



Drug Policy and Development

Policy Brief

This policy brief captures the contemporary linkages between drug control and development policies at the international level. It first provides a brief overview of the impact of current drug control policies on sustainable development in a variety of areas, from public health to security. It then discusses the consequences of the illegal drug market, particularly in the form of budgetary and geographic displacement, threats to the rule of law, the size of the illegal market and its control by organized crime, and demand reduction policies and their effects on public health. The aim of this policy brief is both to summarize the current state of affairs and to provide the international community and national governments with a set of practical policy recommendations to deal with the unintended, yet continuous, negative consequences of current drug control efforts on development.

*This policy brief covers themes from “**Drugs and Development Policies: a discussion with the Global Commission on Drug Policy**”, an event hosted by the School of Public Policy on Monday 29 March 2021.*

Keywords: sustainable development, drug control, prohibition, governance, rule of law, organized crime, demand reduction

Foreword by Juan Manuel Santos, former President of Colombia, member of the Global Commission on Drug Policy, LSE alum

International drug control policies are founded on two basic objectives. First is the goal of eliminating the production, sale or use of addictive psychoactive substances for non-medical purposes. Second is the obligation for countries to deliver these same substances, in needed quantities, for medical uses in anaesthesia, pain relief or mental health therapies.

In the last sixty years, starting with the adoption of the Single convention on narcotic drugs, the first principle has been pursued at the expense of the second. Plants or synthetic drugs have been criminalised, consumers have been arrested or forced into rehabilitation, and governments have tried to confront criminal groups that largely control the drug trade, including in urban settings. Meanwhile, over 90 percent of the world's legitimate use of an essential controlled medicine, morphine, is concentrated in high-income countries, while the vast majority of the world's population has almost no access to its medical benefits.

As a result, human development objectives, strengthened through the sustainable development agenda and the urgent need for a fairer world, have increasingly come into conflict with the implementation of drug control policies. Based on repression and a global "war on drugs", efforts to stop illegal trafficking in drugs have frequently resulted in unintended negative consequences on an array of global development goals. Non-compliance with disproportionate, prohibition-based laws has fuelled erosion of the rule of law. The criminalisation of consumers has accelerated HIV and hepatitis C transmission among those who inject drugs. Prison overcrowding, virtually everywhere in the world, has been driven by the over incarceration of low-level actors in the illegal drugs market. These negative outcomes, alongside ever-increasing production, trafficking and consumption of illegal drugs, create major economic, social and political barriers to sustainable development, and strain global efforts to eradicate poverty.

To address these consequences, countries respond in their best international legal ability, by introducing policies to mitigate the most deleterious outcomes. These can come in various forms: harm reduction to minimise the burden of infectious diseases; decriminalisation of use is adopted that eases the disproportionate burden on criminal justice and corrections; money laundering and judicial cooperation to reinforce the fight against transnational criminal organizations; voluntary crop substitution and infrastructure programmes that have slowly offered alternatives to the cultivation of illicit crops for rural communities.

While they can be effective, these policies remain limited in scope, and address only the side-effects of the presence of drugs in society and the current repressive policies designed to control them. The market for illegal drugs remains a driver of violence, disease, and death, funnels illicit resources to criminal groups, corrupts and weakens institutions, and results in the violation of human rights. Discussion of how the world can adopt smarter responses to this phenomenon must remain high on the public agenda.

Current policies, which over rely on coercion, have not only proved inadequate in achieving the stated goal of eliminating illegal drug use, they have become major obstacles for our societies' hopes of achieving sustainable development.

Foreword by Andrés Velasco, Dean of the School of Public Policy at LSE

From time to time, public policy has to be re-evaluated using reliable data and up-to-date techniques. If the results are encouraging, with a positive impact on public welfare, the policy in question should be retained and perfected. If not, it should be discarded or replaced.

That is what we at schools of public policy teach our students. As future policy and political leaders, we encourage them to be bold and to act on the basis of rigorous analysis. Accepting that an approach has failed and needs to be changed is never easy –but it must be done.

This is true of the so-called war on drugs. The evidence is in, and it is overwhelming: conventional approaches have failed to make a dent on drug use and consumption. Even worse, unwanted side effects have created growth opportunities for organized crime, weakened states and governments, and fomented violence, diverting valuable human and financial resources that could have been deployed to combat other social ills.

A few data points highlight the inadequacy of the current approach in achieving its stated objectives: between 2010 and 2019, the number of reported drug users rose by 22 percent. Meanwhile, turnover in the illegal drugs market reached an estimated USD 500 billion in 2016, a significant increase from USD 320 a decade earlier.

This policy brief describes the unwanted consequences of standard drug-control policies as a balloon effect: pressing in one place often simply means that the air (or, in this case, the problem) is displaced somewhere else. Geographical displacement, for instance, can be seen in new cocaine trafficking patterns through West Africa rather than the traditional Central America/Caribbean routes, or when production spreads to neighbouring countries when control measures are tightened Peru, Bolivia or Colombia. Budgetary displacement is most apparent in the estimated USD 100 billion allocated to drug law enforcement each year –money that by definition is no longer available for social spending

The *de facto* monopoly created by prohibition not only offers profit opportunities for drug-trafficking organizations and mafia bosses; in weak or failed states, organized crime can step in and fill the "governance gap" by ensuring order and providing basic services to marginalized communities. This phenomenon can only get worse with the rise of crypto currencies and other financial and technological innovations, which are making money laundering and secure communications by organized crime easier by the day.

