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PERSPECTIVES ON THE DEVELOPMENT DIMENSIONS OF DRUG CONTROL POLICY UNDP

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Introduction

“[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*

The relationship between drug control policy and human development is complex and multifaceted. Yet policies aimed at prohibiting and punishing the 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. While drug control policies have been justified by the real and potential harms associated with illicit drug production, trafficking, and use (e.g., threats to safety and security, health problems, crime, decreased productivity, unemployment, and poverty), evidence shows that in many countries, policies and related enforcement activities focused on reducing supply and demand have had little effect in eradicating production or problematic drug use. As various UN organizations have observed, these efforts have had harmful collateral consequences: creating a criminal black market; fuelling corruption, violence, and instability; threatening 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.¹

There is widespread recognition from several quarters, including UN Member States and entities and civil society, of the collateral harms of current drug policies, and that new approaches are both urgent and necessary. The UN 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 (UNODC, 2014; UNODC, 2012). UNODC Executive Director Yuri Fedotov has encouraged UN Member States to use the upcoming UN General Assembly Special Session (UNGASS) on Drugs and other high level meetings as opportunities to discuss ways to rebalance international drug control policy responses to focus on health and respect for human rights, and address stigma and discrimination that limits access to services by people who use drugs (UNODC, 2013).

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 respond 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 develop a strategy for broader UN input from all relevant UN agencies into UNGASS 2016.

¹ UNODC. (2008). *World Drug Report*, pp. 21, 216; Office of the High Commissioner on Human Rights. (OHCHR). (2014). *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*; World Health Organization (WHO). (2011). *Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines*; UN Women. (2014). *A Gender Perspective On The Impact of Drug Use, the Drug Trade, and Drug Control Regimes*; Joint United Nations Program on HIV/AIDS (UNAIDS). (2014). *The Gap Report*, pp. 176, 177.

Drug control policy affects almost every aspect of UNDP's areas of work. As a member of the Task Force, UNDP remains committed to offering a perspective on the impact of drug control policies on sustainable human development that can contribute to a more comprehensive and coherent UN system-wide approach to these issues at policy and programme levels.

The complex links between drug use, drug control policy, and development, and the impact of drug markets on development, have been recognized as well as documented for more than decade. Yet drug control and development institutions have tended to operate in isolation from each other and in some cases, at cross-purposes. The potential impacts of drug control policies on development outcomes are mostly factored into development planning in the margins and often limited to "alternative development" in areas where illicit crops are grown. The root causes that sustain the cultivation of illicit crops, their trafficking and use, as well as the broader impacts on urban and transit zones, and on national economic, financial and institutional performance do not receive sufficient attention.

Addressing the development dimensions of drug control policies requires a paradigm shift that takes into consideration all the elements that have an impact on human development and how they interact, while acknowledging diverse social, economic and cultural contexts. Drug control policy's traditional preoccupation has been centred in reducing supply and demand as unique and universal objectives. At times, this focus has been maintained over other key elements that should be of greater importance in guiding public action, such as respect for human rights and fundamental freedoms. Ultimately, the UN's involvement in drug control should be a means to achieve its core objectives as embodied in the UN Charter and the Universal Declaration of Human Rights, and enshrined in numerous treaties: peace, development, and human rights. Therefore, a clearer consideration and evaluation of the impact of drug policies impacts on these key objectives would greatly enhance the debate.

UNGASS 2016, and preparations thereto, provide important opportunities for a comprehensive discussion of successes and challenges around drug control policy. It also provides an opportunity to widen the discussion to include UN organisations that approach issues of drugs and crime from health, sustainable development, human rights, and peace building perspectives, and ultimately, to promote system-wide coherence with respect to global drug control strategies. The post-2015 development agenda offers another key opportunity to promote goals, targets, and indicators that promote a sustainable development and rights based response to drug-related issues.

1. The Impact of Drug Control Policy on Human Development

The international drug control system, comprised of the three drug control treaties,² recognizes the "health and welfare of mankind" as its overarching concern.³ 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" (INCB, 1996). There is growing evidence however, that current drug control policy has not only failed to achieve its own objectives but has generated considerable harms 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 reducing

² 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.

