Participation in the illicit drugs economy becomes a viable source of income ■ Loss of income, unemployment and food insecurity resulting from supply control programmes may lead to frustration, antipathy towards authorities and social instability. Experiencing hardship and with no other options on hand, households often resume cultivation of drug crops, and farmers disperse fields more widely or move to more remote locations ■ Economic turbulence, along with poverty and social inequality, can also exacerbate existing obstacles in access to health, education and social services

UNDP Strategic Plan Outcomes	Examples of issues related to drug policy that negatively affect the achievement of UNDP Strategic Plan Outcomes
<p>7 Development debates and actions at all levels prioritize poverty, inequality and exclusion, consistent with our engagement principles</p>	<ul style="list-style-type: none"> ■ Pre-eminence of prohibition and abstinence-based policies fuel exclusion and do not allow for debate on the effects of drugs and drug policy on poor and excluded populations ■ High sensitivity of drug issues along electoral processes, generating political problems for the promotion and approval of alternative policies and interventions ■ Metrics for drug policy success are based on the specific and narrow traditional objectives of reducing drug demand and supply without any other consideration of its impact on human rights, social inclusion or on any other elements of sustainable human development

3.1 Development-sensitive policy and programming

Many aspects of UNDP’s policy and programme work in countries could support initiatives already being undertaken by UN Member States to implement development-sensitive drug control policies that contribute to reducing drug-related harms.

3.1.1 Sustainable development pathways

A substantial body of evidence has shown that drug policies anchored in economic and social development plans are more likely to result in positive development outcomes. An important opportunity exists for UNDP to support Member States’ programmes to tackle poverty, inequality and exclusion in a way that empowers vulnerable populations who depend on illicit drug economies or those who experience exclusion because of problematic drug use. UNDP’s sustainable human development-based interventions can improve the development outcomes of poor urban, peri-urban and rural communities and boost their prospects for employment and livelihoods, offering strong connections to issues of environmental sustainability, governance and resilience. UNDP also has experience in addressing complex development issues with wide-ranging social, economic and environmental impacts ranging from HIV, combating deforestation caused by expanding cultivation of illicit crops, and violence and human rights abuses resulting from drug-trafficking or repressive drug control policies. UNDP’s focus on vulnerable populations provides an important opportunity to reduce the harmful effects of drug policy and control on the most vulnerable.

UNDP’s work on improving access to natural resources essential for employment and livelihoods, integrating sustainable land, water and forest management, as well as measures related to conservation and sustainable use of biodiversity into the mainstream of development policy and decision-making, will be an important reference to register success for affected populations and geographic areas. Key interventions, such as supporting countries with the reform of legal and regulatory frameworks so that the poor, indigenous populations and local communities can have secure access to natural resources, and to a fair and equitable distribution of benefits arising from the sustainable use of biodiversity and ecosystem services, might have strong influence in overcoming dependence on drug-producing and -trafficking economies.

3.1.2 Inclusive and effective democratic governance

UNDP's work assisting countries to maintain or secure peaceful and democratic governance, helping institutions to adapt to changing public expectations and deliver clear benefits to citizens, whether in terms of better services, improved access to resources needed for employment and livelihoods or greater security, could also provide an important pathway into the development of evidence-informed drug policies anchored in human rights principles. Promoting accountability, inclusive governance and participation reduces space for corruption and infiltration of government institutions by organized crime.¹⁵²

Many UN Member States are facing great challenges to effectively address the negative impacts of drug use and drug policy. UNDP's experience in the design and implementation of evidence-based, sustainable human development-oriented public policy has strong potential for helping drug policy frameworks bring greater development benefits to citizens and increased confidence and trust in public institutions, both at national and at subnational levels. UNDP's work in reinforcing the rule of law and citizen security should promote greater respect for citizen rights, facilitate stronger civilian oversight, help to counter drug-related discrimination and allow for faster progress in reducing drug-related gender-based violence. Moreover, UNDP's promotion of civil, political, economic, cultural and social rights should help reduce the discrimination and violence experienced by women, youth, indigenous people and other minorities with linkages to drug use or drug markets.

UNDP could build on its experience working with Member States to review and shape laws and legal practices to create legal and human rights environments supportive of effective responses to HIV for people who use drugs and other marginalized populations. This work could provide a model for meaningful engagement with civil society and, in particular, with those most affected by drug-related problems to address drug laws, policies and practices that affect their lives and the communities in which they live.¹⁵³

UNDP could support longer-term efforts to strengthen democratic governance wherever it has been challenged by illicit actors of drug markets—for example, on issues such as legislative oversight, transparency of public accounts, improvements in public administration, strengthening capacities of local governments to deliver basic services, and working with the non-governmental and private sectors. Furthermore, complementary support can be given to address justice and security-sector institutions, focusing on rapid restoration of access to justice and the rule of law, transitional justice measures, longer-term recovery of justice and security-sector institutions and the implementation of preventive strategies to confront drug-related crime and violence, including gender-based violence.

3.1.3 Resilience building

All areas of work proposed in the UNDP 'Strategic Plan 2014–2017' can help build resilience for reducing and coping with the harmful impact of drug-related problems. Initiatives that result in higher levels of employment, more equitable access to resources, better protection against economic and environmental shocks, peaceful settlement of disputes, progress towards democratic governance, and comprehensive HIV and health responses that include harm reduction all can mitigate the negative impacts of drug production and trafficking and problematic drug use.

Averting major development setbacks and promoting human security in areas and communities strongly affected by violence and other threats caused by illicit drug production and trafficking, or by the negative consequences of repressive drug policies, are other aspects of people-centred human development. UNDP has experience and capacity to ensure effective recovery from conflict-induced crises in those cases where prevention has fallen short, through early economic recovery and a focus on employment and livelihoods stabilization and creation,

reintegration of displaced persons, and restoration of basic infrastructure at the local level. Additionally, peaceful resolution of disputes and mediation to stabilize volatile conditions could be of great help in areas with drug market-related conflicts. In these contexts, interventions on illegal economies must be centred on the protection of citizens and the reduction of risks, harms and negative impacts.

Table 3 provides a snapshot of how UN Member States, with support from UNDP, could promote development-sensitive policies and programmes on drug policy and control.

Table 3. Ways to promote development-sensitive policies and programmes on drug policy and control

Resilience building	Inclusive and effective democratic governance	Sustainable development pathways
Address mass incarceration and disproportionate sentencing by, for instance, increasing access to legal services and alternatives to incarceration	Address abuses that interfere with access to comprehensive harm reduction services, including laws criminalizing drug use and possession of small amounts of drugs for personal use and drug paraphernalia	Support the provision of viable and sustainable livelihoods for small farmer-producers of illegal drug crops and ensure that alternative development programmes are non-discriminatory and based on economically realistic alternatives
Address state capacity to reduce the power of criminal organizations as well as the violence and insecurity that result from their competition with both one another and the State	Address legal, regulatory and policy barriers to access to narcotic drugs for pain relief (e.g. morphine) and drug treatment (e.g. methadone and buprenorphine for opioid dependence)	Advocate that illicit crop eradication not be undertaken until small-farmer households have been supported to adopt viable and sustainable livelihoods
Promote the meaningful participation of communities including people who use drugs and indigenous communities affected by drug control policies in the development and implementation of policies that affect them	Take advantage of flexibilities available in the drug conventions on penalization of possession and use of controlled substances, including decriminalization of drug use and possession of small amounts of drugs for personal use	Support local development, while considering interactions with factors such as human security, governance, violence, human rights, and food security

4. OPPORTUNITIES TO ADDRESS DEVELOPMENT DIMENSIONS OF DRUG CONTROL POLICY

UNGASS 2016 and related preparatory meetings present UN Member States, its organizations and the international community at large with an opportunity to engage in a critical discussion about the development dimensions of current drug control policies. This discussion should consider the diverse impacts of drug control policy on the health and social welfare of individuals, the environment, governance and the rule of law. UNDP stands ready to support a coordinated UN response that integrates a development perspective into drug control strategies across the UN system, in line with the vision and values of the UN Charter. Potential opportunities include the development of metrics to evaluate the development impact of drug control policies, and UNDP's engagement in efforts to promote UN system-wide coherence.

4.1 New metrics to evaluate drug control policies

The success of drug control efforts has mainly been measured by specific and narrow traditional metrics of supply and demand reduction: hectares of illicit crops eradicated, volumes of drugs seized, and numbers of people arrested, convicted and incarcerated for drug law violations.¹⁵⁴ These are process measures that reflect the scale of enforcement efforts but reveal very little about the impact of drug use or policies on people's lives. They fail to consider their impact on human rights, social inclusion or any other elements of sustainable human development. As the Global Commission on Drug Policy has observed, *"Process measures can give the impression of success, when the reality for people on the ground is often the opposite."*¹⁵⁵ Measuring success only by arrests and seizures may create perverse incentives for law enforcement, and may encourage law enforcement to engage in violence or other abuse to achieve these goals. It can also encourage police to seek out small offenders, such as people who use drugs or commit minor drug-related offences, as they are easy targets for arrest.