The policy implication, powerfully portrayed in this brief, is stark: conventional approaches have failed and the world needs something else. Instead of pursuing a drug-free world, the international community should focus on reducing the harms of illegal drugs and the unwanted side-effects of the war on drugs for consumers, producers and poor communities.

Cost/benefit analysts have done their job. Now political leaders must be bold and act on the basis of the evidence. We have delayed action for too long. The time is now.

1. Introduction

The international drug control regime sees the world through the lens of achieving "drug-free societies," in which punishment is thought to successfully shape human behaviour to prevent recreational drug use and limit it to medical and scientific use. This ambition, based on the premise that prohibition can dry up the demand and supply of illegal drugs, has been reaffirmed on several occasions since the late 1990s through four political declarations adopted by the international community in the span of the last 30 years. Yet the demand, supply and trafficking of drugs has steadily risen in that time.

This prohibition paradigm to control drugs, based almost solely on repressive policies to respond to the presence of drugs in society, has had a significant negative effect on the world's ability to achieve its development objectives. As defined by the UN in 2008 in what it referred to as the 'unintended' consequences of drug control, the international drug control regime –built with good intentions but delivered through repression– seems to be undermining the implementation of the sustainable development agenda and its 17 goals (SDGs).⁸ These 'unintended consequences' refer to the many harms of prohibition: policy and budgetary displacement for national governments, geographical displacement of production and consumption and violence from one place to another, and annual turnover in the illegal drugs market estimated at USD 500 billion.⁹ Evidence also suggests that repressive drug policies contribute to increased violence and insecurity through law enforcement confrontation with well-armed criminal groups, over incarceration and prison overcrowding, the spread of communicable diseases, stigma and discrimination, and the enrichment of criminal organizations.¹³

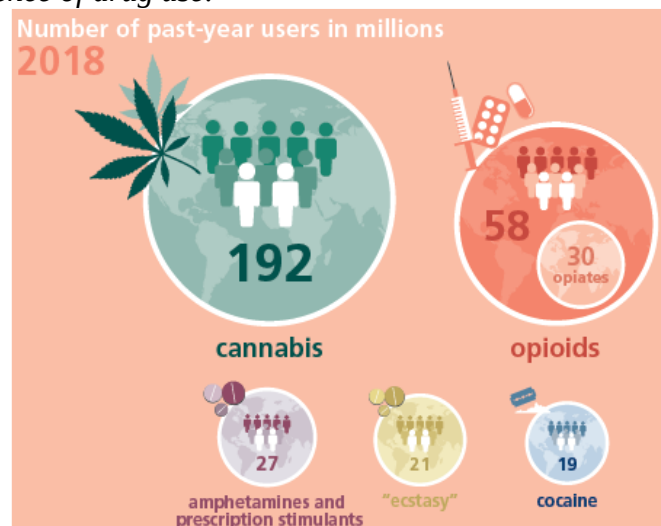
This policy brief draws on conclusions discussed under the auspices of the LSE SPP event "*Drugs and Development Policies: a discussion with the Global Commission on Drug Policy*" (29 March 2021). The goal of this brief is to respond to the following question: are development and drug control policies mutually reinforcing, or is current drug policy a barrier to development? This question has become only more pressing in recent years, with the adoption of the 2030 Agenda in 2015. This document thus looks into a range of development issues to identify the impact of current repressive drug policies on development outcomes, and to analyse to what extent select countries have been able to mitigate these effects.

As such, the brief aims to highlight the diverse ways that drug policies affect different stakeholders (consumers, farmers, producers, traffickers, couriers, etc.) and their communities. The criminalisation of drugs ensures that people involved in drug markets have little or no voice in public and political arenas, and are therefore often overlooked by development policies. This brief highlights these negative linkages between drug policy and development in the areas of public health, criminal justice and over incarceration, anti-organized crime responses and governmental policy displacements.

2. Drug policy and development: background

The international drug control regime was designed and is currently employed to achieve two functions that directly influence global development objectives. First, to ensure access to essential medicines made from banned substances for the enjoyment of medical benefits. Second, to end the scourge of dependency syndrome and the recreational use of psychoactive substances.¹ Putting this system into practice has been based on adoption at the national level of the global normative framework of drug control. Indeed, drug conventions are among the most widely ratified in world: the Single Convention on Narcotic Drugs of 1954 has been ratified by 113 countries, the Convention on Psychotropic Substances of 1971 by 113 countries, and the UN Convention against Illicit Trafficking of 1988 by 113 countries.²

*Infographic. Prevalence of drug use:*¹⁵



As a result, national drug policies approached drug control based mainly in terms of demand and supply reduction and through international judicial cooperation.³ Bilateral and regional cooperation against illegal drugs has also intensified with through the “war on drugs”, or the political and budgetary prioritisation of drug elimination through large-scale interdiction and repression.⁴

*Map. Global access to pain relief (percentage of needs met):*⁷



The latest data points to the incapacity of the international regime to achieve its stated objectives: in 2019, 275 million people were reported to have used drugs, a 22 percent increase from the 226 million consumers reported in 2010. Furthermore, an estimated 11 million people inject drugs, a number that has not appeared to decrease in the last decade.⁵ Turnover in the illegal drugs market reached an estimated USD 500 billion in 2016, a notable increase from USD 320 a decade before.⁶ Access to controlled medicines remains abysmally unequal, with an estimated 5.5 billion people—over 75 percent of the global population—suffering low to non-existent access to opioid analgesics. In the case of morphine, one of the most vital analgesics for treating moderate-to-severe pain, only 4 percent the total available for medical use is distributed to low and middle-income countries (10g per patient in palliative care in LMICs versus 47,600g in HICs).⁷ Though a number of factors limit access, including weak healthcare systems, pricing and the lack of training for clinicians, the international drug control regime is a primary driver of the undersupply of these medicines, which are controlled under the drug conventions.