³ 1961 Single Convention on Narcotic Drugs, preamble; 1971 Convention on Psychotropic Substances, preamble.

supply and demand reduction, and related enforcement activities, have had little meaningful effect in eradicating production or problematic drug use.⁴

UNODC has identified a number of unintended negative consequences 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 funds and political attention from public health (the “driving concern behind drug control”) to law enforcement and security;
- Geographic displacement (the “balloon effect”): 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 issues of drug control (UNODC, 2008).

A growing body of evidence, discussed below, demonstrates additional harmful impacts of drug control policies and 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.

1.1 Poverty and Sustainable Livelihoods

For many people living in conditions of poverty and insecurity, cultivating illicit crops is a 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 that can provide income for those who are land, food, and cash poor. Poverty, inequality, and social exclusion also exacerbate the vulnerability of countries used as transit routes for trafficking activities (Buxton, 2015).

The vast majority of poor farmers in drug producing countries grow illicit drugs because of indigence, mainly to meet basic needs. The enforcement of opium bans and crop eradication interventions have eliminated the principal source of income of thousands of families, driving them further into poverty (Rincón-Ruiz and Kallis, 2013; Kramer, 2014). Evidence suggests that destruction of coca plants as well as traditional crops has affected food security, contaminated water supplies, and degraded land, forcibly displacing populations dependent on coca as well as those who are not (Ibid.).

Anti-drug operations, including crop eradication campaigns, and drug-related armed conflict fuel displacement, with disproportionate impacts on less developed communities, including indigenous communities and ethnic minorities (ITCPM, 2012; Kramer et al. 2014). 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. Displacement exacerbates the poverty of poor farmers, leading them to continue or begin cultivation as a source of livelihood (Ibid.).

⁴ See, e.g., UNDOC. (2014). World Drug Report; Buxton, J. (2015). *Drugs and development: The great disconnect* (Policy Report 2 ed.) Global Drug Policy Observatory, Swansea University.

1.2 Impact on public health

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

Several drugs subject to control under the international drug control conventions are also on the World Health Organization's (WHO) Model List of Essential Medicines, including morphine for pain treatment, and methadone, and buprenorphine (for opioid substitution therapy (OST)). Despite this, worldwide, only a fraction of people who inject drugs have access to OST (UNAIDS, 2014). 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 the International Narcotics Control Board (INCB) and the WHO have recognized (INCB, 2015; WHO, 2011).

Some of the most severe drug-related harms are associated with injection drug use. Outside of 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) (UNAIDS, 2014).

A substantial body of evidence now shows the effectiveness of harm reduction interventions⁵ in preventing HIV and viral hepatitis, and preventing and reversing overdose. In light of this evidence, UNODC, WHO, and the UNAIDS Secretariat all recommend that a comprehensive package of harm reduction services be integrated into national AIDS programmes, both as an HIV prevention measure and to support adherence to antiretroviral therapy and medical follow-up for opioid dependent drug users (WHO, UNODC, UNAIDS, 2012).

However, criminal laws and related enforcement policies and practices, including those that criminalize possession or distribution of harm reduction tools such as 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 have impeded access to these lifesaving health services in many countries, thus putting people who use drugs at increased risk of HIV, viral hepatitis, and premature death by overdose (Global Commission on HIV and the Law, 2012).

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. Despite recommendations by UNODC, WHO and the UNAIDS Secretariat that harm reduction services 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 (Jürgens et al., 2011).

⁵ Harm reduction interventions includes needle and syringe programs; opioid substitution therapy and other evidence-based drug dependence treatment; HIV testing and counseling; HIV treatment and care; access to condoms; and prevention and management of sexually transmitted infections, tuberculosis, and viral hepatitis. (WHO, UNODC, UNAIDS, 2012). WHO also recommends community distribution of naloxone (a medication that reverses the effects of opioid overdose) for people likely to witness an overdose. (WHO, 2014).

In 2014, WHO recommended decriminalizing drug use because it would serve as a “critical enabler” to create conditions conducive to providing health and social services, and preventing HIV, among people who use drugs (WHO, 2014).