The development of a comprehensive set of metrics to measure the full spectrum of drug-related health issues, as well as the broader impact of drug control policies on human rights, security and development would be an important contribution to the discussion on the development dimensions of drug policy. UNDP's experience with human development indices and its mandate to promote human development make it well suited to play a role in the development of such metrics.

Possible metrics to consider include, for example:

- **goals** that address root causes that contribute to supply and demand for drugs, including poverty, food insecurity, lack of access to markets, health and education, lack of land tenure, lack of security, presence of armed conflict;
- **targets** that address progress towards ensuring the "health and welfare of mankind", including a decrease in the number of overdose deaths and infection rates for HIV, hepatitis B and C and other communicable diseases among people who use drugs; an increase in access to harm reduction, treatment demand and treatment access; an increase in investments in health and social welfare benefits, and in the number of people receiving such assistance; and a reduction in excessive and disproportionate punishments; and
- **indicators** that measure access to health care information and services in consultation with and with the participation of affected communities; harms to individuals and communities, such as the number of victims of drug-related violence; levels of social and economic development in communities where drug production, consumption or sale is concentrated; and underlying conditions of poverty, inequality and insecurity that sustain cultivation of drug crops and exacerbate vulnerability to trafficking and organized crime.

4.2 Drug policy and the post-2015 agenda

In his report of December 2014, the UN Secretary-General summarizes the expectations of a diverse range of constituencies for the future development framework: “People across the world are looking to the United Nations to rise to the challenge with a truly transformative agenda that is both universal and adaptable to the conditions of each country, and that places people and the planet at the centre.”¹⁵⁶

As UN Member States progress with official negotiations on the new development agenda to be adopted in September 2015, they are guided in their discussions to a large extent by the proposal of the Open Working Group (OWG) on SDGs that sets out 17 specific goals with 169 associated targets.

Figure 2. Six essential elements for delivering the SDGs



Source: United Nations, 2014, ‘The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet—Synthesis Report of the Secretary-General on the Post-2015 Agenda’

The proposed SDG on health which calls for ensuring healthy lives and well-being for all at all ages does include a specific target on narcotic drugs to “strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.” However there are some concerns among drug policy experts that the OWG proposal parcels drug-related issues across the different goals in a way that may undermine a coherent and comprehensive approach to drug policy and make it more difficult to evaluate the impact of drug-related issues on these goals.¹⁵⁷

Topics and principles at the core of the post-2015 agenda that cut across numerous SDGs and should be considered in relation to drug policy include:

- poverty eradication, sustainable consumption and production, and protection of the natural resource base of economic and social development;
- people-centred approaches: just, equitable and inclusive economic growth, social development and environmental protection to benefit all;

- freedom, peace and security, the rule of law, good governance, gender equality, women's empowerment and commitment to just and democratic societies for development;
- respect for the Universal Declaration of Human Rights;
- the importance of international cooperation and of common but differentiated responsibilities;
- the need for different approaches depending on national or local circumstances and priorities;
- the need for additional resources for sustainable development; and
- improvement of the quality, coverage and availability of disaggregated data to ensure that no one is left behind.

According to drug policy experts, there are contradictions between the targets established in the global development agenda being debated for the post-2015 period and current drug policies emanating from the three drug conventions. The SDGs aim to promote sustainable development, including health and well-being for all. However, as described above, global drug policies and their unintended consequences have fuelled and escalated violence; disproportionately diverted limited funds and political attention away from public health to law enforcement; and impeded access to lifesaving harm reduction interventions and medications essential to treat pain and drug dependence.

Several SDGs aim to end poverty and hunger, protect the environment and promote sustainable livelihoods, but drug production and trafficking, and related law enforcement activities, degrade the environment by contaminating water and soil and harming protected forests.

A number of SDGs aim to promote human rights by combating discrimination, promoting gender equality and strengthening access to justice and government accountability at all levels. However, the illicit drug trade, and efforts to control it, have devastating impacts on indigenous people and on women and girls, have undermined democratic governance and the rule of law and threatened the human rights of people who live in communities where drugs are produced, through which they are trafficked and where they are sold. These contradictions need to be clearly presented and debated in the process of defining the new global agenda for sustainable development and, more intensely, during the evaluation of the international drug control system and its implementation on the road to UNGASS 2016.

Drug control policy should not be a negative factor hampering the attainment of national aspirations to advance human development and the post-2015 development agenda more broadly; instead, it must play a positive role in advancing these goals and objectives. The post-2015 development agenda provides an opportunity to establish different measures of success for drug policy, with a clear articulation of metrics related to the impact of drug policies on peace, development and human rights.

4.3 The road to UNGASS 2016: an opportunity to increase coherence in the UN system

To date, drug control policy has largely promoted a prohibitionist, law enforcement-led and abstinence-based approach. This has started to change.¹⁵⁸ UNODC has on several occasions acknowledged the 'unintended' negative consequences of drug control policies, and both UNODC and the INCB have made clear that the drug conventions

do not require criminalization of drug use or drug possession for personal use.¹⁵⁹ UNODC has also acknowledged the role of human rights abuses against people who use drugs in fuelling HIV. It has encouraged Member States to use UNGASS 2016 as an opportunity to rebalance international drug control policy responses to focus more on health and respect for human rights and address the stigma and discrimination that limit access to services by people who use drugs.¹⁶⁰ There have been calls for the greater involvement of the various UN agencies and programmes whose mandates and areas of work are impacted by drug policy, and this could contribute to recalibrating the approach to international drug policy.

The UN Secretary-General extended the mandate of the inter-agency Task Force on Transnational Organized Crime and Drug Trafficking, co-chaired by UNODC and the UN Department of Political Affairs, to facilitate broader input from all relevant UN agencies into UNGASS 2016. The Task Force has facilitated greater participation by several UN agencies and programmes to develop an effective, comprehensive, balanced and system-wide response to the challenge of transnational organized crime and drug trafficking as threats to security and stability.

In the short term, in supporting Member States on SDG implementation and on the road to UNGASS 2016, UNDP could facilitate discussions between UN Member States and relevant actors, including other UN agencies, on various aspects of drug policy and human development, with the underlying aim of increasing attention to the development dimensions of drug policy. This should open up the space for the participation in global, regional and national debates of representatives from Member States not only belonging to law enforcement agencies or to the diplomatic field but also to development, health, education, labour and other social sectors. Setting a specific agenda of debates and events on the road to UNGASS, considering special milestones during this period such as the CND high-level and inter-sessional segments, the ECOSOC Substantive Session, and other special events, is important for this purpose.

UNDP's greater involvement in discussions on drug policy in the lead-up to UNGASS 2016 presents a crucial opportunity to emphasize the importance of an evidence-informed, people-centred and development-sensitive approach to drug control policy. This approach could facilitate the future definition of more fit for purpose and balanced inter-agency coordination structures on drug-related issues within the UN, and a comprehensive and coherent system-wide response.

5. CONCLUSION

UNDP's sustainable human development mandate affords it the opportunity to support development-centred approaches and solutions, including as it relates to the intersection of drug policy and development. UNDP is uniquely positioned within the UN system to leverage its extensive knowledge of the similarities and differences between countries at different stages of development, and to translate that into evidence-based insights for effective, adaptable development solutions, responding effectively to country and local demand. The wide reach of UNDP, its 'lead in development thinking', its operational focus and its relationships of trust with national partners are strong assets to address complexity, to deliver development results and to become a force for development-sensitive reform in this area.

UNDP's greater involvement in drug policy discussions could also spur constructive engagement by other UN agencies and organizations while deepening strategic thinking and responses by the UN system, developing consistency in the formulation and monitoring of results, forging closer links between programmes and agencies and strengthening links with non-UN partners. UNDP's focus on country-level coordination and on development results could strengthen UN Country Team capacity to support Member States' priorities, providing assistance through its technical and policy expertise, and drawing on non-resident agencies with relevant knowledge and skills.

Additionally, UNDP's coordination with the UN Secretariat, in particular with the Department of Economic and Social Affairs, the Office for the Coordination of Humanitarian Affairs, the Department of Peacekeeping Operations and the Department of Political Affairs, could contribute to enhancing development-sensitive drug policy and programming and support UN system coherence in this area.