Several other negative consequences on development, beyond health (SDG 3), include barriers to poverty alleviation (SDG 1), criminal justice, corruption and correctional policies (SDG 16), increased inequity (SDG 10), and unbalanced global partnerships focused on technical assistance and funding for drug law enforcement (SDG 17).⁸

*Infographic: The Sustainable Development Goals and drug policy reform:*⁸



In 2008, in an attempt to review the last century of international drug control—since the first-ever multilateral agreement on drug control at the 1909 Shanghai Opium Commission—the UN highlighted the successes of the international regime in “containing” illegal drug consumption in comparison with legal drugs (alcohol and tobacco mainly). But it also highlighted negative and unintended endogenous consequences of this same regime:⁹

1. The illegal drugs market
2. Policy displacement
3. Geographical displacement
4. Substance displacement
5. The marginalization of consumers

These consequences start by the existence of the illegal drug market itself, estimated to be worth between USD 426 and 652 billion,⁶ which primarily benefits organized crime. The scope of this market, based on a cash economy and the exchange of billions of dollars outside any regulated or legal market, has created major obstacles, barriers and risks to sustainable

development. These consequences have affected traditional producer, transit and consumer countries unequally, and impacted socioeconomic communities in different ways.

Drugs and Development Policies: a discussion with the Global Commission on Drug Policy, an event hosted by the School of Public Policy on Monday 29 March 2021:

On March 29, 2021, LSE SPP's Dean Andrés Velasco and Professor of Practice at the School of Public Policy Vanessa Rubio hosted a high-level virtual event with the Global Commission on Drug Policy to explore the development dimensions of drug control.

In a conversation with four former heads of state and current members of the Global Commission, representing the diverse concerns of four continents, the event focused on the design, implementation and outcomes of current drug policies; on the direct and indirect impact of these policies on other development objectives; and on best practices and policy solutions to mitigate their negative consequences.

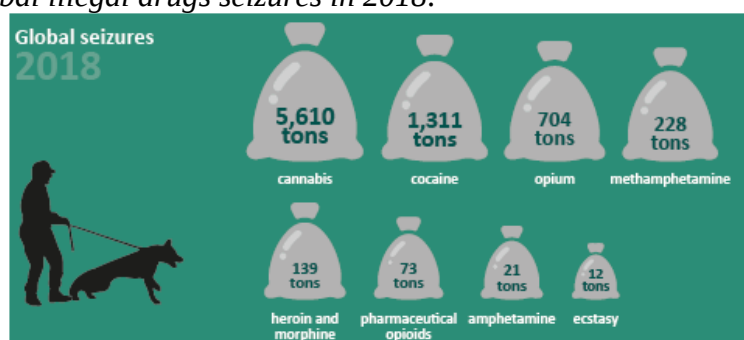
Helen Clark of New Zealand, Juan Manuel Santos of Colombia (LSE alum), Ruth Dreifuss of Switzerland and Kgalema Motlanthe of South Africa represented the Global Commission on Drug Policy.

The full event video, chaired by Dean Andrés Velasco, is available here:
<https://www.youtube.com/watch?v=Y49KftcaDAw&t=249s>

3. Drug control and public policies: budgets, displacements and the rule of law

One of the unintended consequences of the international drug control regime is geographical displacement, or the balloon effect. This idea suggests the mobility and relocation of the illegal drugs market and its associated violence, as production sites or transit routes move from areas of tighter control toward others where control is more lax.⁹ Examples of geographical displacement can be seen in recent cocaine trafficking through West Africa rather than the traditional Central America/Caribbean routes; or through the spread of production to neighbouring countries when control measures are tightened (such as declines and increases in coca and cocaine production in Peru, Bolivia and Colombia).¹⁰ Geographical displacement is due, in turn, partly to budgetary displacement, with political and funding priority given to drug law enforcement over other dimensions of drug control such as public health for consumers, alternative development programmes for subsistence farmers, or services in prisons and other detention facilities.

*Infographic. Global illegal drugs seizures in 2018:*¹⁵



Budgetary displacement is most apparent in the difference between local, regional and national governments' financial allocations to law enforcement compared to health services. Drug law enforcement is estimated to cost USD 100 billion¹¹ each year in public spending.

Meanwhile, UNAIDS estimated in 2011 that USD 1.5 billion per year would be enough to address the harm reduction needs to end HIV transmission among people who inject drugs worldwide (see section on demand reduction below).¹² Of this amount, only USD 131 million (2019) was funded (9% of the need, falling to 5% when accounting for UNAIDS' new funding framework to end AIDS as a public health threat by 2030, SDG 3.3).