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.⁶ 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 (Rosmarin and Eastwood, 2012). Many Latin American countries, including Colombia, Mexico and Argentina, have either removed criminal sanctions or decriminalized small-scale possession for personal use, either by court decree or through legislative action (Ibid.; TNI). While it is hard to make generalised 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 decriminalisation are not associated with increased use (EMCDDA, 2011; Degenhardt et al., 2008). In Portugal for example, since 2001 when the law decriminalising 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 use comparable to neighbouring countries, but drops in school age drug use, and injecting drug use by school age children, and a fall in problematic and lifetime heroin use in 16 – 18 year olds (Hughes and Stevens, 2010).

1.3 Impact of Drug Control Efforts on Governance, Conflict and the Rule of Law

Impact on the formal economy

Current drug control efforts have fuelled the creation of a huge criminal black market for illicit drugs, estimated to turn over more than \$332 billion annually (UNODC, 2005). 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 skills or education to join the formal economy, such as small farmers and unskilled labourers.

While the illegal drug market may generate 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 and human capital, 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 that remain (Rolles et al. 2012). Violent actors associated

⁶ 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 offenses, 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)).

with illicit drug markets also drive up the costs of legitimate trade and commercial activities (Robles et al. 2013).

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 (Rios, 2008) The existence of a profitable illicit market also threatens citizen security. It has fuelled as well as exacerbated violence, conflict, crime, and corruption, and contributed to instability of governments throughout parts of Latin America, the Caribbean, Asia, and Africa (World Bank, 2011)

Impact on governance and the rule of law

UNDP has recognized that in Latin America for example, policies focusing predominantly on repression, increased penalties, and 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, arrest or extradition of drug cartel leaders, and destruction of drug cartels have led to increased levels of violence, as the remaining players compete to control market share (PNUD, 2013) Illicit drug markets undermine the ability of governments to promote development by destroying the trust relationship between the people and the state, and undermining democracy and confidence in the criminal justice system (UNGA, 2012).

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”* (OAS, 2013). Evidence shows that profits from illegal drug trade support corruption, and fund insurgent, paramilitary, and terrorist groups, and in turn, fuel regional instability in parts of Latin America, the Caribbean, Asia, and Africa. Since 2004, when international drug traffickers began using West African countries as a transit hub for shipping cocaine into Europe, billions of dollars of cocaine have passed through the region, and drug traffickers have used some of the profits to fuel corruption in the region with the bribing of government officials (World Bank, 2011).

As UNODC has recognized, drug control efforts have not eliminated drug supply. Instead, enforcement pressure on one production area or transit route displaces production and/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 (Mannava et al. 2010). 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 (World Bank, 2011).

UNODC and others have also 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.

Organized crime has the potential to usurp the rule of law where the state is not present. Its financial and human resources can be used to obtain popular support, political and economic influence or protection from law enforcement and justice, with limited resilience to corruption or intimidation, 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 (OAS, 2013). The illicit drug trade can also affect income inequality, which may then disturb power structures within communities, erode traditional social structures and encourage more people to enter the illicit drug industry (Mannava et al., 2010).

1.4 Human Rights Implications of Drug Control Policy

In many countries around the world, drug control efforts result in serious human rights abuses: torture and ill treatment by police, mass incarceration, extrajudicial killings, arbitrary detention, 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, attacks on indigenous cultures, and displacement and damage to health from chemical spraying. Communities also face serious human rights abuses by large-scale drug trafficking organizations including massacres, killings, forced displacement, sexual and physical violence, and extortion (Barrett and Nowak, 2009).

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 (HRW, 2014). Sentences for small-time drug dealing are sometimes lengthier than sentences for serious acts of violence such as murder, rape or armed robbery, (Uprimny Yepes et al., 2012), 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 (PNUD, 2013).

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 people (HRW, 2014). In many countries, a disproportionate share of those incarcerated are poor racial or ethnic minorities (Metaal and Youngers, 2011). 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 South East Asia, under the guise of "treatment" or "rehabilitation" (Amon et al., 2014). The death penalty for drug-related crimes is a violation of international law. Yet 33 countries retain this penalty and up to 1,000 people are executed annually for drug offenses (Gallahue et al., 2012). Drug enforcement efforts have led to extrajudicial killings by police and military. Targeted killings of drug traffickers have also been justified as a military intervention, in violation of international humanitarian as well as human rights law (UNHRC, 2010).