UNDP's commitment to South–South and triangular cooperation, capacity-building and facilitation of sharing lessons learned are important assets that could be mobilized towards supporting development-sensitive drug control policy and for other sustainable human development issues. UNDP could help across a range of settings to build capacity and disseminate knowledge on what has worked in varying development contexts and what has not; work with partners to support the harmonization of policies and regulations; mobilize strategic funding and technical cooperation; and connect relevant actors to develop effective development solutions while benefiting from its wide network of development partners. Adding UNDP's engagement to the existing mix of actors could contribute significantly to ensuring that drug policy and control efforts are more aligned with development objectives.

TARGET AREAS		
 Knowledge on what has worked and what has not	 Enabling harmonization of policies, legal frameworks and regulations	 Strategic funding and technical cooperation from a variety of sources

ENDNOTES

1. WHO, UNODC, UNAIDS, 'Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users', WHO, UNODC, UNAIDS, Geneva, 2012, http://www.who.int/hiv/pub/idu/targets_universal_access/en/; Harm Reduction International, 'What is harm reduction? A position statement from Harm Reduction International', Harm Reduction International, London, 2015, <http://www.ihra.net/what-is-harm-reduction>.
2. Harm Reduction International, 'What is harm reduction? A position statement from Harm Reduction International', Harm Reduction International, London, 2015, <http://www.ihra.net/what-is-harm-reduction>.
3. WHO, 'Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations', WHO, Geneva, 2014, <http://www.who.int/hiv/pub/guidelines/keypopulations/en/#>.
4. UNODC, 'World Drug Report', UNODC, Vienna, 2008, p. 21, 216, http://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf; Office of the High Commissioner on Human Rights (OHCHR), 'High-level Review of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem: Statement of Navi Pillay', OHCHR, Geneva, 2014; WHO, 'Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines', WHO, Geneva, 2011; UN Women, 'A Gender Perspective On The Impact of Drug Use, the Drug Trade, and Drug Control Regimes', UN Women, New York, 2014; UNAIDS, 'The Gap Report', UNAIDS, Geneva, 2014, pp. 176, 177.
5. United Nations, 'Statement: Secretary-General's remarks at special event on the International Day against Drug Abuse and Illicit Trafficking', UN, New York, 26 June 2013, <http://www.un.org/sg/statements/index.asp?nid=6935>.
6. CND, 'Special session of the General Assembly on the world drug problem to be held in 2016, Resolution 57/5', CND, Vienna, 2014, http://www.unodc.org/documents/ungass2016/Background/CND_Res_57_5.pdf.
7. ECOSOC, 'Special segment: preparations for, the possible outcomes of and organizational matters relating to the special session of the General Assembly on the world drug problem to be held in 2016. Report of the Secretariat', UN Doc. E/CN.7/2014/17, para. 5, ECOSOC, New York, 2014, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/V14/076/02/PDF/V1407602.pdf?OpenElement>; UNGA, 'Special session of the General Assembly on the world drug problem to be held in 2016', UN Doc. A/RES/69/200, UNGA, New York, 2015, http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/69/200.
8. UNODC, 'Drug policy provisions from the international drug control Conventions', UNODC, Vienna, 2014, http://www.unodc.org/documents/hlr/Drug_policy_provisions_from_the_international_drug_control_Conventions.pdf; UNODC, 'UNODC and the Promotion and Protection of Human Rights: Position Paper', UNODC, Vienna, 2012, http://www.unodc.org/documents/justice-and-prison-reform/UNODC_Human_rights_position_paper_2012.pdf.
9. UNODC, 'Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the high-level review of the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, to be conducted by the Commission on Narcotic Drugs in 2014', UNODC, Vienna, 2013, <http://www.unodc.org/documents/hlr/V1388514e.pdf>.
10. The 1961 and 1971 treaties require governments "to take all practicable measures" for the prevention of drug abuse, and "for the early identification, treatment, education, after-care, rehabilitation and social reintegration" of people who use drugs. While all three treaties require governments to criminalize possession other than for medical or scientific purposes, they state that governments may provide measures for "treatment, education, aftercare, rehabilitation and social reintegration either as an alternative to conviction or punishment or in addition to conviction or punishment".
11. See, for example, UNGA, 'International cooperation against the world drug problem', A/Res/68/197, UNGA, New York, 14 February 2014.
12. Transform Drug Policy Foundation, 'The War on Drugs: Wasting Billions and Undermining Economies', Transform Drug Policy Foundation, Bristol, 2012, <http://www.countthecosts.org/sites/default/files/Economics-briefing.pdf>, <http://www.countthecosts.org/seven-costs/creating-crime-enriching-criminals>; OECD Newsroom, 'Aid to developing countries rebounds in 2013 to reach an all-time high', OECD, Paris, 2014, <http://www.oecd.org/newsroom/aid-to-developing-countries-rebounds-in-2013-to-reach-an-all-time-high.htm>.

13. See, for example, Keefer, P. and Loayza, L. (eds.), *Innocent bystanders: Developing countries and the war on drugs*, World Bank and Palgrave Macmillan, New York, 2010; World Bank, 'World Development Report', World Bank, Washington, DC, 2011, <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,,contentMDK:23256432~pagePK:478093~piPK:477627~theSitePK:477624,00.html>; UNODC, 'UNODC and the Promotion and Protection of Human Rights: Position Paper', UNODC, Vienna, 2012, http://www.unodc.org/documents/justice-and-prison-reform/UNODC_Human_rights_position_paper_2012.pdf.
14. UNODC, 'World Drug Report', UNODC, Vienna, 2010.
15. United Nations, 'Statement: Secretary-General's remarks to the General Assembly's Thematic Debate on Drugs and Crime as a Threat to Development', United Nations, New York, 2012, <http://www.un.org/sg/statements/index.asp?nid=6156>.
16. Global Commission on HIV and the Law, 'HIV and the Law: Risk, Rights & Health', Global Commission on HIV and the Law, New York, 2012, <http://hivlawcommission.org/>; Global Commission on Drug Policy, 'Taking Control: Pathways to Drug Policies that Work', Global Commission on Drug Policy, Rio de Janeiro, 2014, http://static1.squarespace.com/static/53ecb452e4b02047c0779e59/t/540da6ebe4b068678cd46df9/1410180843424/global_commission_EN.pdf.
17. Single Convention on Narcotic Drugs of 1961 as amended by the 1972 protocol, 30 March 1961, 520 UNTS 7515; Convention on Psychotropic Substances of 1971, 1019 UNTS 14956; United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, 1582 UNTS 27627.
18. 1961 Single Convention on Narcotic Drugs, preamble; 1971 Convention on Psychotropic Substances, preamble.
19. INCB, 'Availability of Opiates for Medical Needs: Report of the International Narcotics Control Board for 1995', INCB, Vienna, 1996. See also 1961 Single Convention on Narcotic Drugs; 1971 Convention on Psychotropic Substances.
20. See, for example, UNDOC, 'World Drug Report', UNODC, Vienna, 2014, http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf; Buxton, J., 'Drugs and development: The great disconnect' (Policy Report 2nd edition), Global Drug Policy Observatory, Swansea University, Swansea, 2015, <http://www.swansea.ac.uk/media/The%20Great%20Disconnect.pdf>.
21. UNODC, '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', UNODC, Vienna 2008, <http://evolvecms.webfreelancersuk.co.uk/sites/default/files/Making%20drug%20control%20fit%20for%20purpose%20-%20Building%20on%20the%20UNGASS%20decade.pdf>; UNODC, 'World Drug Report', UNODC, Vienna, 2008, pp. 21, 213, http://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf.
22. "Drug-policy experts refer to this as the 'balloon effect': pushing down on drug production in one region causes it to bulge somewhere else. Latin Americans have a better phrase: the *efecto cucaracha*, or cockroach effect. You can chase the pests out of one corner of your house, but they have an irritating habit of popping up somewhere else." T.W., 'Why is less cocaine coming from Colombia?', *The Economist*, April 2013, <http://www.economist.com/blogs/economist-explains/2013/04/economist-explains-why-colombia-produces-less-cocaine>.
23. UNODC, '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', UNODC, Vienna, 2008, <http://evolvecms.webfreelancersuk.co.uk/sites/default/files/Making%20drug%20control%20fit%20for%20purpose%20-%20Building%20on%20the%20UNGASS%20decade.pdf>; UNODC, 'World Drug Report', UNODC, Vienna, 2008, pp. 21, 213, http://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf.
24. Fedotov, Y., 'Opening of the side-event "Outreach to new Stakeholders in the Field of Alternative Development"', Commission on Narcotic Drugs, Vienna, 2014.
25. EU Presidency Paper, 'Key points identified by EU experts to be included in the conclusion of the open-ended intergovernmental expert working group on international cooperation on the eradication of illicit drug crops and on alternative development', Open-ended intergovernmental working group on international cooperation on the eradication of illicit drug crops and on alternative development, Vienna, 2-4 July 2008, UNODC/CND/2008/WG.3/CRP.4, p. 1, http://www.undrugcontrol.info/images/stories/UNODC_CND2008WG3_CRP4.pdf.
26. Mansfield, D. and Pain, A., 'Alternative Livelihoods: Substance or Slogan?', Afghan Research and Evaluation Unit Briefing Paper, Afghan Research and Evaluation Unit, Kabul, 2005, <http://ageconsearch.umn.edu/bitstream/14650/1/bp05ma01.pdf>.
27. Rincón-Ruiz, A. and Kallis, G., 'Caught in the middle, Colombia's war on drugs and its effects on forest and people', *Geoforum*, 2013, 46, pp. 60-78, <http://www.sciencedirect.com/science/article/pii/S0016718512002837>; Kramer, T., Jensema, E., Jelsma, M. and Blickman, T., 'Bouncing Back: Relapse in the Golden Triangle', Transnational Institute, Amsterdam, 2014, <http://www.tni.org/files/download/tni-2014-bouncingback-web-klein.pdf>.
28. International Training Programme for Conflict Management, 'Colombia: Land and Human Issues', *ITCPM International Commentary*, vol. 8, no. 31, December 2012, <http://www.itpcm.dirpolis.sssup.it/international-commentary/latest-issue/>; Kramer, T., Jensema, E., Jelsma, M. and Blickman, T., 'Bouncing Back: Relapse in the Golden Triangle', Transnational Institute, Amsterdam, 2014, <http://www.tni.org/files/download/tni-2014-bouncingback-web-klein.pdf>.