Table. Comparing data on drug-related harm: 2011-present¹³

	2011 ¹⁴	Latest available data ¹⁵	Comparison
Drug use-related deaths	211,000	585,000 (2017)	↗ 177%
Prevalence of HIV among people who inject drugs	11.4% (1.6 million)	12.6% (1.4 million) (2018)	↗ 1.2%
Prevalence of hepatitis C among people who inject drugs	51% (7.2 million)	48% (5.5 million) (2018)	↘ 3%

Moreover, low- and middle-income countries, home to the majority of people who inject and/or are dependent on opioids, suffer from low-coverage of services and a lack of national or international funding.¹⁶ The USD 131 million of international funding designated for harm reduction pales in comparison, for example, to the annual USD 1.3 billion (2016) budget for US International Narcotics Control and Law Enforcement (INCLE), the funding mechanism of the State Department's counter-narcotics law enforcement programme.¹⁷

Drug laws prohibiting the production, use and consumption or manipulation of illegal drugs are among the most disregarded across the world. In 2019, 275 million people were reported to have used drugs for non-medical purposes.⁵ These data underrepresent drug use and its prevalence, since the numbers are based on people who have been arrested or contacted health or social systems, as reported by countries themselves.¹⁸ A large number of people who use illegal drugs in a non-problematic way and who are not apprehended do not appear in this global data. Despite underreporting due to fear of criminalisation, hundreds of millions of people skirt prohibition each year, raising direct questions about the objectives and implementation of current drug policies, as well as their short- and long-term effects on people's adherence to the rule of law more broadly.

Beyond consumers, traditional and subsistence farmers of illicit crops (coca, opium and cannabis) have benefitted, in some instances, from national alternative development programmes, which provide them with legal economic opportunities through legal crops and amnesty for prior offences. Civil society reports nevertheless suggest these programmes often advance the forced eradication of illicit crops rather than focusing on the sustainable development of the communities concerned. These programmes often prove unsuccessful in traditional producer countries, as a result of the economic barriers inherent in the geographic and administrative marginalization of these populations. Specifically, many of these communities lack mobility infrastructure, education facilities, health and other basic services, and are operating in an environment with limited economic opportunity and in the context of traditional/ancestral production of these plants.¹⁹ Here, Thailand and Bolivia have had better results. Though they pursue different strategies, both have included communities in the design and implementation of their policies, and pursued realistic mid- and long-term objectives.

While budgetary and geographic displacement has significant effects on sustainable development and economic integration, the international community and national authorities still inadequately address them. At the international level, aid focuses on drug law enforcement rather than the development dimensions of drug control, in direct opposition to the international community's obligations in the realms of justice (SDG16) and new global partnerships and development aid (SDG17).

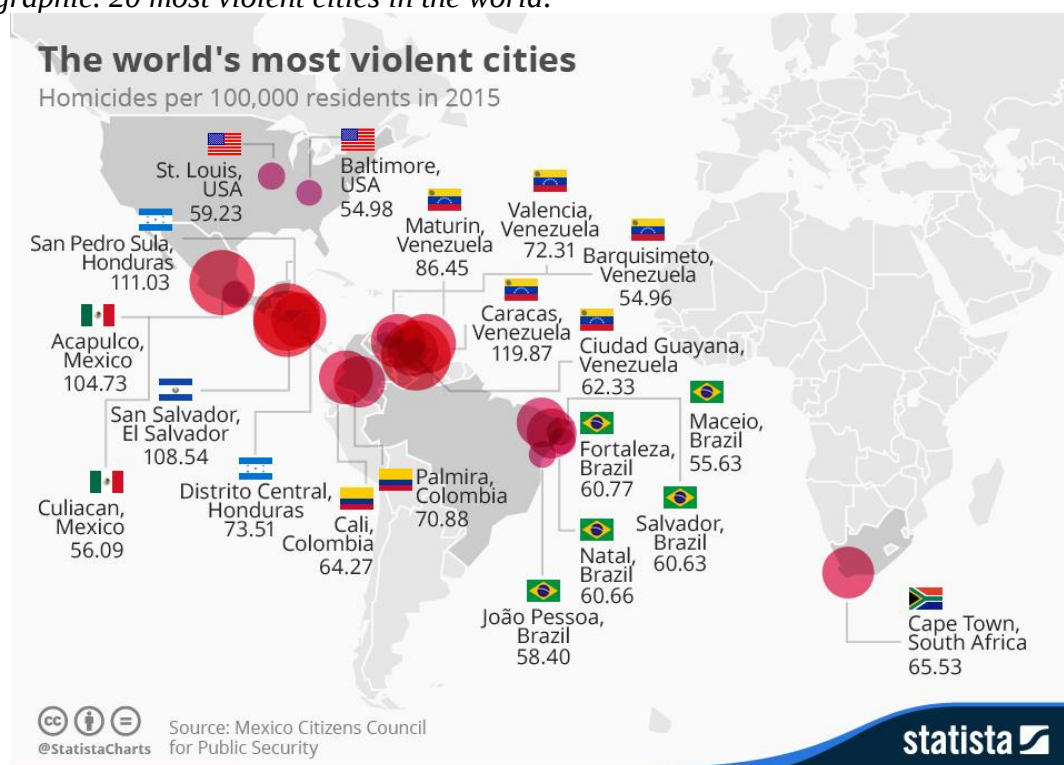
4. Fifty years of the war on drugs and the response to organized crime

Drug trafficking proceeds, in a market where USD 500 billion of estimated annual turnover benefits illegal and criminal actors,⁶ have created several shortcomings in the implementation of development policies. Powerful and wealthy organized crime organisations undermine public institutions, elected officials' legitimacy and the rule of law. This dynamic fuels violence, instability and corruption.

The illegal drug market has been shown to have negative effects on economic, social, environmental and political development, fuelling corruption, poverty and marginalisation.²⁰ It further concentrates international development aid on law enforcement and control activities, and away from other socioeconomic priorities (see previous section on policy displacement).