1.5. 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. Despite this, 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 overwhelmingly male clientele, rarely include gender-specific programmes, and stigma and discrimination by family, service providers, and law enforcement create additional barriers to treatment and care (Azim et al., 2015).

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 new-born infants, and mothers with a history of drug use often have problems maintaining custody of their children (Ibid.) In some countries, pregnant women who use drugs face civil or criminal detention for extended periods of time and in some cases, for the length of the pregnancy (Norway: Law on Municipal Health Care; Paltrow and Flavin, 2013).

A substantial percentage of women in prison are incarcerated for drug offenses - an estimated 70 percent in some countries in the Americas and in Europe and Central Asia – a significant number for low level, non-violent drug offenses. (PNUD, 2013; HRI, 2012) 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 offenses, the consequences of criminal punishment fall differently on women, and often have greater impact on their children and their families. Yet women’s caring responsibilities are not taken into account at sentencing, nor recognized or met at the 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 (Metaal and Youngers, 2011).

1.6 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.” (1988 Convention, article 14(2)). In practice, however, eradication campaigns have had devastating consequences for the environment.

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 climate change fuelling gases including methane, carbon dioxide, carbon monoxide, and nitrogen oxides, to name a few (Keefer and Loayza, 2010).

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 (Ibid, 2010). 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 (Kramer et al., 2014) 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 (Ibid; Rincón-Ruiz and Kallis, 2013).

1.7 Impact of Drug Control Policies on Indigenous People, Traditional, and Religious Practices

The 1961 Convention imposed special restrictions on cultivation of indigenous, traditional, and religious uses of coca, opium, and cannabis, 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 (1961 Convention, Article 49(2)). 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.” (1988 Convention, Article 14(2)).

The criminalization of indigenous, traditional practices done without consultation of indigenous communities raises a number of human rights and development concerns. The ban on traditional uses of coca, opium, and cannabis was passed at a time when scant attention was given to cultural and indigenous rights and before the adoption of key international instruments and relevant jurisprudence protecting the right of all indigenous peoples to free and prior informed consent relating to issues that affect them, and to maintain traditional, religious, and medical practices, and to own, develop, control and use of their real property and resources.⁷ Criminalization of drugs used for traditional and religious purposes likewise contradicts human rights protections for the traditional and religious uses of controlled drugs (Labate and Cavner, 2014).

2. Sustainable Development Approaches to Drug Policy

As the specialized UN agency on human development with a presence in more than 170 countries, and with the mission of supporting countries to achieve the simultaneous eradication of poverty and significant reduction of inequalities and exclusion, many aspects of UNDP’s policy work and programme delivery in countries could support UN Member States to address the development dimensions of drug control policy.

2.1 Sustainable Development Pathways

UNDP has experience in addressing complex development issues with wide-ranging social, economic and environmental impacts ranging from addressing the social determinants of HIV and health, combatting deforestation caused by illicit crop growth, and violence and human rights abuses resulting from repressive drug control policies. Additionally, as part of its approach to complex development issues, UNDP focuses on planning at sub-national and local levels to help connect national priorities with action on the ground, taking account of differentiated contexts and needs of the population. Key interventions, such as supporting countries with the reform of legal and regulatory frameworks so that 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 addressing dependence on drug producing economies.

2.2 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, helps promote a culture of accountability, inclusive governance and participation that often results in lower levels of corruption and less infiltration of organized crime within government institutions. This has strong potential to increase confidence and trust in public institutions, both at national and sub-national level. UNDP’s work in supporting countries to reinforce the rule of law and citizen security should promote greater respect for human rights, facilitate stronger civilian oversight, help to counter drug-related discrimination and allow for faster progress in reducing drug-related gender-based violence. UNDP’s promotion of civil, political, economic, cultural and social rights should help reduce discrimination and

⁷ These include the International Convention on the Elimination of Racial Discrimination; the 2007 UN Declaration on the Rights of Indigenous Peoples 2007; ILO Convention 169; the Indigenous and Tribal Peoples Convention 1989; and the UNESCO Convention for the Safeguarding of Intangible Cultural Heritage 2003.

violence experienced by women, youth, indigenous peoples and other minorities with linkages to drug use or drug markets.