- tni.org/files/download/tni-2014-bouncingback-web-klein.pdf; Rincón-Ruiz, A. and Kallis, G., 'Caught in the middle, Colombia's war on drugs and its effects on forest and people', *Geoforum*, 2013, 46, pp. 60–78, <http://www.sciencedirect.com/science/article/pii/S0016718512002837>.
29. See, for example, UNODC, 'The Transatlantic Cocaine Market', Research paper, UNODC, Vienna, 2011; UNODC, 'The Opium Economy in Afghanistan: an International Problem', UNODC, Vienna, 2003; Organization of American States, 'Public Security in Latin America: Challenges and Opportunities', Organization of American States, Washington, DC, 2008; Garzón, J.C., *Mafia & Company. The Criminal Networks in Mexico, Brazil, and Colombia*, Editorial Planeta Colombiana, Bogotá, 2011.
 30. Transnational Institute and Paung Kau, 'Report from the First Southeast Asia Opium Farmers Forum', Transnational Institute and Paung Kau, Amsterdam, 2013.
 31. International Training Programme for Conflict Management, 'Colombia: Land and Human Issues', *ITCPM International Commentary*, vol. 8, no. 31, December 2012, <http://www.itpcm.dirpolis.sssup.it/international-commentary/latest-issue/>; UN High Commissioner on Refugees, 'Children on the Run: Unaccompanied Children Leaving Central America and Mexico and the Need for International Protection', UN High Commissioner on Refugees, Geneva, 2014; Kramer, T., Jensema, E., Jelsma, M. and Blickman, T., 'Bouncing Back: Relapse in the Golden Triangle', Transnational Institute, Amsterdam, 2014, <http://www.tni.org/files/download/tni-2014-bouncingback-web-klein.pdf>. Rincón-Ruiz, A. and Kallis, G., 'Caught in the middle, Colombia's war on drugs and its effects on forest and people', *Geoforum*, 2013, 46, pp. 60–78, <http://www.sciencedirect.com/science/article/pii/S0016718512002837>.
 32. Rincón-Ruiz, A. and Kallis, G., 'Caught in the middle, Colombia's war on drugs and its effects on forest and people', *Geoforum*, 2013, 46, pp. 60–78, <http://www.sciencedirect.com/science/article/pii/S0016718512002837>; Dion, M.L. and Russler, C., 'Eradication Efforts, the State, Displacement and Poverty: Explaining Coca Cultivation in Colombia during Plan Colombia', *Journal of Latin American Studies*, vol. 40, no. 3 (August 2008), pp. 399–421, <http://michelledion.com/files/2008-Dion%20and%20Russler-JLAS.pdf>.
 33. Ibid.; Felbab-Brown, V., Jutkowitz, J.M., Rivas, S., Rocha, R., Smith, J.T., Supervielle, M. and Watson, C., 'Assessment of the implementation of the United States Government's support for plan Colombia's illicit crop reduction components', US Agency for International Development, Washington, DC, 2009, p. 29.
 34. Buxton, J., 'Drugs and development: The great disconnect' (Policy Report 2nd edition), Global Drug Policy Observatory, Swansea University, Swansea, 2015, p. 26, <http://www.swansea.ac.uk/media/The%20Great%20Disconnect.pdf>.
 35. World Bank, 'World Development Report', World Bank, Washington, DC, 2011, <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,,contentMDK:23256432~pagePK:478093~piPK:477627~theSitePK:477624,00.html>; Buxton, J., 'Drugs and development: The great disconnect' (Policy Report 2nd edition), Global Drug Policy Observatory, Swansea University, Swansea, 2015, <http://www.swansea.ac.uk/media/The%20Great%20Disconnect.pdf>.
 36. Buxton, J., 'Drugs and development: The great disconnect' (Policy Report 2nd edition), Global Drug Policy Observatory, Swansea University, Swansea, 2015, <http://www.swansea.ac.uk/media/The%20Great%20Disconnect.pdf>; Hymes, W. and Alimi, D., 'Why illicit drugs cannot be ignored in the post-2015 development agenda', Eighth Annual Conference of the International Society for the Study of Drug Policy, Rome, 2014, <https://drugpolicydebateradar.files.wordpress.com/2014/08/why-illicit-drugs-cannot-be-ignored-in-the-post-2015-development-agenda.pdf>.
 37. UNODC, 'Southeast Asia Opium Survey 2013', UNODC, Vienna, 2013, http://www.unodc.org/documents/crop-monitoring/sea/SEA_Opium_Survey_2013_web.pdf.
 38. CND, 'Outreach to new Stakeholders in the Field of Alternative Development, UNODC–GIZ Expert Group Meeting, 11–12 November 2013, Berlin, Germany', CND, Vienna, 2014, http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_57/E-CN7-2014-CRP07_V1401225_E.pdf.
 39. EU Presidency Paper, 'Key points identified by EU experts to be included in the conclusion of the open-ended intergovernmental expert working group on international cooperation on the eradication of illicit drug [crops] and on alternative development', Open-ended intergovernmental expert working group on international cooperation on the eradication of illicit drug crops and on alternative development, Vienna, 2–4 July 2008, UNODC/CND/2008/WG.3/CRP.4, http://www.undrugcontrol.info/images/stories/UNODC_CND2008WG3_CRP4.pdf.
 40. Buxton, J., 'Drugs and development: The great disconnect' (Policy Report 2nd edition), Global Drug Policy Observatory, Swansea University, Swansea, 2015, <http://www.swansea.ac.uk/media/The%20Great%20Disconnect.pdf>.
 41. Ibid.
 42. European Union, 'The EU Approach on Alternative Development', CORDROGUE 44, Publications Office of the European Union, Luxembourg, 2006, <http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%209597%202006%20INIT>; Buxton, J., 'Drugs and development: The great disconnect' (Policy Report 2nd edition), Global Drug Policy Observatory, Swansea University, Swansea, 2015, <http://www.swansea.ac.uk/media/The%20Great%20Disconnect.pdf>.