Furthermore, drug trafficking and criminal activity in the illegal drug trade generates more violence than any other illicit revenue stream.⁶ This violence is endogenous to the market as it ensures criminal organizations' control of transit and production territories, trafficking routes, and loyalty among their members. It also represents their means to address competition with other criminal organisations or against law enforcement. Of the 50 most violent cities in the world, 42 are in Latin America, following cocaine and heroin trafficking routes toward the US.²¹

Infographic. 20 most violent cities in the world:



Illegal drug markets also represent, in certain contexts, an economic development opportunity for populations with limited access to legal economies. Organized crime can substitute the welfare state, and fill the governance gap by ensuring order and providing basic services to geographically, ethnically or economically marginalized communities.²² This has proven the case in Brazilian favelas, where criminal organisations capitalise on state absence to recruit new members and control territories, where they serve as proxies for security forces and the judiciary.²⁰

Illicit financial flows, including drug trafficking proceeds, are difficult to estimate with accuracy. In Europe, where banking control is high, EUROPOL estimates that 99 percent of the illicit drug-related proceeds laundered are never recovered.²⁰ Myriad factors contribute directly to easing illegal drug money into the legal economy, and to reinforcing the dynamism of illicit economies. These range from cryptocurrencies and offshore companies and jurisdictions, to complicit authorities and financial institutions and currency smuggling.²⁰

The evolution, over the course of more than a decade, of trafficking routes, substances and consumption patterns has bolstered transnational organised crime groups' ability to operate. The former distinction between producer, transit and consumer countries is increasingly blurred, as the production of synthetic drugs increases in consumer countries, consumption rises in transit countries, and production is no longer constrained to traditional growing areas (such as opium production in Colombia and Mexico).²³ New drug trafficking routes have been used through West Africa and the Sahel for cocaine, and through the eastern coast of Africa for heroin.²⁴

In line with the fourth industrial revolution, the illegal drug market is also transitioning toward crypto spaces, through the dark net and the use of secure communications services by organised crime.²⁵ Reports suggest that these markets represent both a larger pool of potential clients for sellers, and protection from the violence and exposure associated with street dealing. Consumers reportedly use crypto drug markets for easy delivery, higher quality products and protection from law enforcement.²⁰

The response to transnational organised crime has been a failure of the current drug control regime, since the size of the illegal market, production of illegal drugs, their trade and consumption are all increasing. Drug-related and other organised crime activity directly threatens the pursuit of 15 of all Sustainable Development Goals (SDGs) and indirectly affects many more.²²

Drug policy, development and COVID-19:

The COVID-19 crisis resulted in a momentary and abrupt disruption of the illegal drug market, mostly due to lockdowns, related restrictions on free movement and border closures. Starting in March 2020, the early months of the COVID-19 pandemic disrupted the supply chains of illegal drugs through air transportation, while it increased through maritime routes. People who are dependent on drugs have reported decreasing quality in the illegal market, while some jurisdictions consider them particularly vulnerable populations to COVID-19 infection.²⁶ There were reported prison decongestion programmes for people arrested for drug-related offenses were put in place in response to the health emergency, but the size and effectiveness of these programs are difficult to estimate since disaggregated data is not available everywhere.²⁷ The illegal drug market stabilized following the first few months of the pandemic, and proved its resilience and adaptability to control measures in a time of crisis.

It is nevertheless anticipated that the economic effects of COVID-19 will result in increased production, trafficking and problematic consumption of illegal drugs. The drug market is already shifting, and key dimensions of drug policy and the illegal market in the future are coming into view: larger shipments of illegal drugs, expanded use of maritime routes and the transition of sellers and buyers to crypto markets.⁵

5. Demand reduction and sustainable development

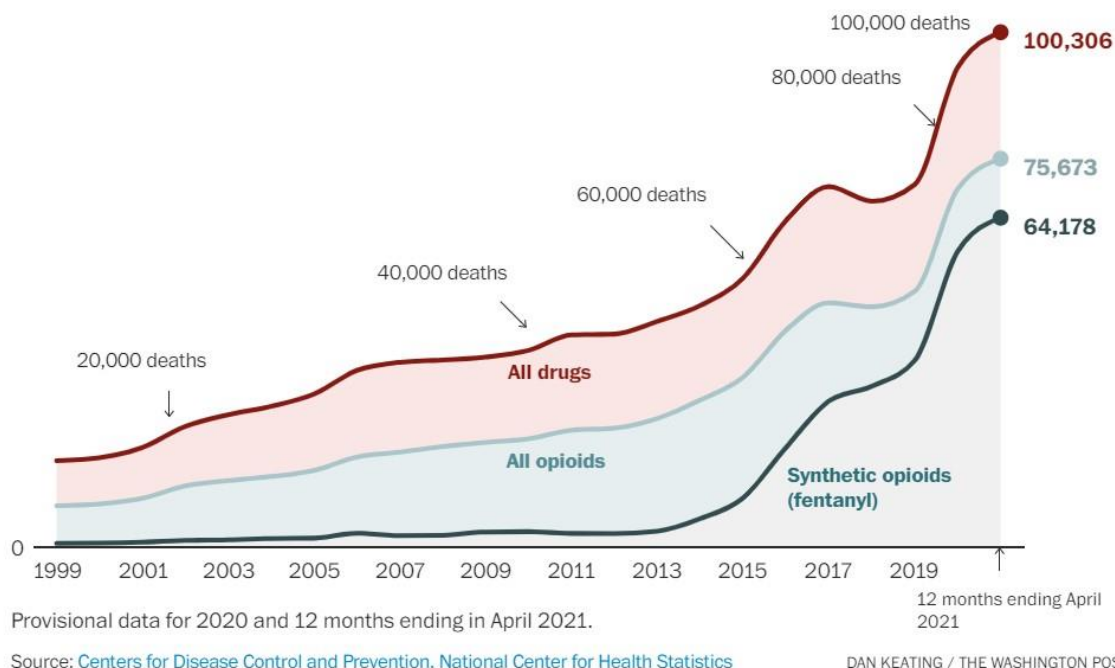
Until 1998, with the adoption of the demand reduction guiding principles by the UN General Assembly,²⁸ the international drug control system focused on supply reduction and international cooperation on criminal justice, expatriation and money laundering crimes. The aim was demand reduction through the criminalisation of drug use by international conventions and national laws. The use of coercion against consumers as a deterrent, with a focus on the criminalisation of drug production, sale and use, the prioritisation of prevention measures, or the induction of abstinence-based therapies, were then adopted as proactive functions to reduce and eliminate demand. Nevertheless, health-related demand reduction measures at the national level are still mainly restricted to rehabilitation through abstinence, despite a few national harm reduction programmes related to HIV transmission and overdoses. There remains no consensus or agreement on demand reduction measures internationally.²⁹