UNDP is able to support countries to address longer-term efforts to deepen the core functions of democratic governance where it has been challenged by illicit actors of drug-markets, for example with respect to legislative oversight, transparency of public accounts, improvements in public administration, and reinforcement of local governments to deliver basic services. 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.

2.3 Resilience-Building

Many areas of UNDP's work could support countries in building resilience to reduce 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 or progress towards democratic governance can mitigate negative impacts of repressive policies addressing drug production, drug 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, also builds resilience. UNDP has experience and capacity to support countries in inducing rapid and effective recovery from conflict-induced crises, through early economic recovery and focus on employment and livelihoods stabilization and creation, reintegration of displaced persons, and restoration of basic infrastructure at local levels. UNDP support to countries for peaceful resolution of disputes and mediation in order to stabilize volatile conditions could be of great help in areas with profound 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.

3. Opportunities to Address Development Dimensions of Drug Control Policy

UNGASS 2016 and the preparatory meetings thereto present UN Member States and the international community at large with an opportunity 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. UNDP stands ready to support a coordinated UN response that integrates a development perspective into drug control strategies across the UN system. Some brief reflections are offered below on possible opportunities, namely the possible use of metrics to evaluate the developmental impact of drug control policies, and UNDP's engagement in efforts to promote UN system wide coherence.

3.1 New Metrics to Evaluate Drug Control Policies

Success in drug control efforts has mainly been measured by 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.⁸ These are process measures that reflect the scale of enforcement efforts, but tell us very little about the impact of drug use or policies on people's lives. As the Global Commission on Drug Policy has observed, *"Process measures can give the impression of success, when the*

⁸ See, e.g., UNODC's annual World Drug Reports.

reality for people on the ground is often the opposite” (Global Commission on Drug Policy, 2014). Measuring success by arrests and seizures creates perverse incentives for law enforcement, and may encourage law enforcement to engage in violence or other abuse to achieve these goals.

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. UNDP’s experience with developing Human Development Indices, its mandate to promote human development, and its role within the UN system make it well suited to play a role to support the development of such metrics.

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 toward 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; a reduction in excessive and disproportionate punishments;
- Indicators that measure access to health care information and services in consultation with and 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.

3.2 UNDP’s Contribution to UN System-wide Coherence

UNDP’s sustainable human development mandate affords it the opportunity to develop unique approaches and solutions, including as it relates to the intersection of drug policy and development. UNDP’s mandate also enables it to leverage its knowledge across 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.

UNDP stands ready to collaborate with other UN organisations, including those on the Task Force on Transnational Organized Crime and Drug Trafficking to strengthen UN system-wide coherence on drug policy in a way that addresses the centrality of sustainable development and human rights, in line with the vision and mission of the United Nations. UNDP’s greater involvement in discussions on drug policy in the lead up to UNGASS 2016 presents an opportunity to emphasize the importance of an evidence informed, people centred approach to drug policy.

ANNEX

The table below provides a snapshot of how the current drug policy intersects with various aspects of UNDP's work as articulated in its 2014-2107 strategic plan.

UNDP Strategic Plan Outcomes	Examples of drug policy related issues that negatively affect 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 lack of formal and legal economic alternatives for the poor, 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 poverty environments 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 offenses (including 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. • Impunity for human right abuses and major crimes due to corruption of and major threats to justice system officials and other public decision makers and administrative authorities. • Erosion of democratic governance, rule of law and people's adherence to social norms and institutions by illegal actors by means of the "normalization" of illegal activities, popular support, political and economic influence or protection from law enforcement and justice.
<p>3 Countries have strengthened institutions to progressively deliver universal access to basic services</p>	<ul style="list-style-type: none"> • Laws criminalizing drug use/possession of small amounts of drugs for personal use, lack of investment in health, social welfares, and discrimination impede people who use drugs' access to basic services such as housing, education, healthcare, 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 addiction and substantially reduce the efficiency of any investment in treatment and recovery systems. • 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.
4	Faster progress is achieved in reducing gender inequality and promoting women's empowerment	<ul style="list-style-type: none"> • Involvement of women in drug trading due to economic and gender-inequality circumstances, 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. • Higher prevalence of gender-based violence affecting women who use drugs, with double vulnerability and stigma and the lack of specialized services.
5	Countries are able to reduce the likelihood of conflict, and lower the risk of natural disasters, including from climate change	<ul style="list-style-type: none"> • Weak state presence creates an environment 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 aquifer courses from illegal production of drugs or the fumigation, eradication and destruction of drug labs.
6	Early recovery and rapid return to sustainable development pathways are achieved in post-conflict and post-disaster settings	<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 m 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 programs often leads to frustration, antipathy towards authorities, and social instability. Experiencing hardship and with no other options on hand, households often resume cultivation 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.
7	Development debates and actions at all levels prioritize poverty, inequality, and exclusion, consistent	<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.