43. See, for example, EU Presidency Paper, 'Key points identified by EU experts to be included in the conclusion of the open-ended intergovernmental expert working group on international cooperation on the eradication of illicit drug [crops] and on alternative development', Open-ended intergovernmental expert working group on international cooperation on the eradication of illicit drug crops and on alternative development, Vienna, 2–4 July 2008, UNODC/CND/2008/WG.3/CRP.4, p. 5, http://www.undrugcontrol.info/images/stories/UNODC_CND2008WG3_CRP4.pdf; Youngers, C. and Walsh, J., 'Development First. A More Humane and Promising Approach to Reducing Cultivation of Crops for Illicit Markets', Washington Office on Latin America, Washington, DC, 2011, http://www.wola.org/sites/default/files/downloadable/Drug%20Policy/2010/WOLA_RPT_Development_web_FNL.pdf; Kramer, T., Jensema, E., Jelsma, M. and Blickman, T., 'Bouncing Back: Relapse in the Golden Triangle', Transnational Institute, Amsterdam, 2014, <http://www.tni.org/files/download/tni-2014-bouncingback-web-klein.pdf>; CND, 'Outreach to new Stakeholders in the Field of Alternative Development, UNODC–GIZ Expert Group Meeting, 11–12 November 2013, Berlin, Germany', CND, Vienna, 2014, http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_57/E-CN7-2014-CRP07_V1401225_E.pdf. See also Government of Colombia and FARC, 'Draft general agreement for the termination of the conflict and the construction of a stable and lasting peace in Colombia, agreement on point no. 4 of the agenda, Solution to the illicit drugs problem', Joint Communication No. 36, Havana, 16 May 2014, <http://www.pazfarc-ep.org/index.php/acuerdo-tema-drogas> (draft agreement between the Government of Colombia and FARC stressing the need for a comprehensive approach to address the root causes and consequences of the drug phenomenon to improve the well-being of the communities and territories affected by the cultivation and trafficking of illicit drugs).
44. UNODC, 'World Drug Report', UNODC, Vienna, 2014, http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf. As UNODC has noted, there is no standard definition of 'problem drug use'. It may include people who engage in high-risk consumption of drugs (such as people who inject drugs) and/or people who are drug-dependent (Ibid., executive summary).
45. UNODC, 'World Drug Report', UNODC, Vienna, 2014, http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf. Injecting drug use has been reported in 158 States and territories throughout the world, with the majority of injectors living in China, the United States and the Russian Federation. Injection drug use is highly stigmatized and often hidden, and population size estimates are difficult to ascertain. Harm Reduction International, 'The Global State of Harm Reduction 2014', Harm Reduction International, London, 2015.
46. UNAIDS, 'The Gap Report', UNAIDS, Geneva, 2014, p. 173, http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf.
47. Harm Reduction International, 'The Global State of Harm Reduction 2012', Harm Reduction International, London, 2012.
48. UNODC, 'World Drug Report', UNODC, Vienna, 2014, http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf.
49. Azim, T., Bontell, I. and Strathdee, S.A., 'Women, drugs and HIV', *International Journal of Drug Policy*, 2015, 26, S16–21, <http://www.sciencedirect.com/science/article/pii/S0955395914002655>; Strathdee, S.A. and Stockman, J.K., 'Epidemiology of HIV among injecting and non-injecting drug users: Current trends and implications for interventions', *Current HIV/AIDS Reports*, 2010, 7(2), 99–106.
50. WHO, 'Community Management of Opioid Overdose', WHO, Geneva, 2014, http://www.who.int/substance_abuse/publications/management_opioid_overdose/en/; UNODC and WHO, 'Opioid Overdose: Preventing and Reducing Opioid Overdose Mortality', UNODC, Vienna, and WHO, Geneva, 2013, <http://www.unodc.org/docs/treatment/overdose.pdf>.
51. UNODC and WHO, 'Opioid Overdose: Preventing and Reducing Opioid Overdose Mortality', UNODC, Vienna, and WHO, Geneva, 2013, p. 5, <http://www.unodc.org/docs/treatment/overdose.pdf>.
52. WHO, 'Community Management of Opioid Overdose', WHO, Geneva, 2014, p. 3, http://www.who.int/substance_abuse/publications/management_opioid_overdose/en/.
53. UNODC and WHO, 'Opioid Overdose: Preventing and Reducing Opioid Overdose Mortality', UNODC, Vienna, and WHO, Geneva, 2013, p. 6, <http://www.unodc.org/docs/treatment/overdose.pdf>.
54. Harm Reduction International, 'The Global State of Harm Reduction 2014', Harm Reduction International, London, 2015, <http://www.ihra.net/files/2015/02/16/GSHR2014.pdf>.
55. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 'New psychoactive substances in Europe. An update from the EU Early Warning System', EMCDDA, Lisbon, 2015, <http://www.emcdda.europa.eu/publications/2015/new-psychoactive-substances>.
56. Bewley-Taylor, D., Trace, M. and Stevens, A., 'Incarceration of drug offenders: costs and impacts', Beckley Foundation Drug Policy Programme, Briefing Paper No. 7, Beckley Foundation, Oxford, 2005, http://www.academia.edu/2835091/Incarceration_of_drug_offenders_Costs_and_impacts.
57. Jürgens, R., Nowak, M. and Day, M., 'HIV and incarceration: Prisons and detention', *Journal of the International AIDS Society*, 2011, 14(26). doi:10.1186/1758-2652-14-26.

58. WHO, UNODC and UNAIDS, 'Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users', WHO, UNODC and UNAIDS, Vienna, 2012, http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf.
59. UNODC, 'World Drug Report', UNODC, Vienna, 2014, http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf; Harm Reduction International, 'The Global State of Harm Reduction 2014', Harm Reduction International, London, 2015, <http://www.ihra.net/files/2015/02/16/GSHR2014.pdf>.
60. Harm Reduction International, 'The Global State of Harm Reduction' 2014, Harm Reduction International, London, 2015, <http://www.ihra.net/files/2015/02/16/GSHR2014.pdf>.
61. Cook, C., Bridge, J., McLean, S., Phelan, M. and Barrett, D., 'The Funding Crisis in Harm Reduction', Harm Reduction International, London, 2014, http://www.ihra.net/files/2014/09/22/Funding_report_2014.pdf; London School of Economics, 'Ending the drug wars: Report of the LSE Expert Group on the Economics of Drug Policy', London School of Economics, London, 2014, <http://www.lse.ac.uk/IDEAS/publications/reports/pdf/LSE-IDEAS-DRUGS-REPORT-FINAL-WEB.pdf>; Dutta, A., Wirtz, A., Stanciole, A. et al., 'The global HIV epidemics among people who inject drugs', World Bank, Washington, DC, 2013; Craig, A.P., Henderson, K., Thein, H. et al., 'Spending of HIV resources in Asia and Eastern Europe: systematic review reveals the need to shift funding allocations towards priority populations', *Journal of the International AIDS Society*, <http://www.ncbi.nlm.nih.gov/pubmed/24572053>.
62. WHO, 'Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations', WHO, Geneva, 2014, <http://www.who.int/hiv/pub/guidelines/keypopulations/en/#>.
63. Global Commission on HIV and the Law, 'HIV and the Law: Risk, Rights & Health', Global Commission HIV and the Law, New York, 2012, <http://hivlawcommission.org/>.
64. The UN drug conventions require State Parties to adopt measures to criminalize possession of controlled substances other than for medical or scientific purposes. (1961 Convention, Arts. 4, 33, 35, 36; 1971 Convention, Arts. 21, 22; 1988 Convention, Art. 3). The 1988 Convention requires each State Party to establish possession, purchase or cultivation of drugs for personal consumption as criminal offences, subject to the "constitutional principles and basic concepts of the legal system" (1988 Convention, Art. 3(2)). States may provide measures for treatment, education, rehabilitation, aftercare or social reintegration as alternatives for conviction or punishment for possession, purchase or cultivation of drugs for personal use and in "appropriate cases of a minor nature" (Ibid. Arts. 3(4) (c, d)).
65. Rosmarin, A. and Eastwood, N., *A Quiet Revolution. Drug Decriminalisation Policies in Practice across the Globe*, Release, London, 2012, <http://www.countthecosts.org/sites/default/files/release-quiet-revolution-drug-decriminalisation-policies.pdf>.
66. Ibid.; Transnational Institute, 'Milestones on Drug Law Reform in Colombia, 1994-2012', http://www.undrugcontrol.info/images/stories/SummaryDrugLawRef_Colombia.pdf.
67. Degenhardt, L., Chiu, W.-T., Sampson, N., Kessler, R.C., Anthony, J.C., Angermeyer, M. and Wells, J.E., 'Toward a global view of alcohol, tobacco, cannabis, and cocaine use: Findings from the WHO World Mental Health Surveys', *PLoS Medicine*, 2008, 5(7): e141. doi:10.1371/journal.pmed.0050141; European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 'Threshold quantities for drug offences', EMCDDA, Lisbon, 2010, <http://www.emcdda.europa.eu/html.cfm/index99321EN.html>.
68. Hughes, C.E. and Stevens, A., 'What can we learn from the Portuguese decriminalization of illicit drugs?', *British Journal of Criminology*, 2010, 50, (6): 999–1022. doi: 10.1093/bjc/azq038.
69. UN Committee on Economic, Social and Cultural Rights, 'General Comment No. 14: The right to the highest attainable standard of health', UN Doc. E/C.12/2000/4, United Nations, New York, 2000, para. 43(d).
70. WHO, 'WHO Model List of Essential Medicines: 18th List', WHO, Geneva, 2013, pp. 1, 2, 32, http://www.who.int/medicines/publications/essentialmedicines/18th_EML_Final_web_8Jul13.pdf; United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs, 'Single convention on narcotic drugs, preamble 1961' [as amended by the 1972 protocol], United Nations, New York, 1962; INCB, 'Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes', INCB, Vienna, 2010, https://www.incb.org/documents/Publications/AnnualReports/AR2010/Supplement-AR10_availability_English.pdf.
71. WHO, 'Achieving Balance in National Opioids Control Policy', WHO, Geneva, 2000, http://whqlibdoc.who.int/hq/2000/who_edm_qsm_2000.4.pdf; WHO, 'Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence', WHO, Geneva, 2009, pp. xiv, 7, 11, http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf.
72. UNAIDS, 'The Gap Report', UNAIDS, Geneva, 2014, http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf.
73. INCB, 'Report of the International Narcotics Control Board for 2014', INCB, Vienna, 2015, https://www.incb.org/documents/Publications/AnnualReports/AR2014/English/AR_2014.pdf; WHO, 'Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines', WHO, Geneva, 2011, http://whqlibdoc.who.int/publications/2011/9789241564175_eng.pdf?ua=1.