Harm reduction measures and other health-related mitigation services cover just 1 percent of the global needs of people who use drugs. In 2020, 86 countries had at least one needle and syringe exchange programme (NPS), and 84 delivered opioid substitution therapy (OST) to people dependent on opioids. Nevertheless, the needs of this population are met to varying degrees in different parts of the world: “While NSPs in Australia distribute almost 700 syringes per person who injects drugs per year, in Benin (...) only ten syringes are given in a month to a client visiting the program.”³⁰ Drug consumption rooms, where zero deadly overdoses have thus far been reported, are operational in just 13 Western countries: 8 EU member states, Switzerland, Norway, Australia, Canada and the United States.³⁰

Combined with the criminalisation of drug use and paraphernalia possession, the lack of harm reduction services hinders access to healthcare. This has led to acute health crises for people who inject or are otherwise dependent on drugs. In 2020, overdoses due to illegal drugs increased 28.5 percent, with 100,306 estimated deaths reported in the United States,³¹ almost 20 percent of global drug-related deaths. People who inject drugs are 29 times more likely to acquire HIV, and 13 percent live with HIV, while at least 50 percent live with hepatitis C.⁵

*Infographic. Opioid related overdoses in the United States in the last decade.*³²

U.S. drug overdose deaths per year



Evidence clearly shows that countries that ban NSP and OST carry a higher burden of HIV transmission. In the Russian Federation, which has such bans in place, drug injection is a driver of the HIV epidemic, accounting for 48.8 percent of reported new infections in 2016.³³ By contrast, Switzerland, which introduced a four-pillar strategy to address its drug injection-driven HIV epidemic in the early 1990s (prevention, therapy, harm reduction, repression), offers its dependent citizens a large set of services. These include NSP, OST, drug checks in nightlife hubs, drug consumption rooms (DCR), and therapies ranging from abstinence programmes to OST and heroin-assisted treatment. HIV infections among this population declined to 3.3 percent in 2019,³⁴ from 68 percent of new infections in 1985.³⁵

Furthermore, these health consequences and the lack of access to services tend to be concentrated among the most impoverished and marginalized communities. The criminalisation of drug use also exposes people to social stigma as a barrier to primary healthcare. It also results in criminal records for consumers, with significant consequences on civil and economic rights, and tends to produce more intense turf wars between criminal organisations and confrontations with law enforcement.⁸

6. Recommendations and examples of best practices

The international drug convention's objectives include the "health and welfare of humankind", adequate access to essential controlled medicines, and the end of drug dependency. These objectives have proved unachievable through prohibition and repressive policies.

These objectives should continue to guide the international community, but they must be made adaptable to societies and adjusted to become more effective. The global target of drug-free societies through the coercion of consumers, producers and sellers has not eliminated the drug trade. Instead, the illegal drug market continues to thrive, and its negative consequences continue to grow. The international community should consider reviewing its approaches to drug policy, shifting from a law enforcement view to an interdisciplinary evidence-based global policy:

1. Donor countries should urgently increase contributions to support harm reduction services in low- and middle-income countries. In turn, recipient countries should also urgently consider increasing national ownership of harm reduction funding, and include it as a key service in their HIV response plans and budgets;

The harm reduction funding crisis has grown more acute in the last decade. Of the USD 2.3 billion needed annually to cover the needs of people who inject drugs globally, according to UNAIDS, only USD 131 million is funded.¹⁶ The vast majority of people who inject drugs live in countries where coverage of harm reduction services is limited. Countries as diverse as Switzerland, Iran, Malaysia and Kenya provide harm reduction services to address opioid use and its related health and social costs.

2. The international community should end its pursuit of a drug-free world and focus instead on reducing the harms of illegal drugs, and of the war on drugs itself. Drug policies must be tailored to local needs, depending on indicators such as the drug using population size, the most commonly used illegal substances, and the size illegal markets;

Bolivia rescinded its ratification of the Single Convention of 1961 and re-accessed it in 2013 with a reservation for coca chewing, a practice proscribed by the convention and a traditional practice among Bolivian people. In 2015, Jamaica amended its cannabis control laws, allowing Rastafari practitioners to legally use it for religious purposes. Other countries, from Morocco to Thailand, have legalized the use of cannabis for medical purposes.