with our engagement principles	<ul style="list-style-type: none">• High sensitivity of drug issues along electoral processes, generating political problems for the promotion and approval of alternative policies and interventions.• Metrics and indicators for drug policy success are based in the specific and narrow traditional objectives of drugs demand and supply reduction without any other consideration of its impact on human rights, social inclusion or on any other elements of sustainable human development.
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References

1. Amon, J. J., Pearshouse, R., Cohen, J. E., & Schleifer, R. (2014). Compulsory drug detention in East and Southeast Asia: Evolving government, UN and donor responses. *International Journal of Drug Policy*, 25(1), 13-20. doi:10.1016/j.drugpo.2013.05.019
2. Azim, T., Bontell, I., & Strathdee, S. A. (2015). Women, drugs and HIV. *International Journal of Drug Policy*, 26(Supplement 1), S16-S21
3. Barrett, D. & Nowak, M. (2009). The United Nations and drug policy: Towards a human rights-based approach. In A. Constantinides & N. Zaikos. (eds.). *The diversity of international law: Essays in honour of Professor Kalliopi K. Koufa*. Leiden; Boston: Martinus Nijhoff
4. Buxton, J. (2015). *Drugs and development: The great disconnect* (Policy Report 2 ed.), Global Drug Policy Observatory, Swansea University
5. Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, 1019 UNTS 27637
6. Convention on Psychotropic Substances of 1971, 1019 UNTS 27627
7. Degenhardt L., Chiu W-T., Sampson N., Kessler R.C. Anthony J.C. et al. (2008). Toward a global view of alcohol, tobacco, cannabis, and cocaine Use: Findings from the WHO World Mental Health Surveys, *PLoS Medicine* 5(7): e141. doi:10.1371/journal.pmed.0050141, <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0050141>
8. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2011) *Threshold quantities for drug offences*. Lisbon: EMCDDA
9. Gallahue, P., Gunawan, R., Rahman, F., Karim, E. M., Najam, U. D., & Felton, R. (2012). *The death penalty for drug offences. Global overview 2012: Tipping the scales for abolition*. London: International Harm Reduction Association
10. Global Commission on Drug Policy. (2014). *Taking Control: Pathways to Drug Policies that Work*
11. Global Commission on HIV and the Law. (2012). *Risks, Rights and Health*
12. Harm Reduction International (HRI). (2012). *Cause for Alarm: The Incarceration of Women for Drug Offences in Europe and Central Asia, and the need for Legislative and Sentencing Reform*. London: International Harm Reduction Association
13. Hughes, Caitlin E., Stevens, Alex. (2010). What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology*, vol. 50 (6): 999-1022
14. Human Rights Watch. (2014). *Nation Behind Bars: A Human Rights Solution*