74. CND, 'Making drug control fit for purpose: Building on the UNGASS decade', UN Doc. No. E/CN.7/2008/CRP.17, CND, Vienna, 2008; see also UNODC, 'World Drug Report', UNODC, Vienna, 2008, http://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf.
75. UNODC, 'World Drug Report—Volume 1: Analysis', UNODC, Vienna, 2005, http://www.unodc.org/pdf/WDR_2005/volume_1_web.pdf. The wholesale valuation for the drugs market is higher than the global equivalent for cereals, wine, beer, coffee and tobacco combined (Ibid., p. 17).
76. Rolles, S., Murkin, G., Powell, M., Kushlick, D. and Slater, J., 'The Alternative Drug Report: Counting the Costs of the War on Drugs', Transform Drug Policy Foundation, Bristol, 2012, pp. 22–30, <http://www.unodc.org/documents/ungass2016//Contributions/Civil/Count-the-Costs-Initiative/AWDR.pdf>; Rios, V., 'Evaluating the Economic Impact of Drug Traffic in Mexico', manuscript, Department of Government, Harvard University, Cambridge, MA, 2008.
77. Robles, G., Calderon, G. and Magaloni, B., 'Las Consecuencias Económicas de la Violencia del Narcotráfico en México', Stanford University, Stanford, CA, 2013, http://www.iadb.org/es/investigacion-y-datos/detalles-de-publicacion,3169.html?pub_id=IDB-WP-426.
78. UNGA, 'Background note of the Thematic Debate of the 66th session of the United Nations General Assembly on Drugs and Crime as a Threat to Development', United Nations, New York, 2012.
79. UNODC, 'Estimating illicit financial flows resulting from drug trafficking and other transnational organized crimes', UNODC, Vienna, 2011.
80. UNODC, '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', UNODC, Vienna, 2008, <http://evolvecms.webfreelancersuk.co.uk/sites/default/files/Making%20drug%20control%20fit%20for%20purpose%20-%20Building%20on%20the%20UNGASS%20decade.pdf>; UNODC, 'World Drug Report', UNODC, Vienna, 2008, http://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf.
81. UNODC, 'Estimating illicit financial flows resulting from drug trafficking and other transnational organized crimes', UNODC, Vienna, 2011.
82. Gyomai, G. and van de Ven, P., 'The Non-Observed Economy in the System of National Accounts', OECD Statistics Brief, OECD, Paris, 2014, <http://www.oecd.org/std/na/Statistics%20Brief%2018.pdf>.
83. Organization of American States, 'The Drug Problem in the Americas. Studies: Drugs and Development', Organization of American States, Washington, DC, 2013, http://www.cicad.oas.org/drogas/elinforme/informeDrogas2013/drugsDevelopment_ENG.pdf.
84. US Office of National Drug Control Policy, 'The Economic Costs of Drug Abuse in the United States, 1992–2002', US Office of National Drug Control Policy, Washington, DC, 2004.
85. UNGA, 'Background note of the Thematic Debate of the 66th session of the United Nations General Assembly on Drugs and Crime as a Threat to Development', United Nations, New York, 2012.
86. Organization of American States, 'The Drug Problem in the Americas. Introduction and Analytical Report', Organization of American States, Washington, DC, 2013; Kramer, T., Jensema, E., Jelsma, M. and Blickman, T., 'Bouncing Back: Relapse in the Golden Triangle', Transnational Institute, Amsterdam, 2014, pp. 24–25, <http://www.tni.org/files/download/tni-2014-bouncingback-web-klein.pdf>; West Africa Commission on Drugs, 'Not Just in Transit: Drugs, the State and Society in West Africa', West Africa Commission on Drugs, Geneva, 2014, <http://www.wacommissionondrugs.org/report/>.
87. Ibid.
88. Ibid.
89. United Nations International Drug Control Programme (UNDCP), 'Technical Series Report #6: Economic and Social Consequences of Drug Abuse and Illicit Trafficking', UNDCP, New York, 1998, p. 39.
90. Organization of American States, 'The Drug Problem in the Americas. Studies: Drugs and Development', Organization of American States, Washington, DC, 2013, http://www.cicad.oas.org/drogas/elinforme/informeDrogas2013/drugsDevelopment_ENG.pdf.
91. Rios, V., 'Evaluating the Economic Impact of Drug Traffic in Mexico', manuscript, Department of Government, Harvard University, Cambridge, MA, 2008; West Africa Commission on Drugs, 'Not Just in Transit: Drugs, the State and Society in West Africa', West Africa Commission on Drugs, Geneva, 2014, <http://www.wacommissionondrugs.org/report/>.
92. World Bank, 'World Development Report', World Bank, Washington, DC, 2011, <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,,contentMDK:23256432~pagePK:478093~piPK:477627~theSitePK:477624,00.html>.
93. Organization of American States, 'The Drug Problem in the Americas. Studies: Drugs and Development', Organization of American States, Washington, DC, 2013, http://www.cicad.oas.org/drogas/elinforme/informeDrogas2013/drugsDevelopment_ENG.pdf; World Bank, 'World Development Report', World Bank, Washington, DC, 2011, <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,,contentMDK:23256432~pagePK:478093~piPK:477627~theSitePK:477624,00.html>.