3. The international community should conduct a global review of the outcomes of current prohibitive drug policies and open a discussion on the recent and ongoing legalisation of certain drugs in select countries. These legalisations may be outside the realm of international conventions, but they are nevertheless being implemented, driving questions over the global consensus on prohibition and requiring an open discussion at the multilateral level;

While the international community adopted three negotiated political documents in the last decade (the Joint Ministerial Statement of 2014, the UNGASS Outcome Document of 2016 and the CND Ministerial Declaration of 2019), there has never been a proper review of the implementation of the international drug control regime. The last global review took place in 2008 in celebration of the 100th anniversary of the first multilateral agreement on drug prohibition, concluding that despite the unintended consequences of the regime, it has been able to "contain" the world's drug problem. The international community has to this point dismissed a needed debate on the legalisation of recreational drug use at the national level, considering it outside the realm of international law. Uruguay, Canada and 19 US states have legalised the recreational use of cannabis, with pending legislative bills in Mexico, the US at the federal level, Luxembourg, Switzerland and Malta.

4. Proportionate sentencing for drug crimes and the decriminalisation of drug use have been shown to be effective control measures where implemented. National governments should consider adopting the UN System's recommendation on decriminalisation of drug use and possession, and on adopting proportionate sentences for low-level non-violent offenders;³⁶

In 2021, Oregon became the first U.S. state to fully decriminalise drug use and possession of all drugs. Other states, such as Washington, have similar legislative bills pending. The Czech Republic decriminalised drug use and possession in 2009, considering it a misdemeanour, while Portugal introduced a decriminalisation amendment in 2001, establishing dissuasion commissions designed to support consumers. The two European countries benefitted from a decrease in prison overcrowding and transmission of HIV and Hepatitis C.

5. The international community should focus its efforts on money laundering, intelligence, infiltration and arrests of the most dangerous and highest placed people in the criminal architecture. The use of over incarceration as a response to minor drug-related offences should be urgently reviewed according to international best practices, in order to significantly reduce prison overcrowding resulting from disproportionate sentences related to drugs;

Of the 11 million people in prison around the world, an estimated 2.5 million are incarcerated for drug offences. Of these, 20 percent are incarcerated for use alone. Criminal justice and corrections systems focus mainly on low-level actors of the illegal market, with few leading criminal figures incarcerated. The UN and rights groups call for proportionate sentences for low-level non-violent actors (couriers, dealers) and for alternatives to incarceration for subsistence actors in the illegal market (traditional farmers).

6. Drug policy reform should be incremental and gradual, starting from national dialogues that include the entire spectrum of voices and views concerned. Building consensus on drug policy reform is vital, and building ownership within societies is indispensable for its effective implementation;

Switzerland introduced its four-pillar strategy in 1993, with different services and models that varied by Canton and their given epidemiological situations. The country advanced its reform through governmental decrees, while ensuring scientific evaluation of implementation, until the adoption of the four-pillar strategy into law in 2008, as approved by a popular referendum. In 2013, the Swiss Parliament introduced a reduction of criminal liability for cannabis use, punishing it with a fine. In 2021, Parliament further approved in its committees the legalisation of recreational cannabis at the federal level. The example of these reforms represents an ongoing process started 30 years ago, with popular consultations through referendums.

Analytical reports:

By LSE:

1. After the Drug Wars, February 2016
2. Ending the Drug Wars, May 2014

By the Global Commission on Drug Policy:

3. Drug Policy and the Sustainable Development Agenda, September 2018
4. Taking Control: Pathways to Drug Policies that Work, September 2014
5. War on Drugs, June 2011

Acknowledgements:

This policy brief was co-drafted by Dr. Khalid Tinasti (Visiting Lecturer on international drug policy at the Graduate Institute Geneva and former Director of the Global Commission on Drug Policy) and Professor Vanessa Rubio (Professor of Practice at the School of Public Policy at LSE).

References:

¹ UN Office on Drugs and Crime, 'International Drug Control Conventions' available from: https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf

² UN Treaty Collection, available from: https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=VI-19&chapter=6&clang=en

³ UN (2009) 'Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem' available from: https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf

⁴ Global Commission on Drug Policy (2011) 'War on Drugs' available from: http://www.globalcommissionondrugs.org/wp-content/uploads/2017/10/GCDP_WaronDrugs_EN.pdf

⁵ UN Office on Drugs and Crime (2021) 'The World Drug Report 2021' available from: <https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html>

⁶ May C, (2017) *Transnational crime and the developing world*. Washington D.C.: Global Financial Integrity. Available from: http://www.gfintegrity.org/wpcontent/uploads/2017/03/Transnational_Crime-final.pdf

⁷ Knaul FM, Farmer PE, Krakauer EL, De Lima L et al. *Alleviating the access abyss in palliative care and pain relief-an imperative of universal health coverage: the Lancet Commission report*. Lancet. 2018 Apr 7;391(10128):1391-1454.

⁸ Global Commission on Drug Policy (2018) 'Drug Policy and the Sustainable Development Agenda' available from: https://www.globalcommissionondrugs.org/wp-content/uploads/2020/06/2018SDG_ENG_web.pdf

⁹ UN Office on Drugs and Crime (2008) 'The World Drug Report 2008' available from: https://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf

¹⁰ UN Office on Drugs and Crime (2008) 'A Century of International Drug Control' available from: https://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf

¹¹ Count the Costs (2012) 'The Alternative World Drug Report' available from: <https://www.unodc.org/documents/ungass2016/Contributions/Civil/Count-the-Costs-Initiative/AWDR-exec-summary.pdf>

¹² Schwartländer B, Stover J, Hallet T, Atun R. Towards an improved investment approach for an effective response to HIV/AIDS. Lancet. 2011 Jun 11;377(9782):2031-41.