15. International Narcotics Control Board. (2015). *Report of the International Narcotics Control Board for 2014*
16. International Training Programme for Conflict Management. (2012). Colombia: Land and Human Issues. *ITCPM International Commentary*, vol. 8, no. 31, December 2012
17. Joint United Nations Program on HIV/AIDS (UNAIDS). (2014). *The Gap Report*
18. Jürgens, R., Nowak, M., and Day, M. (2011). HIV and Incarceration: prisons and detention, *Journal of the International AIDS Society*, 14(26): doi:10.1186/1758-2652-14-26
19. Keefer, P., & Loayza, L. eds. (2010). *Innocent bystanders: Developing countries and the war on drugs*. New York and Washington, D.C.: The World Bank and Palgrave Macmillan
20. Kramer, T., Jensema, E., Jelsma, M., & Blickman, T. (2014). *Bouncing back: Relapse in the golden triangle*. Amsterdam: Transnational Institute.
21. Labate, B. C. and Cavnar, C. editors. (2014). *Prohibition, religious freedom, and human rights: Regulating traditional drug use*. Berlin and Heidelberg: Springer
22. Mannava, P., Zegenhagen, S., and Crofts, N. (2010). *Dependent on development: The interrelationships between illicit drugs and socioeconomic development* Nossal Institute for Global Health and Family Health International
23. Metaal, P. & Youngers, C. eds. (2011). *Systems Overload: Drug Laws and Prisons in Latin America*. Amsterdam: Transnational Institute and the Washington Office on Latin America
24. Norway: Law on Municipal Health Care M.M. (health and care law), Sections 10.2-10.4. Available online at <https://lovdata.no/dokument/NL/lov/2011-06-24-30>
25. Office of the High Commissioner on Human Rights. (OHCHR) (2014). *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*
26. Organization of American States. (OAS) (2013). *The Drug Problem in the Americas. Studies: Drugs and Development*
27. Paltrow, L.; Flavin, J. (2013). 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*, vol. 38, no. 2, April 2013
28. Programa de las Naciones Unidas para el Desarrollo (PNUD). (2013). *Informe regional de desarrollo humano 2013-2014, Seguridad ciudadana con rostro humano: Diagnóstico y propuestas para América Latina*
29. Rincón-Ruiz, A., & Kallis, G. (2013). Caught in the middle, Colombia's war on drugs and its effects on forest and people. *Geoforum*, 46, 60-78

30. Rios, V. (2008). *Evaluating the Economic Impact of Drug Traffic in Mexico* Harvard University
31. Robles, G., Calderón, C., and Magaloni, B. (2013). *Las Consecuencias Económicas de la Violencia del Narcotráfico en México*. Banco Interamericano de Desarrollo
32. Rolles, S.; Murkin, G.; Powell, M.; Kushlick, D.; Slater, J. (2012). *The Alternative Drug Report: Counting the Costs of the War on Drugs*
33. Rosmarin, A.; Eastwood, N. (2012). *A Quiet Revolution. Drug Decriminalisation Policies in Practice across the Globe*
34. Single Convention on Narcotic Drugs of 1954 [as amended by the 1972 protocol], 30 March 1954, 520 UNTS 7515
35. Transnational Institute (TNI), 'Milestones on Drug Law Reform in Colombia, 1994-2012,' http://www.undrugcontrol.info/images/stories/SummaryDrugLawRef_Colombia.pdf.
36. UN General Assembly. (2012). *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, June 2012*
37. 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*
38. United Nations Human Rights Council. (UNHRC) (2010). *Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions, Philip Alston. Study on Targeted Killings*. UN Doc. A/HRC/14/24/Add.6
39. UN Office on Drugs and Crime. (UNODC) (2013). *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 in Narcotic Drugs in 2014*
40. UN Office on Drugs and Crime. (2014). Drug Policy Provisions from the International Drug Control Conventions. Available online at http://www.unodc.org/documents/hlr/Drug_policy_provisions_from_the_international_drug_control_Conventions.pdf
41. UN Office on Drugs and Crime. (2012). *UNODC and the Promotion and Protection of Human Rights: Position Paper*
42. UN Office on Drugs and Crime. (2005). *World Drug Report – Volume 1: Analysis*
43. UN Office on Drugs and Crime. (2008). *World Drug Report*
44. UN Office on Drugs and Crime. (2014). *World Drug Report*

45. UN Women. (2014). *A Gender Perspective On The Impact of Drug Use, the Drug Trade, and Drug Control Regimes*
46. Uprimny Yepes, R.; Guzmán, D.E.; Parra Norato, J. *La Adicción Punitiva: desproporción de las Leyes de drogas en América Latina*. Bogotá: Centro de Estudios de Justicia, Derecho y Sociedad – Dejusticia, December 2012
47. World Bank. (2011). *World Development Report*
48. World Health Organization (WHO). (2011). *Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines*
49. World Health Organization. (2014). *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*
50. WHO, UNODC, UNAIDS. (2012). *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care For Injecting Drug Users: 2012 Revision*