94. Organization of American States, 'The Drug Problem in the Americas. Studies: Drugs and Development', Organization of American States, Washington, DC, 2013, http://www.cicad.oas.org/drogas/elinforme/informeDrogas2013/drugsDevelopment_ENG.pdf.
95. World Bank, 'World Development Report', World Bank, Washington, DC, 2011, <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,,contentMDK:23256432~pagePK:478093~piPK:477627~theSitePK:477624,00.html>.
96. See, for example, Keefer, P. and Loayza, L. (eds.), *Innocent bystanders: Developing countries and the war on drugs*, World Bank and Palgrave Macmillan, New York, 2010; World Bank, 'World Development Report', World Bank, Washington, DC, 2011, <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,,contentMDK:23256432~pagePK:478093~piPK:477627~theSitePK:477624,00.html>; West Africa Commission on Drugs, 'Not Just in Transit: Drugs, the State and Society in West Africa', West Africa Commission on Drugs, Geneva, 2014, <http://www.wacommissionondrugs.org/report/>; Olukosh, A.O., 'Drug trafficking and its impact on governance in West Africa', WACD Background Paper No. 3, West Africa Commission on Drugs, Geneva, 2014, <http://www.wacommissionondrugs.org/wp-content/uploads/2013/07/Drug-Trafficking-and-its-impact-on-Governance-in-West-Africa-Final-Version-2013-06-24.pdf>.
97. UNDP, 'Informe Regional de Desarrollo Humano 2013–2014, Seguridad Ciudadana con Rostro Humano: diagnóstico y propuestas para América Latina', UNDP, New York, 2013, pp. 33, 77–78, <http://www.latinamerica.undp.org/content/dam/rblac/img/IDH/IDH-AL%20Informe%20completo.pdf>.
98. Mannava, P., Zegenhagen, S., Crofts, N., Malik, D., Agarwal, A., Thomson, N. and Baldwin, S., 'Dependent on development: The interrelationships between illicit drugs and socioeconomic development', Nossal Institute for Global Health, Melbourne, 2010, <http://reformdrugpolicy.com/wp-content/uploads/2011/09/Dependent-on-Development.pdf>.
99. World Bank, 'World Development Report', World Bank, Washington, DC, 2011, <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,,contentMDK:23256432~pagePK:478093~piPK:477627~theSitePK:477624,00.html>; Rolles, S., Murkin, G., Powell, M., Kushlick, D. and Slater, J., 'The Alternative Drug Report: Counting the Costs of the War on Drugs', Transform Drug Policy Foundation, Bristol, 2012, <http://www.unodc.org/documents/ungass2016//Contributions/Civil/Count-the-Costs-Initiative/AWDR.pdf>.
100. Organization of American States, 'Report on the Drug Problem in the Americas: Scenarios for the drug problem in the Americas 2013–2025', Organization of American States, Washington, DC, 2013, p.31.
101. UNDP, 'Informe Regional de Desarrollo Humano 2013–2014, Seguridad Ciudadana con Rostro Humano: diagnóstico y propuestas para América Latina', UNDP, New York, 2013, pp. 123–126, <http://www.latinamerica.undp.org/content/dam/rblac/img/IDH/IDH-AL%20Informe%20completo.pdf>.
102. See, for example, Human Rights Watch, 'Nation Behind Bars: A Human Rights Solution', Human Rights Watch, New York, 2014, <http://www.hrw.org/news/2014/05/06/us-nation-behind-bars>; Metaal, P. and Youngers, C. (eds.), 'Systems Overload: Drug Laws and Prisons in Latin America', Transnational Institute and the Washington Office on Latin America, Amsterdam, 2011.
103. Ibid. See also Open Society Foundations, 'Presumption of guilt: The overuse of pretrial detention', Open Society Foundations, New York, 2014, <http://www.opensocietyfoundations.org/publications/presumption-guilt-global-overuse-pretrial-detention>.
104. CND and Commission on Crime Control and Criminal Justice, 'Drug control, crime prevention and criminal justice: A Human Rights perspective. Note by the Executive Director', E/CN.7/2010/CRP.6–E/CN.15/2010/CRP, CND, Vienna, 3 March 2010, paras. 3, 4.
105. Barrett, D. and Nowak, M., 'The United Nations and drug policy: Towards a human rights- based approach', in A. Constantinides and N. Zaikos (eds.), *The Diversity of International Law: Essays in Honour of Professor Kalliopi K. Koufa*, Brill/Martinus Nijhoff, Leiden, 2009, pp. 449–477, http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1461445.
106. See, for example, Human Rights Watch, 'Nation Behind Bars: A Human Rights Solution', Human Rights Watch, New York, 2014, <http://www.hrw.org/news/2014/05/06/us-nation-behind-bars>; Drug Policy Alliance, 'The Drug War, Mass Incarceration, and Race', Drug Policy Alliance, New York, 2015.
107. Uprimny, R., Guzmán, D.E. and Norato, J.P., 'La Adicción Punitiva: La desproporción de leyes de drogas en América Latina', Centro de Estudios de Justicia, Derecho y Sociedad—Dejusticia, Bogotá, 2012; World Bank, 'World Development Report', World Bank, Washington, DC, 2011, <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,,contentMDK:23256432~pagePK:478093~piPK:477627~theSitePK:477624,00.html>.
108. UNDP, 'Informe Regional de Desarrollo Humano 2013–2014, Seguridad Ciudadana con Rostro Humano: diagnóstico y propuestas para América Latina', UNDP, New York, 2013, pp. 123–126, <http://www.latinamerica.undp.org/content/dam/rblac/img/IDH/IDH-AL%20Informe%20completo.pdf>.
109. Human Rights Watch, 'Nation Behind Bars: A Human Rights Solution', Human Rights Watch, New York, 2014, <http://www.hrw.org/news/2014/05/06/us-nation-behind-bars>.
110. Metaal, P. and Youngers, C. (eds.), 'Systems Overload: Drug Laws and Prisons in Latin America', Transnational Institute and the Washington Office on Latin America, Amsterdam, 2011.

111. Amon, J.J., Pearshouse, R., Cohen, J.E. and Schleifer, R., 'Compulsory drug detention in East and Southeast Asia: Evolving government, UN and donor responses', *International Journal of Drug Policy*, 2014, 25(1), 13–20, <http://www.ijdp.org/article/S0955-3959%2813%2900093-5/abstract>.
112. Ibid. See also Schleifer, R. and Elliott, E., 'Torturous "Treatment"? Assessing Government and Donor Responsibilities for Abuses in Drug Detention Centers from a Human Rights Perspective', in *Torture in Healthcare Settings: Reflections on the Special Rapporteur on Torture's 2013 Thematic Report*, American University Washington College of Law, Washington, DC, 2014, <http://antitorture.org/torture-in-healthcare-publication/>.
113. United Nations, 'Joint Statement: Compulsory Drug Detention and Rehabilitation Centres', United Nations, New York, 2012, http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf.
114. UNODC and WHO, 'Principles of Drug Dependence Treatment', Discussion Paper, UNODC, Vienna, and WHO, Geneva, 2008, <http://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf>.
115. Csete, J. and Tomasini-Joshi, D., 'Drug Courts: Equivocal Evidence on a Popular Intervention', Open Society Foundations, New York, 2015, <https://dl.dropboxusercontent.com/u/64663568/library/OSF-Drug-Courts-Report.pdf>.
116. Gallahue, P., Gunawan, R., Rahman, F., Karim, E.M., Najam, U.D. and Felton, R., 'The death penalty for drug offences. Global overview 2012: Tipping the scales for abolition', International Harm Reduction Association, London, 2012; UN agencies and human rights experts have affirmed this position.
117. Some 2800 people were extrajudicially executed in the first three months of Thailand's 2003 'war on drugs' campaign, at least half of whom had no connection whatsoever to drugs. According to a 2007 investigation, of 2819 people killed between February and April 2003, more than 1400 were unrelated to drug dealing or had no apparent reason for their killings (Human Rights Watch, 'Thailand: Prosecute Anti-Drugs Police Identified in Abuses', Human Rights Watch, New York, 7 February 2008, <http://hrw.org/english/docs/2008/02/07/thaila17993.htm>).
118. United Nations Human Rights Council, 'Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions', UN Doc. A/HRC/14/24/Add.6, United Nations Human Rights Council, Geneva, 2010, <http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.24.Add6.pdf>.
119. UN Human Rights Committee, 'General Comment No. 14 on the right to health', UN Human Rights Committee, Geneva, 2000, para. 50.
120. UNGA, 'International Covenant on Economic, Social and Cultural Rights', UNGA, New York, 1976, art. 12(2) (cod), <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
121. UN Human Rights Committee, 'General Comment No. 6: The Right to Life', article 6, UN Doc. HRI\GEN\1\Rev.1, UN Human Rights Committee, Geneva, 1982, para. 5.
122. Global Commission on HIV and the Law, 'HIV and the Law: Risks, Rights & Health', Global Commission on HIV and the Law, New York, 2012.
123. Azim, T., Bontell, I. and Strathdee, S.A., 'Women, drugs and HIV', *International Journal of Drug Policy*, 2015, 26, S16–21, <http://www.sciencedirect.com/science/article/pii/S0955395914002655>.
124. Ibid.
125. Ibid.
126. Norway, 'Law on Municipal Health Care M.M', 10.2–10.4, Government of Norway, Oslo, 2011, https://lovdata.no/dokument/NL/lov/2011-06-24-30#KAPITTEL_10; Paltrow, L. and Flavin, J., 'The policy and politics of reproductive health: Arrests of and forced interventions on pregnant women in the United States, 1973–2005: Implications for women's legal status and public health', *Journal of Health Politics, Policy and Law*, 2013, 38. doi:10.1215/03616878-1966324.
127. Kramer, T., Jensema, E., Jelsma, M. and Blickman, T., 'Bouncing Back: Relapse in the Golden Triangle', Transnational Institute, Amsterdam, 2014, p.90, <http://www.tni.org/files/download/tni-2014-bouncingback-web-klein.pdf>.
128. Ibid., p. 56.
129. UNDP, 'Informe regional de desarrollo humano 2013–2014, Seguridad ciudadana con rostro humano: Diagnóstico y propuestas para América Latina', UNDP, New York, 2013; Harm Reduction International, 'Cause for Alarm: The Incarceration of Women for Drug Offences in Europe and Central Asia, and the need for Legislative and Sentencing Reform', Harm Reduction International, London, 2012.
130. Metaal, P. and Youngers, C. (eds.), 'Systems Overload: Drug Laws and Prisons in Latin America', Transnational Institute and the Washington Office on Latin America, Amsterdam, 2011.