-
- ¹³ Nougier M, Cots Fernández A, Putri D (2021) Taking stock of half a decade of drug policy - An evaluation of UNGASS implementation. International Drug Policy Consortium, available from: http://files.server.idpc.net/library/UNGASS_5y_Review.pdf
- ¹⁴ UN Office on Drugs and Crime (2013) World Drug Report 2013, available from: https://www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf
- ¹⁵ UN Office on Drugs and Crime (2020) World Drug Report 2020, available from: https://wdr.unodc.org/wdr2020/field/WDR20_Booklet_2.pdf
- ¹⁶ Harm Reduction International (2021) 'Failure To Fund: The continued crisis for harm reduction funding in low- and middle-income countries' available from: <https://www.hri.global/files/2021/08/09/HRI-FAILURE-TO-FUND-REPORT-LOWRES.PDF>
- ¹⁷ Washington Office on Latin America (2017) 'Putting the Pieces Together: A Global Guide to U.S. Security Aid Programs' available from: https://www.wola.org/wp-content/uploads/2017/04/WOLA_Putting_the_Pieces_Together_042717.pdf
- ¹⁸ UN Office on Drugs and Crime. 'Research on drugs' available from: <https://www.unodc.org/unodc/en/data-and-analysis/research-on-drugs.html>
- ¹⁹ International Drug Policy Consortium (2018) 'Taking Stock: A Decade of Drug Policy' available from: http://files.server.idpc.net/library/Shadow_Report_FINAL_ENGLISH.pdf
- ²⁰ Global Commission on Drug Policy (2020) 'Enforcement of Drug Laws' available from: https://www.globalcommissionondrugs.org/wp-content/uploads/2020/06/2020-report_EN_web_100620.pdf
- ²¹ Seguridad, Justicia y Paz (2019) 'Estudio: Las 50 ciudades más violentas del mundo 2018' available from: <http://www.seguridadjusticiaypaz.org.mx/seguridad/1567-estudio-las-50-ciudades-mas-violentas-del-mundo-2018>
- ²² Reitano T, Hunter M (2018), 'the crime-development paradox: Organized Crime and the SDGs', ENACT, available from: <https://globalinitiative.net/wp-content/uploads/2018/02/ENACT-Continental-Report-02-14Feb1145.pdf>
- ²³ UN Office on Drugs and Crime. 'UNODC and illicit crop monitoring' available from: <https://www.unodc.org/unodc/en/crop-monitoring/index.html>
- ²⁴ West Africa Commission on Drugs (2014) 'Not Just in Transit' available from: http://www.global-commissionondrugs.org/wp-content/uploads/2017/02/WACD_En_Report_WEB_051114.pdf
- ²⁵ Horton-Edison M, Aldridge J, Shortis P et al. (2021) 'Drug Cryptomarkets in the 2020s: Policy, Enforcement, Harm, and Resilience' available from: https://www.swansea.ac.uk/media/Drug-Crypto-Markets_FINAL_June_2021.pdf
- ²⁶ UN Office on Drugs and Crime (2020) 'UNODC Research Brief on COVID-19 and Drug Market' available from: https://www.unodc.org/documents/islamicrepublicofiran//2020/05/Covid-19-and-drug-supply-chain-May_2020.pdf
- ²⁷ Harm Reduction International (2020) COVID-19, Prisons and Drug Policy, Global Scan – March-June 2020, available from: <https://www.hri.global/covid-19-prison-diversion-measures>
- ²⁸ UN General Assembly (1998) 'Declaration on the Guiding Principles of Drug Demand Reduction' available from: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/S-20/3
- ²⁹ Tinasti K, Kronig Romero N, Goulao J, Stoltenberg C et al. International drug control system: public health guiding principles. Lancet. 2019 Jun 22;393(10190):2488-2489.
- ³⁰ Harm Reduction International (2020) 'Global State of Harm Reduction 2020' available from: https://www.hri.global/files/2021/03/04/Global_State_HRI_2020_BOOK_FA_Web.pdf
- ³¹ CDC (2021) 'Drug Overdose Deaths in the U.S. Top 100,000 Annually' available from: https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm
- ³² Katz J, Sanger-Katz M (2021) 'It's Huge, it's Historic, it's Unheard-of': Drug Overdose Deaths Spike. New York Times, Jun 14, available from: <https://www.nytimes.com/interactive/2021/07/14/upshot/drug-overdose-deaths.html?smtyp=cur&smid=tw-nytimes>
- ³³ Beyrer C, Wirtz AL, O'Hara G, Léon N et al. The expanding epidemic of HIV-1 in the Russian Federation. PLoS Med. 2017 Nov; 14(11): e1002462.
- ³⁴ Federal Office of Public Health (2019) 'Statistics and Analysis of HIV/STIs' (in German only) available from: <https://www.bag.admin.ch/bag/de/home/zahlen-und-statistiken/zahlen-zu-infektion-skrankheiten/hiv-sti-statistiken-analysen-trends.html>
- ³⁵ Csete J, Grob PJ. Switzerland, HIV and the power of pragmatism: lessons for drug policy development. Int J Drug Policy. 2012 Jan;23(1):82-6.

³⁶ UN Chief Executives Board for Coordination (2018) ‘United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration’ available at: <https://unsceb.org/sites/default/files/2021-01/2018%20Nov%20-%20UN%20system%20common%20position%20on%20drug%20policy.pdf>