131. Mannava, P., Zegenhagen, S., Crofts, N., Malik, D., Agarwal, A., Thomson, N. and Baldwin, S., 'Dependent on development: The interrelationships between illicit drugs and socioeconomic development', Nossal Institute for Global Health, Melbourne, 2010, <http://reformdrugpolicy.com/wp-content/uploads/2011/09/Dependent-on-Development.pdf>.
132. United Nations Department of Economic and Social Affairs (UNDESA), 'The State of the World's Indigenous Peoples', UNDESA, New York, 2010.
133. Barrett, D. (ed.), *Children of the Drug War. Perspectives on the Impact of Drug Policies on Young People*, The International Debate Education Association, New York, 2011.
134. Inter-American Commission on Women, 'Women and Drugs in the Americas: A policy working paper', Inter-American Commission on Women, Washington, DC, 2014, <http://www.oas.org/es/cim/docs/WomenDrugsAmericas-EN.pdf>.
135. Keefer, P. and Loayza, L. (eds.), *Innocent bystanders: Developing countries and the war on drugs*, World Bank and Palgrave Macmillan, New York, 2010, p. 287.
136. Ibid.
137. Ibid.
138. Ibid.
139. Kramer, T., Jensema, E., Jelsma, M. and Blickman, T., 'Bouncing Back: Relapse in the Golden Triangle', Transnational Institute, Amsterdam, 2014, pp. 24–25, <http://www.tni.org/files/download/tni-2014-bouncingback-web-klein.pdf>.
140. Ibid.; Rincón-Ruiz, A. and Kallis, G., 'Caught in the middle, Colombia's war on drugs and its effects on forest and people', *Geoforum*, 2013, 46, 60–78, <http://www.sciencedirect.com/science/article/pii/S0016718512002837>.
141. Rincón-Ruiz, A. and Kallis, G., 'Caught in the middle, Colombia's war on drugs and its effects on forest and people', *Geoforum*, 2013, 46, 60–78, <http://www.sciencedirect.com/science/article/pii/S0016718512002837>, citing studies.
142. Keefer, P. and Loayza, L. (eds.), *Innocent bystanders: Developing countries and the war on drugs*, World Bank and Palgrave Macmillan, New York, 2010. See also UNODC, 'World Drug Report', UNODC, Vienna, 2005, http://www.unodc.org/pdf/WDR_2005/volume_1_web.pdf.
143. See, for example, Thongprakaisang, S., Thiantanawat, A., Rangkadilok, N., Suriyo, T. and Satayavivad, J., 'Glyphosate Induces Human Breast Cancer Cells Growth Via Estrogen Receptors', *Food and Chemical Toxicology*, 2013, 59, 129–136, <http://connectweb.com.au/media/MediaLibrary/9618/Glyphosate-induces-human-breast-cancer-cells-growth-via-estrogen-receptors--2013.pdf>; Riley, P., Cotter, J., Contiero, M. and Watts, M., 'Herbicide Tolerance and GM crops. Why the world should be Ready to Round Up glyphosate', Greenpeace International, Amsterdam, and GM Freeze, Barnsley, 2011, http://www.gmfreeze.org/site_media/uploads/publications/Herbicide_tolerance_and_GM_crops_lo_res.pdf.
144. Guyton, K.Z., Loomis, D., Grosse, Y., El Ghissassi, F., Benbrahim-Tallaa, L., Guha, N., Scoccianti, C., Mattock, H. and Straif, K., on behalf of the International Agency for Research on Cancer Monograph Working Group, 'Carcinogenicity of tetrachlorvinphos, parathion, malathion, diazinon, and glyphosate', *Lancet Oncology*, 2015, vol. 16, no. 5, p. 490–491, [http://dx.doi.org/10.1016/S1470-2045\(15\)70134-8](http://dx.doi.org/10.1016/S1470-2045(15)70134-8).
145. Paul Hunt, oral remarks, 21 September 2007, Bogotá, Colombia; 'Report of the Special Rapporteur on the situation of human rights and fundamental freedoms of indigenous people, Rodolfo Stavenhagen, Mission to Colombia' (E/CN.4/2005/88/Add.2), 10 November 2004; UN Committee on the Rights of the Child, 'Concluding observations, Colombia' (CRC/C/COL/CO/3), 8 June 2006, para. 72; 'Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt. Preliminary note on the mission to Ecuador and Colombia', Addendum (A/HRC/7/11/Add.3) paras. 16, 20.
146. International Court of Justice, 'Press Release: Ecuador institutes proceedings against Colombia with regard to a dispute concerning the alleged aerial spraying by Colombia of toxic herbicides over Ecuadorian territory', No. 2008/5, International Court of Justice, The Hague, 1 April 2008, <http://www.icj-cij.org/docket/files/138/14470.pdf>; Organisation of American States, 'Press Release: At OAS, Ecuador presents complaint about Colombia's aerial spraying of herbicides along the border', 9 January 2007, http://www.oas.org/en/media_center/press_release.asp?sCodigo=E-005/07.
147. Organization of American States, 'World Drug Report, Analytical Report', Organization of American States, Washington, DC, p. 49; McSweeney, K. et al., 'Drug Policy as Conservation Policy: Narco-deforestation', *Science*, 343 (31 January 2014), 489–490; Allen, W., 'The fight to save Guatemala's Maya nature reserve from drug gangs', *The Guardian*, 8 October 2012, <http://www.theguardian.com/environment/2012/oct/08/guatemala-maya-nature-reserve-drug-gangs>.
148. United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs, 'Single Convention on Narcotic Drugs, 1961' [as amended by the 1972 protocol], United Nations, New York, 1962, para. 49(2).
149. United Nations, 'Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988', 1019 UNTS 27637, United Nations, New York, 1988, para. 14(2).

150. These include the International Convention on the Elimination of Racial Discrimination, the 2007 UN Declaration on the Rights of Indigenous Peoples, ILO Convention 169, the Indigenous and Tribal Peoples Convention 1989 and the UNESCO Convention for the Safeguarding of Intangible Cultural Heritage 2003.
151. Labate, B.C. and Cavnar, C. (eds.), *Prohibition, religious freedom, and human rights: Regulating traditional drug use*, Springer, Berlin, 2014.
152. UNDP, 'Informe regional de desarrollo humano 2013–2014, Seguridad ciudadana con rostro humano: Diagnóstico y propuestas para América Latina', UNDP, New York, 2013.
153. See, for example, UNDP, 'Legal Environment Assessment for HIV: An operational guide to conducting national legal, regulatory and policy assessments for HIV', UNDP, New York, 2014, <http://www.undp.org/content/dam/undp/library/HIV-AIDS/Governance%20of%20HIV%20Responses/UNDP%20Practical%20Manual%20LEA%20FINAL%20web.pdf>; Global Commission on HIV and the Law, 'HIV and the Law: Risks, Rights & Health', Global Commission on HIV and the Law, New York, 2012.
154. See, for example, UNODC's annual World Drug Reports.
155. Global Commission on Drug Policy, 'Taking Control: Pathways to Drug Policies that Work', Global Commission on Drug Policy, Vienna, 2014, http://static1.squarespace.com/static/53ecb452e4b02047c0779e59/t/540da6ebe4b068678cd46df9/1410180843424/global_commission_EN.pdf.
156. United Nations, 'The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet—Synthesis Report of the Secretary-General on the Post-2015 Agenda', United, New York, 2014, http://www.un.org/disabilities/documents/reports/SG_Synthesis_Report_Road_to_Dignity_by_2030.pdf.
157. Hollender, R. et al., 'Prescription for Failure: Examining the Drug Policy and Development Nexus. Shaping the UNGASS 2016 Discussion', Milano School of International Affairs, Management, and Urban Policy, The New School, and Observatory on Latin America, New York, 2014.
158. See UNODC, 'Drug policy provisions from the international drug control Conventions', UNODC, Vienna, 2014, http://www.unodc.org/documents/hlr/Drug_policy_provisions_from_the_international_drug_control_Conventions.pdf; INCB, 'Report of the International Narcotics Control Board for 2001', INCB, Vienna, 2002, para. 211, <https://www.incb.org/incb/en/publications/annual-reports/annual-report-2001.html>; INCB, 'Report of the International Narcotics Control Board for 2004', INCB, Vienna, 2005, para. 538, <https://www.incb.org/incb/en/publications/annual-reports/annual-report-2004.html>.
159. Ibid.
160. See UNODC, 'Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the high-level review of the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem', UNODC, Vienna, 2014, from <http://www.unodc.org/documents/hlr/V1388514e.pdf>.

Disclaimer

The views expressed in this publication do not necessarily represent those of the United Nations, including UNDP, or their Member States.

Contact Information

Tenu Avafia, tenu.avafia@undp.org

For more information: <http://www.undp.org/content/undp/en/home/ourwork/hiv-aids/overview.html>

United Nations Development Programme

Bureau for Development Policy, HIV, Health & Development Group

304 East 45th Street, 11th Floor • New York NY, 10017 • United States of America